



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, 2020.

(July 1, 2019 – June 30, 2020).

2020 Patient and Family Advisory Council Annual Report Form

The survey questions concern PFAC activities in fiscal year 2020 only: (July 1, 2019 – June 30, 2020).

Section 1: General Information



1. Hospital Name:

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

3. Staff PFAC Chair Contact:

2a. Name and Title: Dayna {Girouard} Stahl, Associate Chief Nursing Officer

2b. Email: Dayna.Stahl@heywood.org

2c. Phone: 978-630-6453

4. Patient/Family PFAC Co-Chair Contact: TBD none this past year

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

No – describe below in #6

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 (check all that apply):

We did recruit our Chief Medical Officer FY 2020 in June; no new patient or family representatives.

8. Total number of staff members on the PFAC: 3 {1 added in June}

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

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 (check all that apply):

- Assistive services for those with disabilities
- Conference call phone numbers or “virtual meeting” options Began in June due to the COVID19 Pandemic
- Meetings outside 9am-5pm office hours prior to the Pandemic; now meeting during the day via Zoom platform at 1pm.
- Parking & meals-until Pandemic {Not since March-present}
- Translator or interpreter services

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, Baldwinville, Hubbardston, Templeton, Westminster, Winchendon**

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	0%	1.6%	2.1%	0%	83.9%	3.2%	9.2%	<input type="checkbox"/> Don’t know
14b. Patients the hospital provided care to in FY 2020	0%	0.5%	1.4%	0%	92.4%	3%	0.7%	<input type="checkbox"/> Don’t know
14c. The PFAC patient and family advisors in FY 2020	Refer to PFAC demographic section							<input type="checkbox"/> Don’t know

Patient/Family Advisory Council

Membership Demographics

Name: _____ Date: _____

Address: _____

Email: _____ Telephone: _____

Age Group: {Check age group} **Sex:** Male Female

0-18 19-39 40-50 51-64 65-79 80+

Employment Status: Employed Unemployed Retired Other: _____

Education Level: Grade School High School/GED College Other: _____

RACE: {Check all those that apply} Bi-Racial Tri-Racial
 Caucasian or White African American or Black
 Asian American Indian or Alaskan Native
 Pacific Islander or Hawaiian Native
 Other _____

HISPANIC/LATINO INDICATOR: {Check one box}
HISPANIC or LATINO NON-HISPANIC or NON-LATINO

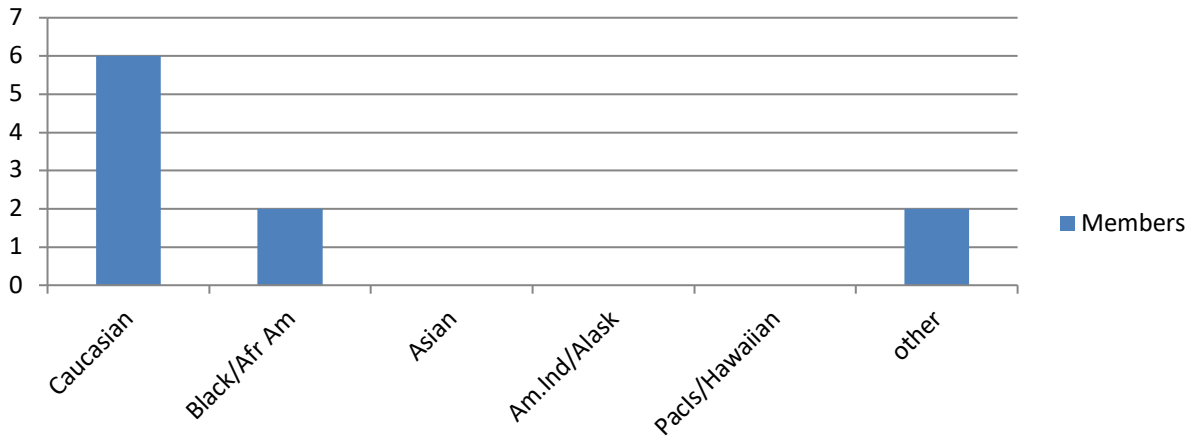
LANGUAGE SPOKEN:
Primary Language English Other _____
Secondary Language None Other _____

ETHNICITY: _____

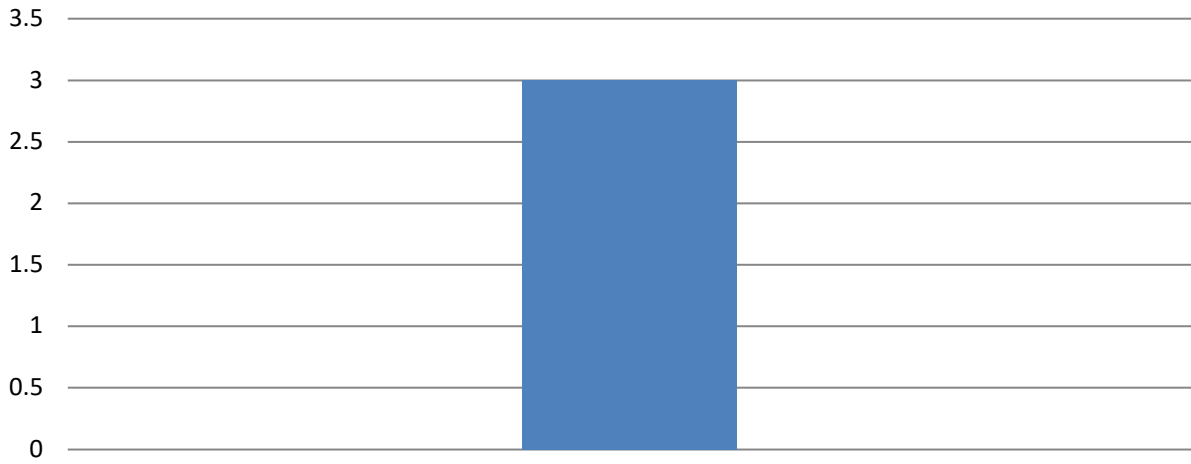
Relating to large groups of people classed according to common racial, national, tribal, religious, linguistic, or cultural origin or background.

Examples of Ethnicity:
If your father came from France and your mother came from Ireland your ethnicity will be French and Irish. If your parents were both born in the United States but your great maternal grandparents were from Italy and paternal grandparents were from Poland; your ethnicity would be Italian and Polish.

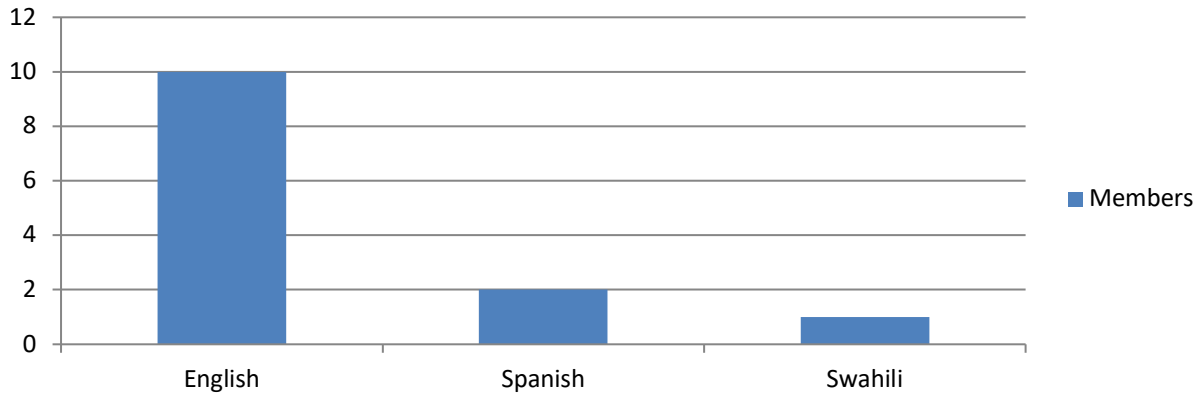
Membership by Race



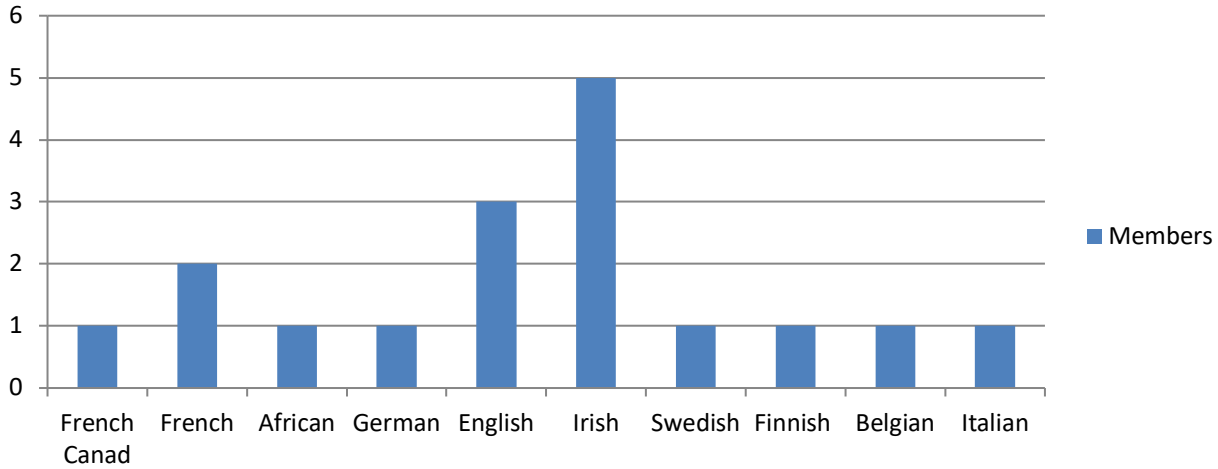
Hispanic/Latino Indicator



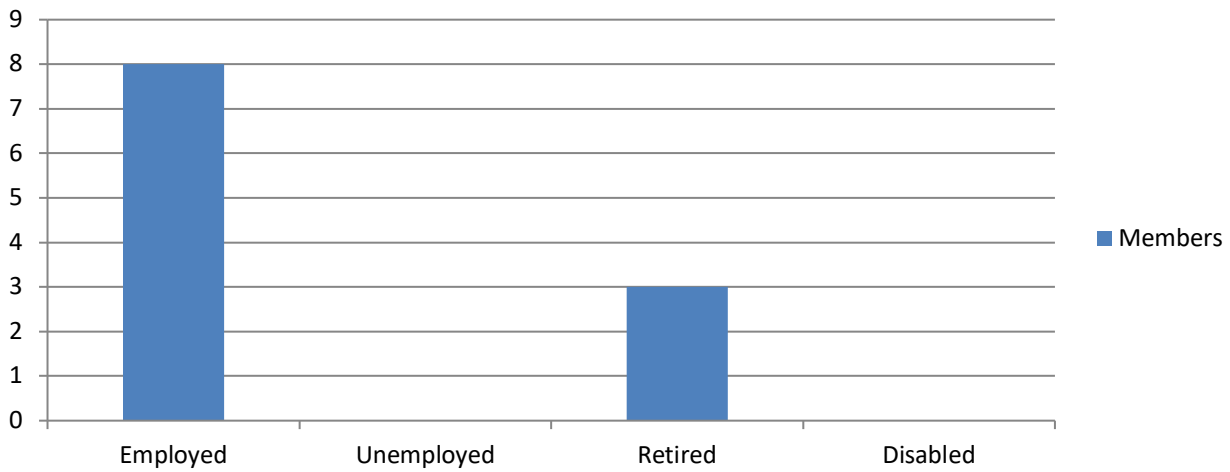
Language of Membership



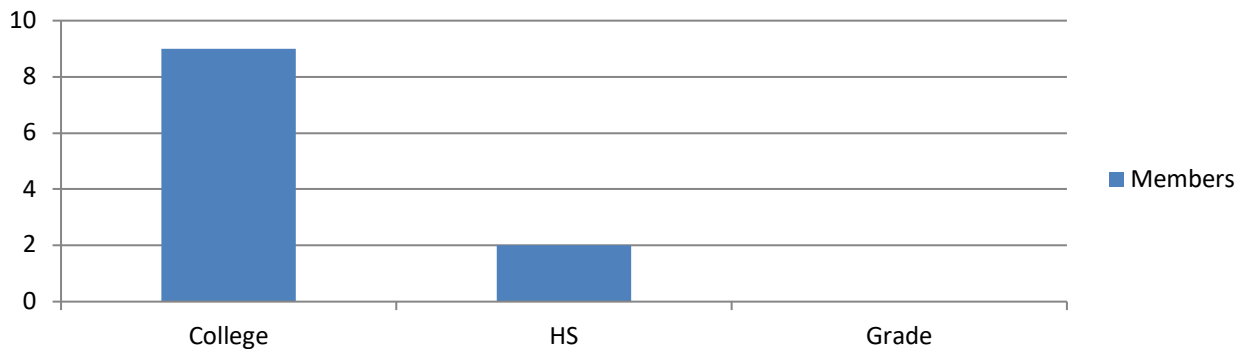
Membership by Ethnicity



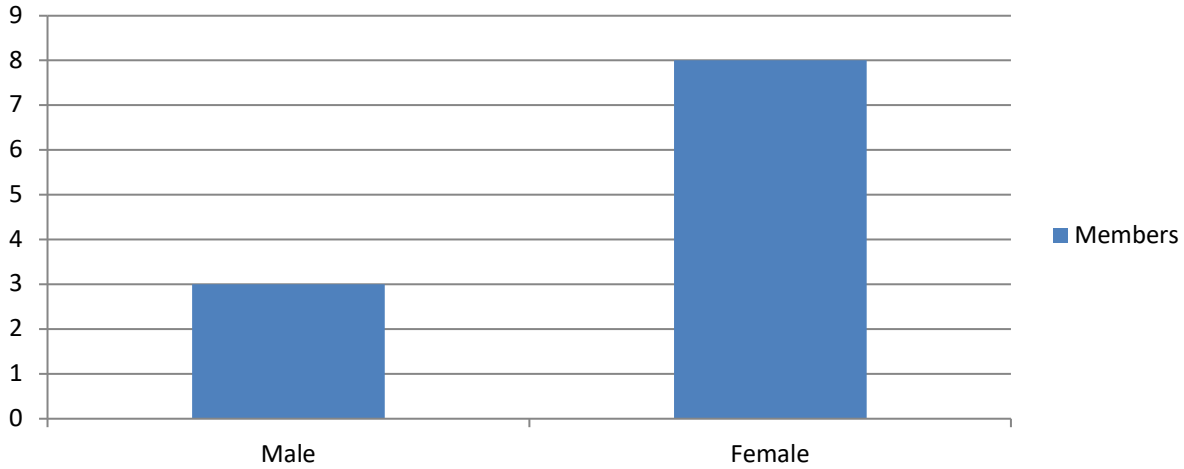
Membership by Employment Status



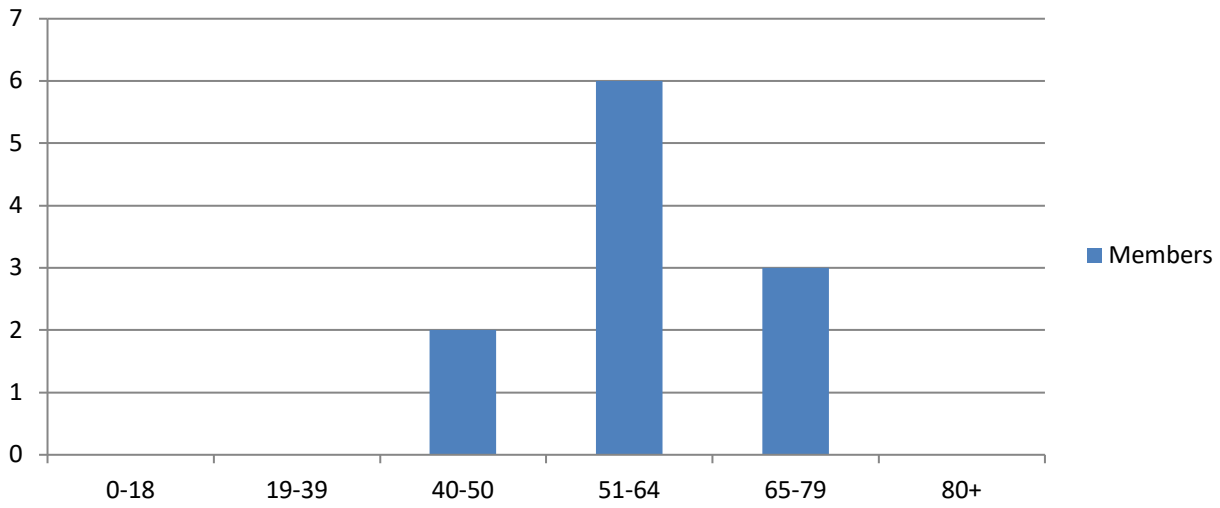
Membership by Education



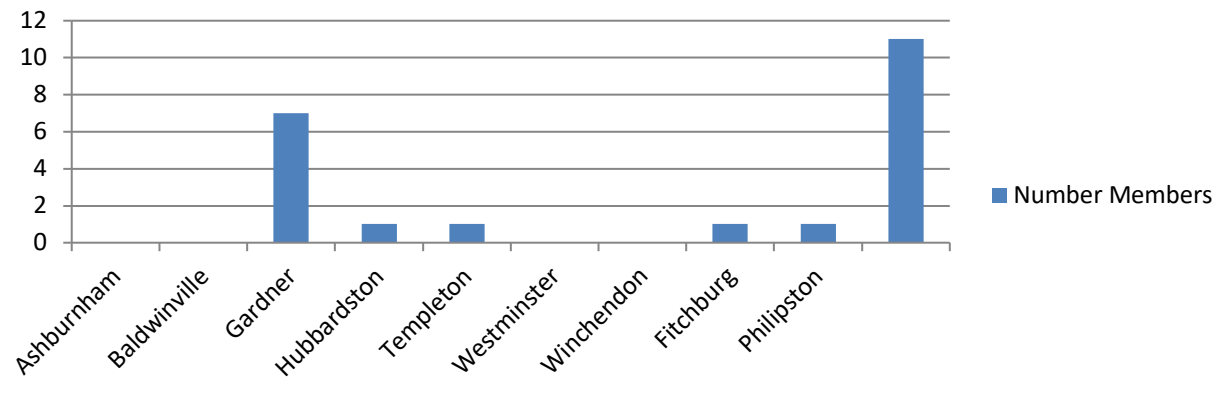
Membership by Sex



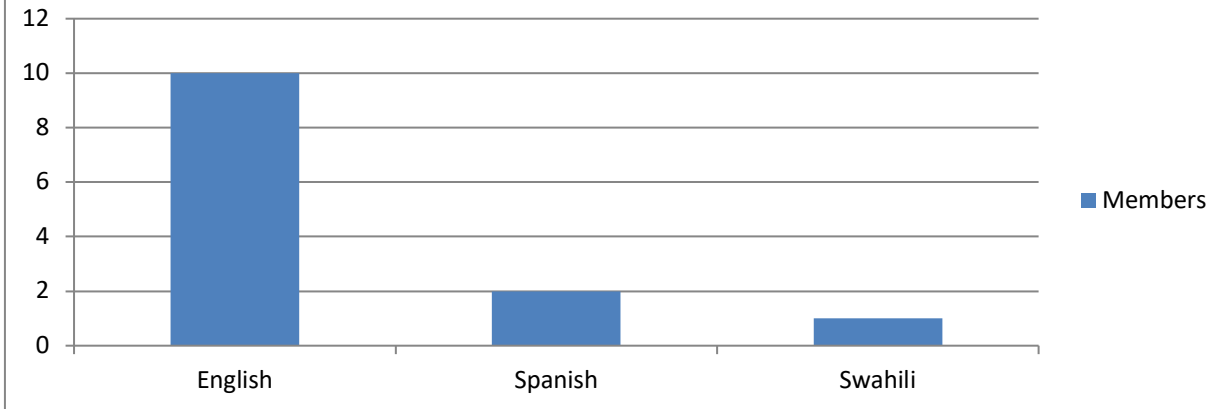
Membership by Age



Membership by City/Town



Language of Membership



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 2020	1.1%	<input type="checkbox"/> Don't know
15b. PFAC patient and family advisors in FY 2020	Refer to PFAC Demographic Sheet above	<input type="checkbox"/> Don't know

15c. What percentage of patients that the hospital provided care to in FY 2020 spoke the following as their primary language?

	%
Spanish	1.04%
Portuguese	0%
Chinese	0.03%
Haitian Creole	0.03%
Vietnamese	0.03%
Russian	0.02%
French	0.04%

Mon-Khmer/Cambodian	0%
Italian	0%
Arabic	0.13%
Albanian	0%
Cape Verdean	0%

15d. In FY 2020, what percentage of PFAC patient and family advisors spoke the following as their primary language? none

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

As noted in section 14-16 and on page 4 you will see a Demographic Sheet completed for all new membership to identify age, sex, employment, veteran status, disabled, race, ethnicity and language as well as city or town lived in. Recording this information assists in the identification of other areas not included and seek out potential candidates to represent those particular areas aiming for representation of all groups.

- **Race** While we have African American/Black, Hispanic/Latino and Caucasian representation we have opportunity for Asian, American Indian/Alaskan Natives and Pacific Islander/Hawaiian candidates as well as additional Hispanic/Latino and African American/Black representation.
- **Ethnicity** This area demonstrates more diversity of our membership
- **Language** Of our membership members are bilingual in 2 Spanish and 1 Swahili ; along with the hospital's Multicultural Service Department we look to identify candidate opportunities for membership growth with other languages within the community which will add to our racial and ethnic diversity.
- **Sex** Only 3 men on committee; an opportunity for more men identified.
- **Location City/Town** Ashburnham, Baldwinville and Winchendon resident opportunity identified as well as for the other towns with only 1 person representing them would be beneficial,
- **Employment** All but 3 retired are currently employed; may benefit from representation for the unemployed and those unable to work due to disability and adding more retirees may add additional perspectives to the team and better represent the communities in which we serve.
- **Age** Membership age represents 40years of age-79 years of age; opportunity for younger and older candidates have been identified and looking to add those areas to our membership.

Through the leadership at Heywood Hospital, we have all been tasked with identifying patient/family representatives. Attempting to recruit and retain membership from those groups identified above as needing to be representative to the committee; PFAC membership is also empowered to recruit members from the communities of which we serve.

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. When there are hospital updates, changes, new service lines they are brought to PFAC for their input and recommendations. We also review #25, #28,#30,#32 and #35 for future presentations, updates and educational opportunities.

18. The PFAC goals and objectives for 2020 were: (check the best choice):

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 2020:

- 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: Care Transitions through various initiatives, patient/family satisfaction, regulatory requirements and performance improvement

20. Please list any subcommittees that your PFAC has established: none

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):

PFAC submits annual report to Board; Action items or concerns are part of an ongoing "Feedback Loop" to the Board

Other (Please describe): Membership also participate in various committees of which Board members may also participate such as Medical Ethics Committee

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

We use email; phone and now Zoom for communication.

Section 5: Orientation and Continuing Education

23. Number of new PFAC members this year: one

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

PFAC policies, member roles and responsibilities including confidentiality statement

25. The PFAC received training on the following topics:

- Health care quality and safety measurement
- Hospital performance information
- Behavioral Health/Substance Use-Onsite visit to the Quabbin Retreat –Dana Day Treatment Program for Addiction Treatment and Recovery Services {Intensive Outpatient Program} provided an overview of services, types of patients treated at this facility; Performance indicators and barriers to treatment discussed; Interactive and Informative with feedback provided by membership.

- Care Transitions and the various elements in the continuum of care; importance of clear communication, documentation, medication education and safety, care coordination and education to patient, family, caregiver, warm handoffs, discharge planning using patient preference guidelines; barriers to discharge planning; insurance coverage; length of stay; chronic care management etc.

Section 6: FY 2019 PFAC Impact and Accomplishments

The following information only concerns PFAC activities in the fiscal year 2020.

July 2019-June 2020

26. The five greatest accomplishments of the PFAC were:

March 2020 The COVID-19 Pandemic came to Massachusetts and our area. As of 3/15/20 we closed access for in-house meetings as part of our Infection Control, Safety and Disaster Planning efforts.

Accomplishment	Idea came from (choose one)	PFAC role can be best described as (choose one)
<p>26a. Accomplishment 1:</p> <p>Onsite visit to the Quabbin Retreat provided an overview of the Program BSAS Licensed Intensive Out Patient Program which includes ½ day programming including transportation for those who this is a barrier to successfully participating in addiction recovery. Types of Groups and ages served. Provided education on Standards of Care and Performance-Safety and Quality</p>	<p><input checked="" type="checkbox"/> Patient/family advisors of the PFAC</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>26b. Accomplishment 2: Transition of Care: Transition of Care Pharmacy Program & Meds to Beds Program: Grant & new program[s]</p> <p>Transition of Care Pharmacists created initially as part of grant funding Heywood applied for grant funding to pilot a program addressing re-hospitalization and reduction in lengths of stay; improving patient and family education; addressing medication expense issues up front and working with Medical Staff and team members setting up patients with medication education, prior authorizations and delivery</p> <p>At the same time, the Pharmacy introduced the Meds to Bed Program that is offered by local Pharmacies. If a patient prefers to get his/her</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>

medication delivered at the day of discharge it can be sent to his/her home or delivered prior to their discharge saving patient time, and stress of doing one more thing when discharged.

They also work with patients on the applications for the indigent patient program through the drug manufactures to help with expediting medications long term. Improving patient/family satisfaction/ care/ safety.

26c. Accomplishment 3:

Pandemic Planning-Updating PFAC on what the hospital did from March-June during the pandemic addressing patient / family safety, quality and access to services and care

Established Incident Command Center –which is used in disaster planning; went into lock down; {reviewed how we train for disasters and the process of clear communication with plans for coordination of efforts; how each department worked to assure our patient care needs were being met; and assuring staff safety as well.

CEO developed daily communication via video and in writing to staff and extended that our to PFAC membership and eventually, community at large was asking for it and looking for daily updates from the CEO on Pandemic efforts

Pursuit of PPE and other supplies, ventilators, laboratory testing-turn-around times;

For many staff this was the first experience in long term disaster planning activities; Ongoing updates on facility capabilities such as air quality; establishing additional COVID care locations; Medical Staff Coordination between MD in ICU, Infection Preventionist MD and RN

X Patient/family advisors of the PFAC

X Department, committee, or unit that requested PFAC input

X Being informed about topic

X Providing feedback or perspective

X Discussing and influencing decisions/agenda

Membership requested meeting monthly during the summer for updates and more information on how departments have managed and the impact on patient care and staff is helpful

and ongoing updating of communication. Offering education in other languages to patients; importance of use of 1-1 interpreters; stationing a VRI machine to the front door for 24/7 access.

Nursing representatives shared with PFAC their experience during the pandemic with:

No visitors, agencies, community representatives allowed in building to reduce exposure. Initially only CMO/End of Life patients have been allowed 1 visitor and the stress to loved ones and staff

Expecting another surge potentially in future ;Remaining vigilant with hand hygiene, masks and 6 feet social distancing.

Discussion on COVID testing turnaround time; enlisting other vendors to improve turnaround; rapid testing kits became available.

Discharge planning delays due to SNF, Behavioral Health placements requiring testing even for those patients who have no symptoms was experienced.

Worked closely with the nursing homes and assisted living facilities weekly assisting with communication, in some cases sharing resources such as hand sanitizer, PPE, etc.

Impact on staffing including furloughs, layoffs, working from home etc.

Community Support overwhelming with donations of food to staff; PPE, tailors and seamstresses have volunteered to sew masks for non medical staff, make gowns; industrial sewers used to sew TVECK material into gowns due to the PPE shortage. Our Materials Management Director has worked closely with distributors to obtain supplies and preparing for a another surge.

<p>26d. Accomplishment 4:</p> <p>Presentation: Transitions in Care by Director of Social Service, Multicultural Services, Case Management and Utilization Management/Review</p> <p>Areas effecting our patients, families, and hospital services were identified and reviewed. Patient preference for services/SNF placement essential part of discharge planning activities including efforts in decreasing re-hospitalization rates for improving patient /family education prior to discharge.</p> <p>Conversation was robust, interactive and informative such as:</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>

27. The five greatest challenges the PFAC had in FY 2020:

27a. Challenge 1: Over the past few years we have had to cancel PFAC meetings due to weather conditions. We had our December meeting cancelled due to a winter storm.

27b. Challenge 2: March to Present COVID-19 Pandemic all meetings stopped in person. Took us a few months to figure out the Zoom Meeting process began meetings in June. Cancelled out May meeting and rescheduled to June.

27c. Challenge 3: Membership –To increase participation with diverse or underserved populations; including to younger and 80+ population, disabled, GBLTQ, veterans etc.

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

- Care Transitions –a member sits on this committee
- Culturally Competent Care-Member serves as member of the Multicultural Task Force –Diversity & Inclusion; Diversity & Inclusion-as above
- Ethics-membership sits on Medical Ethics Committee which also serves as our Institutional Review Board (IRB)
- Lesbian, Gay, Bisexual, and Transgender (LGBT) – Sensitive Care-Under our Multicultural Task Force
- Pharmacy & Therapeutics Committee

Other (Please describe):

- Workplace Violence Task Force
- Medical Staff Education/Library Sciences

29. How do members on these hospital-wide committees or projects report back to the PFAC about their work? It is the PFAC member’s responsibility to provide 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-yes
- Patient and provider relationships-yes
- Patient education on safety and quality matters-yes
- Quality improvement initiatives-yes

31. PFAC members participated in the following activities mentioned in the Massachusetts law:

Advisory boards/groups or panels; Standing hospital committees that address quality and Task forces

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

32a. Complaints and serious events

Quality of care-Medicare Hospital Compare (such as complications, readmissions, medical imaging)

32c. Resource use, patient satisfaction, and other

Inpatient care management (such as electronically ordering medicine, specially trained doctors for ICU patients) Especially during the PANDEMIC.

Resource use (such as length of stay, readmissions)

Other Pandemic planning, care, safety, quality, infection control, continuum of care post discharge; patient preference and choice.

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

While we review all areas for consideration, recommendations come from the PFAC membership on what they prefer and we do present additional information when soliciting their input and guidance on processes, recommendations etc. We are scheduled to meet 6 x per year and this year due to the weather cancellation and Pandemic we did not meet all the items we planned for the year.

34. Please describe how the PFAC was engaged in discussions around these data in #32 above and any resulting quality improvement initiatives. Very involved in discussions especially during the Pandemic.

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
 - Using medicines safely
- Using alarms safely

35b. Prevention and errors-service on Pharmacy and Therapeutics Committee

- X Care transitions (e.g., discharge planning, passports, care coordination, and follow up between care settings)
- Checklists
- Electronic Health Records –related errors
- X Hand-washing initiatives
- X Human Factors Engineering
- Fall prevention
- X Team training
- X Safety

35c. Decision-making and advanced planning-serve on Medical Ethics Committee

- X End of life planning (e.g., hospice, palliative, advanced directives)
- X Health care proxies
- X Improving information for patients and families
- X Informed decision making/informed consent

35d. Other quality initiatives

- Disclosure of harm and apology
- Integration of behavioral health care
- Rapid response teams

X Other (Please describe): Pandemic Planning, Care , Safety, Quality and Infection Control.

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?

X none presented this year

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

Our Medical Ethics Committee incorporates the IRB under this Committee and meets the following during the IRB process:

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

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

All IRB requests are submitted to the Medical Ethics Committee/IRB for review and at least one member of PFAC sits on that committee and is an active participant.

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

Approximately 3-5 over the years

Section 7: PFAC Annual Report

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

- Membership requested the use of sending email reminder notices as not everyone has Google Calendar Access. Barbara noted moving forward which would provide additional reminders to attend meetings.

40. The following individuals approved this report prior to submission (list name and indicate whether staff or patient/family advisor): D.Girouard, M.Arsenault, M.Blanchard, N.Boucher, K.Culkeen, N.Erickson, I.Hernandez, R.Juma, G.Kelley, B.Nealon, M.Rodriguez, and Dr.Heneghan

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; provided feedback and approved report prior to sending and posting on hospital's website.

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. Heywood.org

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 noted on the application form on the Heywood. PFAC section of the hospital website

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

Yes, link:

<https://www.heywood.org/about/patient-and-family-advisory-council/patient-and-family-advisory-council>