

# 2024 Patient and Family Advisory Council Annual Report Form

The survey questions concern PFAC activities in fiscal year 2024 only: (July 1, 2023 – June 30, 2024).

## Section 1: General Information

NOTE: Massachusetts law requires every hospital to make a report about its PFAC activities publicly available by October 1 each year. Submitting the report to Betsy Lehman Center for inclusion on its website will fulfill that requirement.



1. Hospital Name: Athol Hospital-Critical Access

2. PFAC Name: Heywood Healthcare's Athol & Heywood Hospital PFAC

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
- Don't know

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

- Yes
- No
- Don't know

3. Staff PFAC Co-Chair Contact:

- 3a. Name and Title: Barbara Nealon, Director of Care Transitions
- 3b. Email: Barbara.Nealon@heywood.org
- 3c. Phone: 978-630-6386
- Not applicable

4. Patient/Family PFAC Co-Chair Contact:

- 4a. Name and Title: Rev. John Pastor
- 4b. Email: pastoruu@yahoo.com
- 4c. Phone: 978-724-0225
- Not applicable

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:

- 6a. Name and Title:
- 6b. Email:
- 6c. Phone:

Not applicable

## **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): Website
- N/A – we did not recruit new members in FY 2024

**8. Total number of staff members on the PFAC:** 5 [2] regular [3] ad hoc

**9. Total number of patient or family member advisors on the PFAC:** 10 currently

[2 retired this year from PFAC Thank you both for your service. Mary Blanchard and Deb Vondell]

Added one new member.

**10. The name of the hospital department supporting the PFAC is:**

Nursing & Care Transitions –Social Service, Case Management, Utilization Management and Multicultural Services

**11. The hospital position of the PFAC Staff Liaison/Coordinator is:** Care Transitions

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

- Annual gifts of appreciation
- Assistive services for those with disabilities
- Conference call phone numbers or “virtual meeting” options
- Meetings outside 9am-5pm office hours
- Parking, mileage, or meals
- Payment for attendance at annual PFAC conference
- Payment for attendance at other conferences or trainings
- Provision/reimbursement for childcare or elder care
- Stipends
- 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: : Athol, Erving, New Salem, Orange, Petersham, Phillipston

14. The racial and ethnic groups in these areas include (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	1%	2%	3%	0%	97%	2%	3%	<input type="checkbox"/> Don’t know
14b. Patients the hospital provided care to in FY 2024	0%	1%	1%	0%	93%	3%	3%	<input type="checkbox"/> Don’t know
14c. The PFAC patient and family advisors in FY 2024	1	0	5	0	8	1	3	<input type="checkbox"/> Don’t know

15. The languages spoken in these areas include (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 2024 47,760 [65LEP/ASL patients serviced]	0%	<input type="checkbox"/> Don’t know
15b. PFAC patient and family advisors in FY 2024 [14] Spanish [2 ] Swahili [1]	0%	<input type="checkbox"/> Don’t know

15c. What percentage of patients that the hospital provided care to in FY 2024 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%

Don't know

15d. In FY 2024, 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%

Don't know

**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 examine candidates by interest, area representation by city/town,RELD,SOGI,HRSN data to try to be as inclusive and represent our communities in which we provide 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:

PFAC members and staff develop agenda together based on discussions coming up at meetings and/or staff identify topics needing to be addressed.

17b. If other process, please describe:

**18. The PFAC goals and objectives for 2024 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 2024 – **Skip to #20**

**19. The PFAC had the following goals and objectives for 2024:**

- Remain updated and participate with recommendations to the hospital planning during the post pandemic recovery period and reduced frequency of meetings.
- Continue to promote PFAC activities/participation as Patient Liaisons, DEI Meetings, Medical Ethics Committee Meetings and other meetings ad hoc.
- To add membership representative of younger populations 18-35 and 80+ adults
- To add more members to the PFAC Patient Liaison position
- To seek representation from the RELD, SOGI and HRSN community members

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

**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: We use email, phone and Zoom at the beginning of our meetings later changing over to Google Meets for meetings.**

### **Section 5: Orientation and Continuing Education**

**23. Number of new PFAC members this year: 1**

**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.)
- Hospital performance information
- Patient engagement in research
- Types of research conducted in the hospital
- Other (Please describe below in #25a) **Press Gainey Patient Survey & 5 Star Rating for Satisfaction**

N/A – the PFAC did not receive training

25a. If other, describe:

Topics included: Chapter 11 filing What does it mean to us organizationally and for the community? Quality Initiatives including Leapfrog; CMS Compare ratings; Heywood had a **5 Star** Rating. HCAP Surveys; Diversity, Equity and Inclusion efforts with RELD,SOGI,HRSN compliance to standards and work completed to meet these standards and address patient specific care needs; Workplace Violence; PFAC experiences with Patient Satisfaction shared; Pandemic Updates Infection Prevention efforts; Quality Measures with ACO on SUD and AUD; Pharmacy Department Quality Review; Nursing Metrics in Patient Care; Hospital Updates

**Section 6: FY 2024 PFAC Impact and Accomplishments**

*The following information concerns PFAC activities in the fiscal year 2024.*

**26. Please share the following information on the PFACs accomplishments and impacts:**

26a. What were the three greatest accomplishments/impacts of the PFAC related to providing feedback or perspective?

Accomplishment/Impact	Idea came from (choose one)
<p><b>Accomplishment/Impact 1:</b> Updated our membership RELD,SOGI demographic to be reflective of the community in which we represent.</p>	<p><input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input</p>
<p><b>Accomplishment/Impact 2:</b> Quality &amp; Risk Management provided Workplace Violence update after 2 public incidences were noted this past year; metal detectors installed; corrective action plans develop and feedback and participation from PFAC was solicited Membership was also invited to participate as a member of the Workforce Violence Task Force.</p>	<p><input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input</p>
<p><b>Accomplishment/Impact 3:</b> n/a</p>	<p><input type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input</p>

26b. What were the three greatest accomplishments/impacts of the PFAC related to influencing the institution's financial and programmatic decisions?

Accomplishment/Impact	Idea came from (choose one)
<p><b>Accomplishment/Impact 1:</b></p> <p>Provided education and impact of the Hospital Quality and Equity Plan {HQEIP} along with The Joint Commission Standards specific to DEI Certification and CMS Regulation specific to RELD,SOGI,HRSN etc</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><b>Accomplishment/Impact 2:</b></p> <p>Leadership kept membership abreast of Chapter 11 updates filed Chapter 11 as of 10/1/23- demonstrating transparency and PFAC voiced wish for ability to remain an independent hospital system.</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><b>Accomplishment/Impact 3: n/a</b></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>

26c. What were the three greatest accomplishments/impacts of the PFAC related leading/co-leading programs and initiatives?

Accomplishment/Impact	Idea came from (choose one)
<p><b>Accomplishment/Impact 1:</b></p> <p>PFAC leadership as a member of the DEI Committee; providing input, recommendations and a voice from the community and representing BIPOC population in our area</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><b>Accomplishment/Impact 2:</b></p> <p>Distributed and reviewed Patient and Family Councils Blueprint - AHA January 2022 guide and 1-Initial Hospital Self Assessment for Advancing the practice of patient and family centered care: how to get started; to assist in re-development and infuse strategies moving forward</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><b>Accomplishment/Impact 3:</b></p> <p>Sustaining membership and interest on committees, subgroup and teams activities throughout the year and through the last year of the “pandemic”.</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>
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**27. The five greatest challenges the PFAC had in FY 2024:**

Challenge 1: October 1, 2023 Heywood Healthcare filed for Chapter 11 protection; Reaction from PFAC what does this mean for the community? Communication throughout the year on the hospital’s progression through the court system information distributed at least weekly and reduction in expenses explored and in some cases were successful with renegotiation of expenses through the Senior Leadership Team. Senior Leadership attended and updated membership on a regular basis.

Challenge 2: Recruit from communities currently not represented and other age groups on the committee- no one identified; will redevelop strategies for FY 25

Challenge 3: Refocus efforts to include additional members to the committee representative of the communities of which we serve such as minorities, developmentally disabled, physically and behavioral health disabled; those with addiction disorders and/or in recovery and/or their family members.

**Challenge 4:** n/a

**Challenge 5:** n/a

N/A – we did not encounter any challenges in FY 2024

**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) **We have had zero requests this past year**
- 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): DEI Committee, Medical Ethics Committee
- 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? Verbally at meetings, information is shared.**

**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 {Zero cases this year}
- 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 2024

**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 (e.g. HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems)
- Resource use (such as length of stay, readmissions)
- Other (Please describe): Chapter 11 filing effective 10/1/23
- 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:** PFAC membership also requests specific topics be shared and follow up with those requests. Discussion on impact on patient experience and reimbursement efforts, barriers with payers and strain on the Healthcare system during the pandemic and informing membership of ongoing Chapter 11 recovery efforts to direct feedback to the community at large and other forms of communication way appreciated and requested by Council membership.

**34. Please describe how the PFAC was engaged in discussions around these data in #32 above and any resulting quality improvement initiatives:** solicited for input prior to new initiatives; and when presented with various projects, PI, issues format is interactive and feedback solicited from membership.

**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) There were zero cases for the 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 at this time. Zero cases noted.

38a. If other, describe:

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

- 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):** John Pastor, Robert Juma, Leona Whetzel, Dee Burrough-Biron, Cynthia Crosson,

**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):  
Solicited feedback edits, revisions, additions prior to submission

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

**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: 978-630-6386

No

**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>