

2016 Annual PFAC Report:

The survey questions concern PFAC activities in fiscal year 2016 only.

1. Hospital Name: _Athol 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 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:

2a. Name and Title: _Tina Griffin, CNO and VP of Patient Care Services

2b. Email: _Tina.Griffin@heywood.org

2c. Phone: _978-249-3511

Not applicable

4. Patient/Family PFAC Co-Chair Contact:

3a. Name and Title: _Nate Johnson

3b. Email: _njohno@gmail.com

3c. Phone: _978-413-7754

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:

5a. Name and Title: _Barbara Nealon@heywood.org

5b. Email: _Barbara.Nealon@heywood.org

5c. Phone: _978-630-6386

Not applicable

Section 1: 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 and Twitter
- Hospital banners and posters
- Hospital publications
- Houses of worship
- 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: _____)
- N/A – we did not recruit new members in FY 2016

8. Total number of staff members on the PFAC: 3.

9. Total number of patient or family member advisors on the PFAC: 11.

10. The name of the hospital department supporting the PFAC is: Administration, Nursing, and Patient Care Services

11. The hospital position of the PFAC Staff Liaison/ Coordinator is Social Service & Multicultural Services

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 child care or elder care
- Stipends
- Translator or interpreter services
- Other (Please describe: _____)
- N/A

Section 2: 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: The North Quabbin Region including: Athol, Erving, Orange, Petersham, Phillipston, Royalston, Warwick and Wendell.32

Don’t know

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 | 0.32% | 0.79% | 0.89% | 0.00% | 97.27% | 0.72% | 2.18% | <input type="checkbox"/> Don’t know |
| 14b. Patients the hospital provided care to in FY 2016 | 0.04% | 0.14% | 1.35% | 0.04% | 96.17% | 1.43% | 1.42% | <input type="checkbox"/> Don’t know |
| 14c. The PFAC patient and family advisors in FY 2016 | | | | | | | | <input checked="" 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 2016 | 0.47% | <input type="checkbox"/> Don't know |
| 15b. PFAC patient and family advisors in FY2016 | | <input checked="" type="checkbox"/> Don't know |

15c. What percentage of patients that the hospital provided care to in FY 2016 spoke the following as their primary language?

| | % |
|---------------------|-------|
| Spanish | 0.40% |
| Lao | 0.07% |
| Chinese | |
| Haitian Creole | |
| Vietnamese | |
| Russian | |
| French | |
| Mon-Khmer/Cambodian | |
| Italian | |
| Arabic | |
| Albanian | |
| Cape Verdean | |

Don't know

15d. In FY 2016, what percentage of PFAC patient and family advisors spoke the following as their primary language?

| | % |
|---------------------|---|
| Spanish | |
| Portuguese | |
| Chinese | |
| Haitian Creole | |
| Vietnamese | |
| Russian | |
| French | |
| Mon-Khmer/Cambodian | |
| Italian | |
| Arabic | |
| Albanian | |
| Cape Verdean | |

X Don't know

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

Based on the "I don't Know" categories proving REL data of our Council, we will be implementing a demographic profile for all PFAC members to complete so accuracy is noted with self disclosure and staff are not guessing. Form to include but not limited REL data, age, employment status, education level, town lived in etc. We will combine this information and stratify data to see what areas we need represented in the future. WE do want equal representation of our service area.

Section 3: 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:
This past year at the end of each meeting membership would identify topics for next meeting.

17b. If other process, please describe:

18. The PFAC goals and objectives for 2016 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 2016 – Skip to #18

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

To promote ongoing education to the council
To promote council’s participation in design and redesign efforts
To increase membership that is reflective of the community serviced.

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

None; This new year we plan to have membership join hospital committees and task forces and report back to meetings on status. WE currently have one member who services on the Medical Ethics Committee.

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 communication between meetings and to update on programs offered.

- N/A – We don't communicate through these approaches

Section 4: Orientation and Continuing Education

23. Number of new PFAC members this year: 2

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 patient discharge, etc)
- Hospital performance information
- Patient engagement in research
- Types of research conducted in the hospital
- Other (Please describe below in #25a)
- N/A – the PFAC did not receive training

25a. If other, describe:

Section 5: FY 2016 PFAC Impact and Accomplishments

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

26. The five greatest accomplishments of the PFAC were:

| Accomplishment | Idea came from... | PFAC role can be best described as... |
|--|---|--|
| <p>26a. Accomplishment 1:</p> <p>Hospice Foundation of America coordinated nationwide public awareness campaign re: importance of talking about End of Life preference and goals with loved ones. GVNA were the first in Mass to sponsor and attend the program showing to communities "Being Mortal" by Atul Gawande MD. PFAC had been asked to review this program and provide feedback before presenting community wide.</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 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 expansion included two new members</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 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>Membership participated in providing feedback in the new Emergency Department design process making recommendation on patient flow and waiting room design</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 type="checkbox"/> Being informed about topic</p> <p><input type="checkbox"/> Providing feedback or perspective</p> <p><input checked="" type="checkbox"/> Discussing and influencing decisions/agenda</p> <p><input type="checkbox"/> Leading/co leading</p> |

| | | |
|--|---|--|
| <p>26d. Accomplishment 4:</p> <p>There was discussion of eliminating the hospital Chapel in redesign efforts. Membership challenged that and facilitated several meetings discussing this opportunity. Based on those discussions, relocation of the Chapel into our new addition being built closer to the new ED for easy access was identified and plan was redesigned with this input</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 type="checkbox"/> Being informed about topic</p> <p><input type="checkbox"/> Providing feedback or perspective</p> <p><input checked="" type="checkbox"/> Discussing and influencing decisions/agenda</p> <p><input type="checkbox"/> Leading/co leading</p> |
| <p>26e. Accomplishment 5:</p> <p>Introduced membership to the HUSH program before and after implementation for feedback</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 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> |

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

27a. Challenge 1:

Consistent membership by all members. Although the group is committed, at certain times of the year attendance is less

27b. Challenge 2:

The ability for membership to attend conferences outside of the Athol area

27c. Challenge 3:

Identification and successful recruitment of members across all areas including vulnerable populations such as Race, Ethnic, Language LEP groups, youth, seniors, disabled etc. that reflect our community served

27d. Challenge 4:

Unable to provide demographics including REL data on this report. Will develop plan to have membership complete a demographic form for more data collection for next year.

27e. Challenge 5:

Encourage committee participation in various hospital committees and taskforces and report back to Council those activities

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

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)
- 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: _____)
- 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? There has been no formal process for reporting back to Council will develop this as an agenda item for upcoming year and will become a membership expectation.

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
- 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 2016

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

- 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 (eg. HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems)
- Resource use (such as length of stay, readmissions)
- Other (Please describe: _____)

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:

This PFAC has not been tasked with all the aspects of what PFAC's can do and over this next year, plans to develop this Council providing Quality Improvement, Patient Safety, Identification of Patients,

Infection Prevention, Medication Safety, Patient Satisfaction, Resource use such as LOS and re-hospitalization rates, EMR and Patient Portal information, HR Surgeries; Medicare Compare reports, complaints etc. Will all be area for expansion as well as assigning membership to committees that exist within the hospital already such as Infection Control, Environment of Care, Ethics etc. and members will be responsible for reporting back to the Council on activities.

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

PFAC was involved pre and post implementation of the HUSH program and as of this report –program has been successful; implemented the NO PASS ZONE; Every call light represents a patient need. The No pass zone rules state that no employee regardless of job classification should walk past a ringing or blinking light. They are instructed to knock on the door, walk into the room and introduce themselves to the patient. They then inquire if there is anything urgently needed. Membership was involved in promotion of this project.

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)

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

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 6: 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): report emailed to entire membership for feedback prior to filing.

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: _____)

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.atholhospital.org/about/patient-and-family-advisor](http://www.atholhospital.org/about/patient-and-family-advisor)
- No

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:

- No

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

- Yes, link: [_www.atholhospital.org/about/patient-and-family-advisor](http://www.atholhospital.org/about/patient-and-family-advisor)
- No, we don't have such a section on our website