

2016 Annual PFAC Report: Harrington Memorial Hospital

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):

Q126. Will another PFAC at your hospital also submit a report?

This question was not displayed to the respondent.

Q127. Will another hospital within your system also submit a report?

This question was not displayed to the respondent.

Q2. Staff PFAC Co-Chair Contact:

Name and Title:	<input type="text" value="Ann Beaudry, Direct"/>
Email:	<input type="text" value="abeaudry@harrington"/>
Phone:	<input type="text" value="508 7645056"/>

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="Ann Beaudry"/>
Email:	<input type="text" value="abeaudry@harrington"/>
Phone:	<input type="text" value="508 764 5056"/>

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):

- | | |
|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Word of mouth / through existing members | <input type="checkbox"/> Case managers / care coordinators |
| <input checked="" type="checkbox"/> Promotional efforts within institution to patients or families | <input type="checkbox"/> Patient satisfaction surveys |
| <input checked="" type="checkbox"/> Promotional efforts within institution to providers or staff | <input checked="" type="checkbox"/> Community-based organizations |
| <input type="checkbox"/> Facebook and Twitter | <input type="checkbox"/> Houses of worship |
| <input type="checkbox"/> Recruitment brochures | <input type="checkbox"/> Community events |
| <input type="checkbox"/> Hospital publications | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hospital banners and posters | <input type="checkbox"/> 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:

16

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

8

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

Quality and Patient Safety

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

Kathleen Davis, VP of Quality and Patient Safety

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

- | | |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Parking, mileage, or meals | <input type="checkbox"/> Payment for attendance at other conferences or trainings |
| <input type="checkbox"/> Translator or interpreter services | <input type="checkbox"/> Annual gifts of appreciation |
| <input type="checkbox"/> Assistive services for those with disabilities | <input type="checkbox"/> Conference call phone numbers or "virtual meeting" options |
| <input type="checkbox"/> Provision / reimbursement for child care or elder care | <input checked="" type="checkbox"/> Meetings outside 9am-5pm office hours |
| <input type="checkbox"/> Stipends | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Payment for attendance at annual PFAC conference | <input type="checkbox"/> 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"):

South Central Massachusetts and Northern Connecticut

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="0.9%"/>
Black or African American	<input type="text" value="1.2%"/>
Native Hawaiian or other Pacific Islander	<input type="text" value="0"/>
White	<input type="text" value="85.3%"/>
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?

9.8%

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="0.11%"/>
Asian	<input type="text" value="0.96%"/>
Black or African American	<input type="text" value="1.03%"/>
Native Hawaiian or other Pacific Islander	<input type="text" value="0.02%"/>
White	<input type="text" value="85.4%"/>
Other	<input type="text" value="0.9%"/>

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?

10.6%

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"/>
Asian	<input type="text"/>
Black or African American	<input type="text"/>
Native Hawaiian or other Pacific Islander	<input type="text"/>
White	<input type="text" value="75%"/>
Other	<input type="text" value="25%"/>

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?

25%

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)?

This question was not displayed to the respondent.

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?

This question was not displayed to the respondent.

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	<input type="text" value="25%"/>
Portuguese	<input type="text"/>
Chinese	<input type="text"/>
Haitian Creole	<input type="text"/>
Vietnamese	<input type="text"/>
Russian	<input type="text"/>
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"/>

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:

We continue with recruitment efforts and gained another Spanish speaking community member this year.

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

Q112. If staff and PFAC members develop the agenda together, please describe the process:

This question was not displayed to the respondent.

Q113. 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 biggest goal was to increase the Patient visiting program. We currently have volunteers six days a week, visiting our adult medical and surgical patients. They provide information on how to navigate the hospital systems, including ordering food. They will read or visit with a patient, and provide feedback to staff when needed. This increased from one volunteer to six. The program is now strong and going forward with a formal training program that each volunteer participates in. The PFAC member reports on their results at each meeting and works with the PFAC chair to resolve any issues that are not specific to the Nursing units. A power point explaining the program and PFAC is being presented in November at a hospital wide skills camp.

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

None at this time. The patient visiting subcommittee is suspended as the visiting program is up and running.

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

- | | |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> PFAC submits annual report to Board | <input checked="" type="checkbox"/> PFAC member(s) are on board-level committee(s) |
| <input 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 checked="" 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 |

Q114. 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:

The Chair uses email to send the agenda , meeting notices and minutes. Also, when there is a request for the PFAC committee to review information being developed for patients to read, it is sent to the council via email to review and comment on. There are a few members who do not use email, so they get mail sent to their home.

Q109.

Section 4: Orientation and Continuing Education

Q21. Number of new PFAC members this year:

3

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

- | | |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input 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 type="checkbox"/> Massachusetts law and PFACs |
| <input type="checkbox"/> Patient engagement in research | <input type="checkbox"/> Concepts of patient- and family-centered care (PFCC) |
| <input type="checkbox"/> PFAC policies, member roles and responsibilities | <input type="checkbox"/> Skills training on communication, technology, and meeting preparation |
| <input 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Types of research conducted in the hospital | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Hospital performance information | <input type="checkbox"/> Health literacy |
| <input 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:

1. Increasing the hours and number of volunteer visitors seeing patients every day.

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:

Some community members were questioning the billing services and we were able to bring people in to explain the process and increase understanding.

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:

Made recommendations for simplifying the menus that the patients receive.

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:

Gave feedback on a new brochure meant to explain patient financial responsibility information at time of service.

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:

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:

Finding new members for the PFAC from the community.

Q25b. Challenge 2:

Having consistent attendance of all members of the Council.

Q25c. Challenge 3:

Getting our Spanish subgroup up and functioning in an effective manner that might make a difference in our community.

Q25d. Challenge 4:

Q25e. Challenge 5:

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

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

The VP of Quality reports at most meetings. Data from Press Ganey, HCAHPS, Leap frog, Blue Cross and others are reported on and discussed. Department leaders are invited to come and report on new programs and get input from the Council.

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

- | | |
|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Quality improvement initiatives | <input type="checkbox"/> Institutional Review Boards |
| <input type="checkbox"/> Patient education on safety and quality matters | N/A – the PFAC did not provide advice or recommendations to the hospital on these areas in FY 2016 |
| <input checked="" type="checkbox"/> Patient and provider relationships | |

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

- | | |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Task forces | <input checked="" type="checkbox"/> N/A – the PFAC members did not participate in any of these activities |
| <input type="checkbox"/> Award committees | <input type="checkbox"/> Co-trainers for clinical and nonclinical staff, in-service programs, and health professional trainees |
| <input type="checkbox"/> Advisory boards/groups or panels | <input type="checkbox"/> Selection of reward and recognition programs |
| <input type="checkbox"/> Search committees and in the hiring of new staff | <input type="checkbox"/> 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Resource use (such as length of stay, readmissions) | |

Q30d. Other

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

Q 119. 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:

It is a work in progress. More data is being shared and will be in the next year.

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

The data for readmissions, Patient satisfaction is presented and any questions brought forth from the community and hospital employees are answered. Quality improvement initiatives, based on the data are being done and they were shared with the council.

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

- Identifying patients correctly
- Using medicines safely
- Using alarms safely
- Preventing infection
- Identifying patient safety risks
- Preventing mistakes in surgery

Q33b. Prevention and errors

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

Q33c. Decision-making and advanced planning

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

Q33d.

Additional quality initiatives

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

Q33e. Other

- N/A – the hospital did not share performance information with the PFAC
- 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):

Ann Beaudry, Chair and Staff, Kathleen Davis, staff, Trish McCleary, community, Kelly Hibbard, staff, Judith Flannery, staff, Patti Munch, staff, Ken LaHue, community, Tanya Canedy, staff, Joe Klimavich, staff and Patty Cournoyer, community.

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:

508 765 8148 PFAC@harringtonhospital.org

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