

# 2016 Annual PFAC Report: Heywood 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="Tina Santos"/>
Email:	<input type="text" value="Tina.Santos@Heywo"/>
Phone:	<input type="text" value="978-630-6220"/>

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="Sally Hartshorn"/>
Email:	<input type="text" value="sally.hartshorn@com"/>
Phone:	<input type="text" value="978-632-3420"/>

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

Name and Title:   
Email:   
Phone:

Q23.

**Section 1: PFAC Organization**

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

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

Q6a. Please describe other recruitment approach:

*This question was not displayed to the respondent.*

Q7. Total number of staff members on the PFAC:

2

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

16

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

Administration, Nursing, Patient Care Services

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

Director of Social and Multi Cultural Services

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

Parking, mileage, or meals

Payment for attendance at other conferences or trainings

Translator or interpreter services

Annual gifts of appreciation

Assistive services for those with disabilities

Conference call phone numbers or "virtual meeting" options

Provision / reimbursement for child care or elder care

Meetings outside 9am-5pm office hours

Stipends

Other

Payment for attendance at annual PFAC conference

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"):

Gardner, Templeton, Baldwinville, Hubbardston, Ashburnham, Westminster and Winchenden

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	0%
Asian	1%
Black or African American	1%
Native Hawaiian or other Pacific Islander	0%
White	94%
Other	4% Hispanic

Q91.

Don't know racial groups

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

4%

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	0.002%
Asian	0.50%
Black or African American	1.2%
Native Hawaiian or other Pacific Islander	0.005%
White	98.113%
Other	0.18% Hispanic

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?

0.18%

Q95.

Don't know origins

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

American Indian or Alaska Native	<input type="text" value="0%"/>
Asian	<input type="text" value="6%"/>
Black or African American	<input type="text" value="6%"/>
Native Hawaiian or other Pacific Islander	<input type="text" value="0%"/>
White	<input type="text" value="75%"/>
Other	<input type="text" value="13% Hispanic"/>

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?

13%

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)?

1%

Q118.

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

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

Spanish	0.48%
Portuguese	0%
Chinese	0%
Haitian Creole	0%
Vietnamese	0%
Russian	0%
French	0%
Mon-Khmer/Cambodian	0%
Italian	0%
Arabic	0.05%
Albanian	0%
Cape Verdean	0%

Q127.

Don't know primary languages

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

14%

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="2"/>
Portuguese	<input type="text" value="0"/>
Chinese	<input type="text" value="0"/>
Haitian Creole	<input type="text" value="0"/>
Vietnamese	<input type="text" value="0"/>
Russian	<input type="text" value="0"/>
French	<input type="text" value="0"/>
Mon-Khmer/Cambodian	<input type="text" value="0"/>
Italian	<input type="text" value="0"/>
Arabic	<input type="text" value="0"/>
Albanian	<input type="text" value="0"/>
Cape Verdean	<input type="text" value="0"/>

Q124.

Don't know primary languages

Q14.

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

Outreach initiative via the Minority Coalition in our catchment area. Review annual LEP assessment and soliciting consumer identified in that group.

### 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:

At the beginning of each fiscal year, we conduct a needs assessment. Based on patient feedback, patient and employee satisfaction, quality and safety reports and the issues identified by the PFAC membership, we create a tentative agenda for the upcoming year. At the end of each meeting, if additional items are identified, we add them to the list.

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:

\*Increase the number of participant to include membership from all of our primary catchment areas, increase racial diversity, age, education, employment status and gender. \*Increase PFAC member participation on other committees and task forces. \*Identify opportunities to further engage PFAC on key matters such as : quality, safety, operations/care logistics, expansion of services, etc

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

PFAC members became members of standing organizational committees: Patient care Portal Project, Patient Satisfaction, Perinatal and Pediatric Advisory Committee, Diabetes Excellence program, Workforce Violence Task Force, Medical Ethics, Montachusettts Suicide Prevention task Force and Multicultural Task force.

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

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

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:

PFAC members have an email group where they communication between meeting.

Q109.

#### **Section 4: Orientation and Continuing Education**

Q21. Number of new PFAC members this year:

1

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

- |  |   |
|--|---|
| <input type="checkbox"/> Meeting with hospital staff   | <input type="checkbox"/> Other  |
| <input type="checkbox"/> General hospital orientation  | <input checked="" type="checkbox"/> In-person training  |
| <input checked="" type="checkbox"/> Hospital performance information                                 | <input checked="" type="checkbox"/> Massachusetts law and PFACs   |
| <input type="checkbox"/> Patient engagement in research  | <input type="checkbox"/> Concepts of patient- and family-centered care (PFCC)                             |
| <input checked="" type="checkbox"/> PFAC policies, member roles and responsibilities                 | <input checked="" type="checkbox"/> Skills training on communication, technology, and meeting preparation |
| <input checked="" type="checkbox"/> Health care quality and safety                                   | <input checked="" type="checkbox"/> Immediate "assignments" to participate in PFAC work                   |
| <input checked="" type="checkbox"/> History of the PFAC  | <input checked="" 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 checked="" type="checkbox"/> Concepts of patient- and family-centered care (PFCC) | <input checked="" type="checkbox"/> Health care quality and safety measurement   |
| <input checked="" type="checkbox"/> Patient engagement in research                       | <input checked="" 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 checked="" 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:**

Hospice Foundation of America (HFA) has coordinated a nationwide public awareness campaign on the importance of talking about end-of-life preferences and goals with loved ones and medical professionals. Heywood Hospital PFAC, in partnership with the Gardner Visiting Nurses' Association, were the first in the State of MA to sponsor and attend the program and have opportunity to posit feedback prior to expanding showings in the community. Athol Hospital's PFAC was invited to attend as well. Underwritten by the John and Wauna Harman Foundation, the project uses PBS's FRONTLINE film "Being Mortal," based on the book of the same name by Atul Gawande, MD, to educate audiences and encourage people to take concrete steps to identify and communicate their wishes for end-of-life care.

**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:**

A PFAC member who is an expert on police and emergency matters, serves as a member on the Workplace Violence Task Force. He was a key member in the two organization wide "Code Silver" , active shooter, drills held this past year. This included the hospital staff, visitors, local EMS and police departments as well as a police K-9.

**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:**

Based on feedback and suggestion from PFAC members regarding the Patient Portal, we expanded In Patient education and portal set up facilitation at the bedside for patients and families by our administrative team.

Q24c/. The idea for Accomplishment 3 came from:

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

Q24d. Accomplishment 4:

PFAC members are now active members of 9 organizational committees and provide the PFAC committee with updates and opportunity to raise questions.

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:

Two PFAC members attended the Massachusetts Hospital Association (MHA) program "Meeting your Patients' Diverse Needs" which was an excellent validation of the work we are doing at Heywood Hospital.

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:

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

Q25b. Challenge 2:

The ability for members to attend conferences outside of Gardner.

Q25c. Challenge 3:

Identification and successful recruitment of members across age and ethnic groups.

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 checked="" type="checkbox"/> Emergency Department Patient/Family Experience Improvement |
| <input checked="" type="checkbox"/> Care Transitions  | <input checked="" type="checkbox"/> Ethics   |
| <input type="checkbox"/> Code of Conduct  | <input checked="" type="checkbox"/> Institutional Review Board (IRB)                           |
| <input type="checkbox"/> Community Benefits   | <input type="checkbox"/> Patient Care Assessment   |
| <input checked="" type="checkbox"/> Critical Care   | <input checked="" type="checkbox"/> Patient Education  |
| <input type="checkbox"/> Other  | <input checked="" 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 type="checkbox"/> Board of Directors   | <input checked="" type="checkbox"/> Quality and Safety   |
| <input type="checkbox"/> Discharge Delays   | <input checked="" type="checkbox"/> Quality/Performance Improvement                            |
| <input checked="" type="checkbox"/> Lesbian, gay, bisexual, and transgender (LGBT) – sensitive care | <input type="checkbox"/> Surgical Home   |
| <input type="checkbox"/> Drug Shortage  | <input checked="" 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?

Time is dedicated in each meeting to provide committee members opportunity to report back on the hospital wide committees on which they serve.

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

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

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Task forces                           | <input type="checkbox"/> N/A – the PFAC members did not participate in any of these activities  |
| <input type="checkbox"/> Award committees                                 | <input checked="" type="checkbox"/> Co-trainers for clinical and nonclinical staff, in-service programs, and health professional trainees |
| <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Complaints and investigations reported to Department of Public Health (DPH) | <input checked="" type="checkbox"/> Healthcare-Associated Infections (National Healthcare Safety Network) |
| <input checked="" type="checkbox"/> Serious Reportable Events reported to Department of Public Health (DPH)     | <input checked="" type="checkbox"/> Patient complaints to hospital  |

Q30b. Quality of care

- |  |   |
|--|---|
| <input checked="" 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:

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

After learning about current practices in place, they offered ideas and suggestions around how to minimize problems from their perspectives.

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:

- 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)

Q36.

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
- None of our members are involved in research studies

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?

- 1 or 2
- 3-5
- More than 5
- None of our members are involved in research studies

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):

This report was sent to all the members of our PFAC committee and they were offered opportunity to posit feedback.

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