

2016 Annual PFAC Report: Holy Family Hospital & Medical Center

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?

- Yes
- No
- Don't know

Q2. Staff PFAC Co-Chair Contact:

Name and Title:	<input type="text" value="Suzy Goodspeed, Di"/>
Email:	<input type="text" value="suzy.goodspeed@ste"/>
Phone:	<input type="text" value="978-687-0156"/>

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="Eva Ruiz/Mary Ellen"/>
Email:	<input type="text" value="quadow@comcast.n"/>
Phone:	<input type="text" value="978-687-0156"/>

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

Name and Title:	<input type="text"/>
Email:	<input type="text"/>
Phone:	<input type="text"/>

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 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 type="checkbox"/> Community-based organizations |
| <input type="checkbox"/> Facebook and Twitter | <input type="checkbox"/> Houses of worship |
| <input checked="" type="checkbox"/> Recruitment brochures | <input type="checkbox"/> Community events |
| <input type="checkbox"/> Hospital publications | <input type="checkbox"/> Other |
| <input checked="" 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:

15

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

11

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

Quality & Safety

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

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Parking, mileage, or meals | <input checked="" type="checkbox"/> Payment for attendance at other conferences or trainings |
| <input checked="" type="checkbox"/> Translator or interpreter services | <input type="checkbox"/> Annual gifts of appreciation |
| <input checked="" type="checkbox"/> Assistive services for those with disabilities | <input checked="" type="checkbox"/> Conference call phone numbers or "virtual meeting" options |
| <input type="checkbox"/> Provision / reimbursement for child care or elder care | <input 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"):

Merrimack Valley

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"):

This question was not displayed to the respondent.

Q91.

Don't know racial groups

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

This question was not displayed to the respondent.

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=".10%"/>
Asian	<input type="text" value="1.20%"/>
Black or African American	<input type="text" value="1.96%"/>
Native Hawaiian or other Pacific Islander	<input type="text" value=".02%"/>
White	<input type="text" value="69.57%"/>
Other	<input type="text" value="17.95%"/>

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?

29.20%

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="0%"/>
Black or African American	<input type="text" value="0%"/>
Native Hawaiian or other Pacific Islander	<input type="text" value="0%"/>
White	<input type="text" value="86%"/>
Other	<input type="text" value="1%"/>

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)?

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?

Spanish	19.29%
Portuguese	.19%
Chinese	.07%
Haitian Creole	.10%
Vietnamese	.24%
Russian	.07%
French	.12%
Mon-Khmer/Cambodian	.04%
Italian	.14%
Arabic	.31%
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)?

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	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%

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:

Working with Interpreter Services and Community Benefits to ensure that our Latino community is made aware of the PFAC for the hospital.

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:

The committee is working on recruitment. PFAC members to sit on hospital-specific committees. To work on the renovation of the Haverhill campus chapel. Working on a spiritual care poster, which will highlight cultural diversities when taking care of patients. This poster will be printed and displayed on every unit.

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

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 checked="" type="checkbox"/> PFAC member(s) are on board-level committee(s) |
| <input checked="" 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 checked="" type="checkbox"/> Board member(s) attend(s) PFAC meetings | <input checked="" 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 PFAC communicates via email.

Q109.

Section 4: Orientation and Continuing Education

Q21. Number of new PFAC members this year:

4

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Meeting with hospital staff | <input type="checkbox"/> Other |
| <input checked="" 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 checked="" type="checkbox"/> Concepts of patient- and family-centered care (PFCC) |
| <input checked="" type="checkbox"/> PFAC policies, member roles and responsibilities | <input type="checkbox"/> Skills training on communication, technology, and meeting preparation |
| <input checked="" 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):

Concepts of patient- and family-centered care (PFCC)

Health care quality and safety measurement

Patient engagement in research

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)

Types of research conducted in the hospital

Other

Hospital performance information

Health literacy

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:

the PFAC created a survey tool that was administered to all staff at both the Methuen and Haverhill campus, as well as Andover Surgical. This survey asked staff a series of questions around the challenges in taking care of multicultural patients. These results were reviewed by the committee. It was clear that the biggest barrier was staff education around this patient population. The committee decided to work on a spiritual care poster, which will highlight cultural diversities while taking care of patients. This poster will be printed and displayed on every unit.

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:

Educated staff/patients and family members on patient safety week. Members of the PFAC manned a table in the cafeteria at both the Methuen and the Haverhill campus. They passed out information on how patients can keep themselves safe while in the home or at the hospital.

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:

PFAC sent our two new community co-leaders to the annual PFAC conference in Norwood on June 23rd.

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:

PFAC was overseen by two hospital staff members for fy2015. We are proud to announce that we have two new community co-leaders. Both are from the Haverhill community. One of our goals for FY2016-2017 is to get more community members from the Methuen community.

Q24d1. 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:

Having every committee member at the table for each meeting is still a challenge in 2016. Holy Family Hospital has gone with a monthly meeting schedule. This will ensure that the group meets more than enough times during the year.

Q25b. Challenge 2:

Committee recruitment of new community members remains a challenge for our facility. Hospital staff will request to be part of this committee. This presents a problem for the hospital, trying to maintain the correct ratio of staff to community members. We try to keep those staff members on as a quarterly invite. Here is where the committee members are educated on the current hospital activities, what the compliance data looks like and what patient-centered improvements the facility has put into place.

Q25c. Challenge 3:

The committee stills struggles with having a PFAC member sit on a hospital committee. Once we are able to have a commitment from a committee member, we will start with the member sitting on the Quality & Safety Committee. We are hoping once this committee transition starts, we will be able to integrate more members into more committees.

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 checked="" type="checkbox"/> Ethics |
| <input type="checkbox"/> Code of Conduct | <input type="checkbox"/> Institutional Review Board (IRB) |
| <input type="checkbox"/> Community Benefits | <input checked="" 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 checked="" 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?

These topics become agenda items and are discussed at the monthly meetings.

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 checked="" type="checkbox"/> Patient education on safety and quality matters | N/A – the PFAC did not provide advice or
<input type="checkbox"/> 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 checked="" type="checkbox"/> Healthcare-Associated Infections (National
Healthcare Safety Network) |
| <input 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 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 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

Patient experience/satisfaction scores (eg. HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems)

Resource use (such as length of stay, readmissions)

Inpatient care management (such as electronically ordering medicine, specially trained doctors for ICU patients)

Q30d. Other

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

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:

The committee needs to have a regular quarterly reporting schedule created. Each hospital member will receive a meeting invite for their particular reporting item. Right now, the committee is given hospital performance information as it becomes available. With no set scheduled, there are reporting items that are missed.

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

The HFH hand hygiene results were shared with the group. The hospital started a new system Hand Hygiene campaign in July 2015: • Goal of improving compliance and establishing baseline data. • Increase to goal of 20 observations per week. • Identify barriers to non-compliance. • Process improvement and sustainability. The committee was educated on all types of precautions in use at HFH: • Standard Precautions – All patients are treated with standard precautions. • Contact Precautions – Healthcare providers will wear gloves when entering the patient’s room. They may wear a gown if they feel it’s possible that their clothing will come in contact with the patient or the patient’s immediate environment. • Special Contact Precautions – All healthcare providers will wear a gown and gloves when entering the patient’s room. • Droplet Precautions – Healthcare providers will wear a surgical or cone mask when entering the patient’s room. • Airborne Precautions – Healthcare providers may wear a special mask when entering the patient’s room. There was a brief description of MRSA, VRE, C-diff and Sepsis and what measures the hospital takes in order to keep the patients safe and with no infections.

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

- | | |
|--|--|
| <input type="checkbox"/> Identifying patients correctly | <input checked="" type="checkbox"/> Preventing infection |
| <input checked="" type="checkbox"/> Using medicines safely | <input checked="" type="checkbox"/> Identifying patient safety risks |
| <input type="checkbox"/> Using alarms safely | <input type="checkbox"/> Preventing mistakes in surgery |

Q33b. Prevention and errors

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

Q33c. Decision-making and advanced planning

- | | |
|---|---|
| <input type="checkbox"/> Informed decision making/informed consent | <input type="checkbox"/> Health care proxies |
| <input checked="" type="checkbox"/> Improving information for patients and families | <input checked="" type="checkbox"/> End of life planning (e.g., hospice, palliative, advanced directives) |

Q33d.

Additional quality initiatives

- | | |
|---|--|
| <input type="checkbox"/> Rapid response teams | <input type="checkbox"/> Integration of behavioral health care |
| <input type="checkbox"/> Disclosure of harm and apology | |

Q33e. Other

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

This information was compiled by Adeline Parkinson and Suzy Goodspeed, Staff Co-Leaders of PFAC. This report was sent to the entire PFAC, including the 2 community Co-Leaders and was approved.

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:
- 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

Q113. Please provide an email address if you would like to receive a confirmation with a copy of this report after the report is submitted:

adeline.parkinson@steward.org