

2016 Annual PFAC Report: Mercy Medical Center Campus

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="Gina Duncan, Quality"/>
Email:	<input type="text" value="gina.duncan@sphs.c"/>
Phone:	<input type="text" value="413-748-9606"/>

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="Phyllis Lewis"/>
Email:	<input type="text" value="phyllis.lewis@sphs.c"/>
Phone:	<input type="text" value="413-589-9595"/>

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 type="checkbox"/> Word of mouth / through existing members | <input checked="" 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 type="checkbox"/> Recruitment brochures | <input checked="" 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:

6

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

4

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

Quality, Patient Safety, Patient Satisfaction, Regulatory

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

Quality Improvement Specialist

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 type="checkbox"/> Payment for attendance at other conferences or trainings |
| <input type="checkbox"/> Translator or interpreter services | <input checked="" type="checkbox"/> Annual gifts of appreciation |
| <input checked="" 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 type="checkbox"/> Meetings outside 9am-5pm office hours |
| <input type="checkbox"/> Stipends | <input type="checkbox"/> Other |
| <input 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"):

Springfield, MA

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="1%"/>
Black or African American	<input type="text" value="21%"/>
Native Hawaiian or other Pacific Islander	<input type="text" value="0%"/>
White	<input type="text" value="54%"/>
Other	<input type="text" value="2%"/>

Q91.

Don't know racial groups

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

22%

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%"/>
Asian	<input type="text" value="2%"/>
Black or African American	<input type="text" value="9%"/>
Native Hawaiian or other Pacific Islander	<input type="text" value="0%"/>
White	<input type="text" value="70%"/>
Other	<input type="text" value="2%"/>

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?

17

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="10%"/>
Native Hawaiian or other Pacific Islander	<input type="text" value="0%"/>
White	<input type="text" value="90%"/>
Other	<input type="text" value="0%"/>

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?

0%

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)?

17%

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	<input type="text" value="17%"/>
Portuguese	<input type="text" value="1%"/>
Chinese	<input type="text"/>
Haitian Creole	<input type="text"/>
Vietnamese	<input type="text"/>
Russian	<input type="text" value="1%"/>
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"/>

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"/>
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:

Our Patient Family Advisory Council is working diligently to ensure appropriate representation of our membership. We will continue to reach out to the hospital staff for suggestions of former patients who have the ability and are an appropriate fit for the council. We will also be reaching out to our ancillary offices (primary care physician offices) for suggestions and referrals as well.

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:

1. Provide council information on public hospital performance as well as demonstrate where information can be found on the internet. 2. Increase membership. 3. Encourage the inclusion of council members within the hospital committees. 4. Continue ongoing relationship with Life Choice as well as the annual flag ceremonies to honor organ donors and their families. 5. Continue the PFAC's involvement with Joint replacement pre-operative classes.

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 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 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:

Our members with email receive meeting notifications as well as any other information. The members who do not have email or do not prefer them are called and any information is relayed over the telephone.

Q109.

Section 4: Orientation and Continuing Education

Q21. Number of new PFAC members this year:

5

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

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

Mercy Medical Center, through the efforts of the PFAC received the SILVER award from Life Choice Tissue and OrganDonor Services. This was achieved by supplying a variety of educational efforts to staff and the public regarding the awareness and importance of organ donation. A flag raising ceremony to place to honor deceased donors and their family members.

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:

Our nursing leadership, along with our trained volunteers, are now heavily involved with rounding on our units to meet with patients who are currently admitted. They ask our patients questions for feedback that is then brought back and discussed with hospital committees.

Q24bl. The idea for Accomplishment 2 came from:

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

Q24c. Accomplishment 3:

Our hospital had received lots of feedback from our patients and visitors regarding lack of signage around the hospital. With that feedback the PFAC was able to provide the hospital ideas as to which areas needed better signage. Many departments worked together and we able to present and increase our signage around the hospital. We have received positive feedback from the patients and their family members regarding the visuality of the signs.

Q24cl. The idea for Accomplishment 3 came from:

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

Q24d. Accomplishment 4:

The hospital provides a Joint Connection group that meets once a month for two hours for any patients who are thinking about have a total joint replacement or may already be scheduled for a total joint surgery. This Joint Connection class helps to releave any anxiety patients may be experiencing regarding their surgery. It is led by a nurse who covers everything these patients should expect from their surgery. They go over what will happen during pre-op, post- op, recovery while on ther unit as well as what to expect during their discharge process. They will also tour the ortho/neuro unit that they will go to after surgery and speak in great length with a physical therapist.

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:

The recruitment and scheduling of patients and their family members has been an ongoing challenge for the PFAC. Patients and family members have a difficult time committing to the meetings.

Q25b. Challenge 2:

Involvement of the PFAC members on hospital committees has been a challenge for us. Whether it be a commitment of date and time or hesitance from the committee regarding patient privacy.

Q25c. Challenge 3:

Hospital staff lacks education regarding the importance of a PFAC and what great values they could bring to their committees. Their feedback could play a vital role in how to improve any of their processes.

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 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 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 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?

Any member of any hospital committee would relay information to the Chair Gina Duncan. They can communicate their concerns and feedback via email, appointment or phone call.

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 type="checkbox"/> Institutional Review Boards |
| <input 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 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 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 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 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 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 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:

We wanted to first focus on things directly related to patient experience. This would provide the most value to the committee members and our patients.

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

The PFAC was actively engaged in the discussions regarding how to improve joint commission measures. Members of the committee helped provide resolution to patients complaints that involved process issues and patient flow.

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 type="checkbox"/> Using medicines safely | <input type="checkbox"/> Identifying patient safety risks |
| <input type="checkbox"/> Using alarms safely | <input type="checkbox"/> 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):

Maria Scoville, Chief Quality Officer Amy Moore, Manager of Quality Gina Duncan, Quality Improvement Specialist

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