

2016 Annual PFAC Report: Milford Regional 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?

This question was not displayed to the respondent.

Q2. Staff PFAC Co-Chair Contact:

| | |
|-----------------|--|
| Name and Title: | <input type="text" value="Bob Casali"/> |
| Email: | <input type="text" value="casali1@verizon.net"/> |
| Phone: | <input type="text" value="508-473-8793"/> |

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="Cheryl Corman"/> |
| Email: | <input type="text" value="cheryl.corman@mid"/> |
| Phone: | <input type="text" value="508-315-5371"/> |

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:

9

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

14

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

Risk

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

Director of Risk Management

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

Parking, mileage, or meals

Translator or interpreter services

Assistive services for those with disabilities

Provision / reimbursement for child care or elder care

Stipends

Payment for attendance at annual PFAC conference

Payment for attendance at other conferences or trainings

Annual gifts of appreciation

Conference call phone numbers or "virtual meeting" options

Meetings outside 9am-5pm office hours

Other

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"):

MRMC provides a broad range of inpatient and outpatient services for residents in 20 local communities in central Massachusetts. Milford Regional is affiliated with UMass Memorial Healthcare and has partnerships with Dana-Farber/Brigham and Women's Cancer Center and Boston Children's Hospital to provide oncology and pediatric services on our Milford campus.

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?

1.25%

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="0.06%"/> |
| Asian | <input type="text" value="1.15%"/> |
| Black or African American | <input type="text" value="1.08%"/> |
| Native Hawaiian or other Pacific Islander | <input type="text" value="0.03%"/> |
| White | <input type="text" value="93.38%"/> |
| Other | <input type="text" value="2.53%"/> |

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?

2.29%

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="100%"/> |
| Other | <input type="text"/> |

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)?

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 | 1.25% |
| Portuguese | 1.75% |
| Chinese | 0.11% |
| Haitian Creole | 0.0001% |
| Vietnamese | 0.0005% |
| Russian | 0.05% |
| French | 0.001% |
| Mon-Khmer/Cambodian | 0% |
| Italian | 0.13% |
| Arabic | 0.26% |
| Albanian | 0.0006% |
| Cape Verdean | 0.0007% |

Q127.

Don't know primary languages

Q 119. What percentage of PFAC patient and family advisors in FY 2016 have limited English proficiency (LEP)?

This question was not displayed to the respondent.

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:

PFAC continues to attempt to recruit a diverse representation of community members via advertisement in local newspapers, at local churches, and by word of mouth. We will discuss other avenues for recruitment during this 2016/2017 year within our "Recruitment and Retention" sub-committee of the PFAC. We also plan to enlist the help of HCFA in our endeavor to be successful in our recruitment attempts.

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:

The hospital Liaison and two community members who serve as the Co-Chairs have a scheduled one hour telephone conference one week after our PFAC meeting. Waiting one week ensures that minutes from the meeting are completed and serve to assist with the development of the agenda for the next meeting.

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 PFAC members developed three distinct goals for the year 2016. Our meetings were working meetings where a portion of the meeting was set aside for the three groups to separate and work on their specific goals. 1. "Recruitment and Sustainability" consisted of six members who evaluated promotion, applications, interview and orientation processes and forms for engaging new PFAC members. The media advertisement was revised, a new application booklet was developed with additional questions intended to increase diversity on PFAC, a new interview form and process was completed, and the orientation program was updated to include an overview of the hospital's mission and vision, hospital information and structure, past accomplishments and future plans. 2. The "Palliative Care" sub-committee consisted of ten members who worked collaboratively with the Hospital Team Lead of the Chart grant to develop and co-sponsor a panel discussion on Palliative Care that was open to the community. The panel members included Dr. Anthony Wilson, Palliative Care specialist, Fr. Larry Esposito, chaplain, Dr. William Muller, Medical Director of Tri-River, and High Risk Mobile team members including Kim Morse, PA, Palliative Care, Denise Quartulli, LCSW. The panel discussion was 90 minutes in length providing an opportunity for questions from the audience. Printed materials were available as well as refreshments and a raffle. The event was well attended and well received. PFAC plans to continue with this initiative with the 2017 goal of increasing awareness on the availability of Palliative Care in the outpatient setting via private physician offices. 3. The "Medication Reconciliation" sub-committee was comprised of six members who wanted community members to understand the importance of having an accurate medication list available at all times. The committee revised, developed and distributed easy to populate medication cards. The committee also made "My Medication Record" in English, Spanish and Portuguese available to download on the MRMC's website. Large, easy to use pill containers were purchased using funds from the Auxilliary Club. We visited six Senior Centers, met with approximately 125 seniors, to provide information and distribute the pill boxes and medication cards. We were guests on cable TV in Milford and Upton to continue to educate the community on the importance of community members doing their part in medication safety by having an accurate medication list. In addition to these goals, PFAC developed a postcard entitled "Introducing the MRMC PFAC" to define what PFAC is including their contributions to hospital initiatives intended to improve patient's and their families overall experience. This is available in the hospital lobby. PFAC members also provided valuable input on a hospital flier for fall prevention and during the year revised the PFAC By-Laws.

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

1. "Recruitment and Sustainability" 2. "Palliative Care" 3. "Medication Reconciliation"

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 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 checked="" 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 PFAC members use e-mail for distribution of general information related to PFAC, and / or hospital activities. PFAC members receive and disseminate information received from Health Care For All. PFAC members will explore the use of social media in 2017.

Q109.

Section 4: Orientation and Continuing Education

Q21. Number of new PFAC members this year:

9

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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Check-in or follow-up after the orientation |
| <input checked="" 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 Palliative care panel discussion open to the public on May 19, 2016. This program was very well attended and received by our community members. Additional information has been provided earlier in this report.

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:

Getting information on the importance of accurate medication history into the community. The details of how this was accomplished are available earlier in this report.

Q24b. The idea for Accomplishment 2 came from:

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

Q24c. Accomplishment 3:

The development of a "Recruitment and Sustainability" team intended to explore ways to increase diversity in our members as well as revise the application and interview process, further develop the orientation process, and look for ways of sustaining the members that we have.

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:

New PFAC informational postcard to increase awareness of the team and provide information on how to become a member.

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 Hospital Liaison and two Co-Chairs were new to the PFAC. Determining how the meetings would be held, what initiatives to work on and how to have a successful year were challenging initially. Hard work and a commitment of all members contributed to what we all perceived as a successful year.

Q25b. Challenge 2:

We continue to struggle with having diversity in the members of PFAC.

Q25c. Challenge 3:

The revision of the By-Laws was worked on all year, mostly through electronic communication with the members. In retrospect, forming a small committee to revise the By-Laws would have been more efficient.

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 checked="" 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 checked="" 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 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?

The PFAC members who are on a hospital committee report what the committee is working on at the PFAC 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 checked="" type="checkbox"/> Quality improvement initiatives | <input 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 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 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

- | | |
|---|---|
| <input 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 |
|---|--------------------------------|

Q119. 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:

This was a new team who focused on developing goals to work on to benefit the community. The Hospital Liaison and Co-Chairs plan to incorporate hospital performance information within each agenda for the year of 2017. In addition, the Board of Trustee member will be a standing item on the agenda to provide Board Level information to the PFAC members at each meeting. We hope that providing this information will help PFAC members to understand where the needs of the hospital and community are.

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

This is an area that we will focus on in 2017.

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 type="checkbox"/> Preventing infection |
| <input checked="" 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

- | | |
|--|--|
| <input type="checkbox"/> Hand-washing initiatives | <input type="checkbox"/> Team training |
| <input type="checkbox"/> Checklists | <input type="checkbox"/> Electronic Health Records –related errors |
| <input checked="" type="checkbox"/> Fall prevention | <input type="checkbox"/> Safety |
| <input checked="" 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):

Cheryl Corman, Co-Chair and Dawn Murphy, Co-Chair worked together to write and submit a list of accomplishments, goals and future initiatives for our PFAC. This information was used by the Hospital Liaison to enter the PFAC report electronically.

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