

# 2016 Annual PFAC Report: Nashoba Valley 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:	Gail Clayton, RN, Dir
Email:	gail.clayton@steward
Phone:	978-784-9260

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:	Marcia Sullivan, Co-
Email:	gail.clayton@steward
Phone:	978-784-9260

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 type="checkbox"/> Case managers / care coordinators                          |
| <input type="checkbox"/> Promotional efforts within institution to patients or families | <input type="checkbox"/> Patient satisfaction surveys                               |
| <input 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 type="checkbox"/> Community events   |
| <input type="checkbox"/> Hospital publications  | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Hospital banners and posters                                   | <input checked="" 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:

7

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

5

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

Quality and Patient Safety

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

Director of Quality and Patient Safety

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

- |  |  |
|--|--|
| <input 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 type="checkbox"/> Conference call phone numbers or "virtual meeting" options          |
| <input type="checkbox"/> Provision / reimbursement for child care or elder care      | <input checked="" type="checkbox"/> Meetings outside 9am-5pm office hours                    |
| <input type="checkbox"/> Stipends  | <input type="checkbox"/> Other   |
| <input checked="" type="checkbox"/> Payment for attendance at annual PFAC conference | <input type="checkbox"/> N/A - the hospital does not reimburse PFAC members                  |

Q11a. Please describe other provision by the hospital for PFAC members:

*This question was not displayed to the respondent*

## Q24. Section 2: Community Representation

Q108. The PFAC regulations require every PFAC to represent the community served by the hospital, which is described below.

Q12. Our catchment area is geographically defined as (if you are unsure select "don't know"):

Our hospital's catchment area is geographically defined as: Our catchment area is defined as all the primary and secondary communities around NVMC that we serve. These include; Acton, Ayer, Bolton, Devens, Groton, Harvard, Lancaster, Leominster, Littleton, Lunenburg, Fitchburg, Pepperell, Shirley, Townsend, and Westford.

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):

*This question was not displayed to the respondent.*

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?

*This question was not displayed to the respondent.*

Q95.

Don't know origins

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

*This question was not displayed to the respondent.*

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?

*This question was not displayed to the respondent.*

Q99.

Don't know origins

**Q122. Tell us about languages spoken in your area (please provide percentages; if you are unsure of the percentages select “don’t know”).**

Q117. What percentage of patients that the hospital provided care to in FY 2016 have limited English proficiency (LEP)?

*This question was not displayed to the respondent.*

Q118.

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

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

*This question was not displayed to the respondent.*

Q127.

Don't know primary languages

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

*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?

*This question was not displayed to the respondent.*

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:

- o Continued marketing opportunities at community events
- o Continued work with PFAC members to educate members of the community
- o Continued work within the hospital patient base to recruit new members
- o When responding to complaints or compliments elicited by satisfaction surveys or through direct phone, email or mail; talk about the council and opportunities for working directly with hospital staff.
- o Explore electronic opportunities such as facebook and twitter in addition to our website to recruit new members.

### 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 end of each meeting topics are reviewed and agenda for next meeting developed with any out of meeting work listed. Then both staff and community members have a chance to add to that agenda until a few weeks before when the agenda is finalized. The agenda then goes out with a meeting notice. In addition we distribute agendas at the meeting. The agenda also contains standing items that are discussed each time.

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:

o Elicit feedback from the PFAC community members regarding hospital's efforts on making new hospital services known to our surrounding communities. o Committee reviewed and reworked patient education written materials. o Participation in a newly established patient greeter program and use of maps as a tool for guiding patients to services and departments within the hospital. This year the group actually used the maps and went in teams to find assigned areas. Teams were made up of community members and hospital staff. o Committee asked to critique new food and nutrition program for our hospital patients. New materials and food choices presented. New distribution methods discussed with hospital personnel and contracted vendor service.

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

None

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:

NVMC maintains a distribution list of all PFAC members for purposes of meeting announcements, distribution of material and any other PFAC related business to and from the members. This distribution list is electronic.

Q109.

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

Q21. Number of new PFAC members this year:

One- Hospital CNO

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

- |  |  |
|--|--|
| <input type="checkbox"/> Meeting with hospital staff   | <input type="checkbox"/> Other   |
| <input checked="" type="checkbox"/> General hospital orientation                                     | <input type="checkbox"/> In-person training  |
| <input 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):

- |   |  |
|---|--|
| <input type="checkbox"/> Concepts of patient- and family-centered care (PFCC) | <input checked="" type="checkbox"/> Health care quality and safety measurement   |
| <input type="checkbox"/> Patient engagement in research                       | <input 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 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:

Participation in the development and refinement of the Greeter Program at NVMC

Q24aI. The idea for Accomplishment 1 came from:

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

Q24b. Accomplishment 2:

Participation in new public relations piece "Health Matters" which is put out each season in all local newspapers. It contains health related articles written by physicians on staff at the hospital.

Q24bI. The idea for Accomplishment 2 came from:

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

Q24c. Accomplishment 3:

Providing feedback to our contracted vendor for food and nutritional services for the hospital.

Q24cI. The idea for Accomplishment 3 came from:

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

Q24d. Accomplishment 4:

Maintaining solid membership of community and hospital staff members. They are our goodwill ambassadors and our secret shoppers.

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:

Providing feedback on LEAN projects and initiatives that the hospital is undertaking through work with a MA state transformational grant.

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:

Recruitment, especially those community members that might represent other communities in our catchment area. 2017 will be the time some member terms are expiring.

Q25b. Challenge 2:

Getting increased representation at annual state PFAC conference. It occurs during the day and some of our community members have other daily responsibilities which is why we have our meetings in the evenings.

Q25c. Challenge 3:

Meeting deadlines for production of minutes, agendas, and work products for the committee, so that home work can be done outside committee time.

Q25d. Challenge 4:

Finding ideas of incorporating the other community members who participate in other hospital based committees into the PFAC.

Q25e. Challenge 5:

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

- |  |   |
|--|---|
| <input type="checkbox"/> Behavioral Health/substance use                                 | <input type="checkbox"/> Eliminating Preventable Harm                               |
| <input type="checkbox"/> Bereavement   | <input type="checkbox"/> Emergency Department Patient/Family Experience Improvement |
| <input type="checkbox"/> Care Transitions  | <input type="checkbox"/> Ethics   |
| <input type="checkbox"/> Code of Conduct   | <input type="checkbox"/> Institutional Review Board (IRB)                           |
| <input type="checkbox"/> Community Benefits  | <input type="checkbox"/> Patient Care Assessment                                    |
| <input type="checkbox"/> Critical Care   | <input type="checkbox"/> Patient Education  |
| <input checked="" 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 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:

The specific PFAC members do not serve on any other committees but we have other community members who serve on our Ethics Committee, Advisory Board, and Patient Care Assessment Committee.

Q27.

How do members on these hospital-wide committees or projects report back to the PFAC about their work?

Hospital staff who are PFAC committee members arrange for reports from these committees as appropriate.

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 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 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 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

- 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:

In response to requests from and interest in from the current PFAC members.

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

In discussions regarding complaints and patient experiences, committee members made suggestions for improvement such as the greeter program. When these suggestions were implemented feedback was always shared with the PFAC.

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 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 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 type="checkbox"/> Improving information for patients and families | <input type="checkbox"/> End of life planning (e.g., hospice, palliative, advanced directives) |

Q33d.

Additional quality initiatives

- |   |   |
|---|---|
| <input type="checkbox"/> Rapid response teams           | <input checked="" 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):

Staff PFAC Liaison/Coordinator

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:

1-978-784-9260 gail.clayton@steward.org

No

Q41. Our hospital has a link on its website to a PFAC page.

Yes, link:

No, we don't have such a section on our website