2016 Annual PFAC Report:

2016 Patient and Family Advisory Council Annual Report Form

The survey questions concern PFAC activities in fiscal year 2016 only.

1. Hospital Name: Norwood Hospital
NOTE: Massachusetts law requires every hospital to make a report about its PFAC publicly available. HCFA strongly encourages you to fill out a separate template for the hospital-wide PFAC at each individual hospital.
2a. Which best describes your PFAC?
igwedge We are the only PFAC at a single hospital – skip to #3 below
☐ We are a PFAC for a system with several hospitals – skip to #2C below
☐ We are one of multiple PFACs at a single hospital
☐ We are one of several PFACs for a system with several hospitals — skip to #2C below
Other (Please describe:)
2b. Will another PFAC at your hospital also submit a report?
Yes
☐ Don't know
2c. Will another hospital within your system also submit a report?
Yes
No
☐ Don't know
3. Staff PFAC Co-Chair Contact: 2a. Name and Title: Curey
2a. Name and Title: Joanne Cyrry 2b. Email: Joanne, Cyrry 2 steward-org
2c. Phone: 781 Not applicable
4. Patient/Family PFAC Co-Chair Contact: 3a. Name and Title: <u>no one</u> at this time
3b. Email:
3c. Phone: ☑ Not applicable
— Not applicable
5. Is the Staff PFAC Co-Chair also the Staff PFAC Liaison/Coordinator?
Yes – skip to #7 (Section 1) below
☐ No – describe below in #6
6. Staff PFAC Liaison/Coordinator Contact:

5a. Name and Title:	
5b. Email:	_
5c. Phone:	_
☐ Not applicable	

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We are the only PFAC at a single hospital – skip to #3 below
☐ We are a PFAC for a system with several hospitals – skip to #2C below
☐ We are one of multiple PFACs at a single hospital
☐ We are one of several PFACs for a system with several hospitals – skip to #2C below
Other (Please describe:)
2b. Will another PFAC at your hospital also submit a report?
☐ Yes
□ No
☐ Don't know
2c. Will another hospital within your system also submit a report?
Yes
□ No
☐ Don't know
3. Staff PFAC Co-Chair Contact: 2a. Name and Title: Curry e steward-org 2c. Phone:
2b. Email: 10anne, curry e steward-org
2c. Phone:
☐ Not applicable
4. Patient/Family PFAC Co-Chair Contact:
3a. Name and Title: <u>no one</u> at this time
3b. Email: 3c. Phone:
✓ Not applicable
— Not applicable
5. Is the Staff PFAC Co-Chair also the Staff PFAC Liaison/Coordinator?
Yes – skip to #7 (Section 1) below
□ No – describe below in #6
6. Staff PFAC Liaison/Coordinator Contact:

Section 2: Community Representation

The PFAC regulations require that patient and family members in your PFAC be "representative of the community served by the hospital." If you are not sure how to answer the following questions, contact your community relations office or check "don't know."

13. Our hospital's catchment area is geographically defined as: towns of Aktleboro,	Canton Ded ham, Dover,
Dank Image Foxbood, Franklin, Mansfield, Motifield Millis	Worth Atteboo
Norton, Norwood, Plainville, Sharon, Walpote, We	stwood, and Wrentham

14. Tell us about racial and ethnic groups in these areas (please provide percentages; if you are unsure of the percentages check "don't know"):

				RACE			ETHNICITY	
	% American Indian or Alaska Native	% Asian	% Black or African America n	% Native Hawaiian or other Pacific Islander	% White	% Other	% Hispanic, Latino, or Spanish origin	
14a. Our defined catchment area	0	5	3	0	89		3	Don't know
14b. Patients the hospital provided care to in FY 2016	.06	a.75	4.43	.02	89.67	2.05	2.63	Don't know
14c. The PFAC patient and family advisors in FY 2016								Don't know

15. Tell us about languages spoken in these areas (please provide percentages; if you are unsure of the percentages select "don't know"):

	Limited English proficiency (LEP)	
15a. Patients the hospital provided care to in FY 2016		☑ Don't know
15b. PFAC patient and family advisors in FY2016	Ò	☐ Don't know

15c. What percentage of patients that the hospital provided care to in FY 2016 spoke the following as their primary language?

	%
Spanish	1.08
Portuguese	0.96
Chinese	0.23
Haitian Creole	0.43
Vietnamese	0.11
Russian	0.81
French	0.15
Mon-Khmer/Cambodian	0.02
Italian	0.25
Arabic	1.08
Albanian	0.10
Cape Verdean	0.08

☐ Don't know

15d. In FY 2016, what percentage of PFAC patient and family advisors spoke the following as their primary language?

	%
Spanish	0
Portuguese	0
Chinese	de la desarro de la decembra decembra de la decembra decembra de la decembra de l
Haitian Creole	0
Vietnamese	0
Russian	0
French	0
Mon-Khmer/Cambodian	0
Italian	2.00
Arabic	0
Albanian	0
Cape Verdean	Ò

☐ Don't know

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

We are working with health care providers and physicians to identify people from many cultures and life experiences who would be interested in joining PFAC.

Brochures have been distributed to physician offices during a meeting with their office managers. Signage has been placed in elevators and brauched in patient Hamily areas.

Section 3: PFAC Operations

17. Our process for developing and distributing agendas for the PFAC meetings (choose):
\square 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. (Please describe below in #17a)
☐ PFAC members and staff develop agenda together and distribute it at the meeting. (Please describe below in #17a)
Other process (Please describe below in #17b)
☐ N/A – the PFAC does not use agendas
17a. If staff and PFAC members develop the agenda together, please describe the process:
During our PFAC meeting there is an apportunity for suggestions for the next meeting. These call be follower items or new items. Suggestion are always welcome by email/phone.
17b. If other process, please describe:
18. The PFAC goals and objectives for 2016 were: (check the best choice):
Developed by staff alone
Developed by staff and reviewed by PFAC members
Developed by PFAC members and staff
\square N/A – we did not have goals for FY 2016 – Skip to #18
19. The PFAC had the following goals and objectives for 2016:
The PFAC has reviewed our Priority Index from Press Ganey. Our goals have
ocused on these initiatives which included: accompodation and confort for staff attitude toward visiters, nurses listen carefully to you, staff work together care for you and response to call butten. 20. Please list any subcommittees that your PFAC has established:

21. How does the PFAC interact with the hospital Board of Directors (check all that apply):
☑ PFAC submits annual report to Board
☐ PFAC submits meeting minutes to Board
☐ Action items or concerns are part of an ongoing "Feedback Loop" to the Board
☐ PFAC member(s) attend(s) Board meetings
☐ Board member(s) attend(s) PFAC meetings
☐ PFAC member(s) are on board-level committee(s)
Other (Please describe:
☐ N/A – the PFAC does not interact with the Hospital Board of Directors
22. Describe the PFAC's use of email, listservs, or social media for communication:
Agendas and hospital news items are distributed by email.
☐ N/A – We don't communicate through these approaches

Section 4: Orientation and Continuing Education

3. Number of new PFAC members this year: 2
4. Orientation content included (check all that apply):
☐ "Buddy program" with experienced members
\square Check-in or follow-up after the orientation
Concepts of patient- and family-centered care (PFCC)
☐ General hospital orientation
\square Health care quality and safety
History of the PFAC
✓ Hospital performance information
☐ Immediate "assignments" to participate in PFAC work
☑ Information on how PFAC fits within the organization's structure
☐ In-person training
☐ Massachusetts law and PFACs
☐ Meeting with hospital staff
☐ Patient engagement in research
PFAC policies, member roles and responsibilities
\square Skills training on communication, technology, and meeting preparation
Other (Please describe below in #24a)
☐ N/A – the PFAC members do not go through a formal orientation process
24a. If other, describe:

The PFAC received training on the following topics:	
☐ Concepts of patient- and family-centered care (PFCC)	
Health care quality and safety measurement	
☐ Health literacy	
\square A high-profile quality issue in the news in relation to the h	ospital (e.g. simultaneous surgeries,
treatment of VIP patients, mental patient discharge, etc)	
✓ Hospital performance information	
☐ Patient engagement in research	
\square Types of research conducted in the hospital	
Other (Please describe below in #25a)	
□ N/A – the PFAC did not receive training	
25a. If other, describe:	
	1

Section 5: FY 2016 PFAC Impact and Accomplishments

The following information only concerns PFAC activities in the fiscal year 2016.

26. The five greatest accomplishments of the PFAC were:

Accomplishment	Idea came from	PFAC role can be best described as
26a. Accomplishment 1: Development of new patient menu which included food choices that met different dietary and cultural needs.	✓ Patient/family advisors of the PFAC ✓ Department, committee, or unit that requested PFAC input	✓ Being informed about topic ✓ Providing feedback or perspective ✓ Discussing and influencing decisions/agenda ✓ Leading/co leading
26b. Accomplishment 2: Bedside reporting / harly rounding discussed the value to patient/family and provided input to action plan.	Patient/family advisors of the PFAC Department, committee, or unit that requested PFAC input	Being informed about topic Providing feedback or perspective Discussing and influencing decisions/agenda Leading/co leading
Improved accomplations for family/visitors. New chairs were ordered.	☑ Patient/family advisors of the PFAC ☑ Department, committee, or unit that requested PFAC input	Being informed about topic Providing feedback or perspective Discussing and influencing decisions/agenda Leading/co leading
New Hospice Initiative Introduction to new Perogram and care to partients and families.	☐ Patient/family advisors of the PFAC ☐ Department, committee, or unit that requested PFAC input	✓ Being informed about topic ✓ Providing feedback or perspective ☐ Discussing and influencing decisions/agenda ☐ Leading/co leading

		1	
26e. Accomplishment 5:	☐ Patient/family	Being informed about	
Increased Knowledge	advisors of the PFAC	topic	
Increased knowledge of HCAPS and their value in improving the patient experience	Department,	Providing feedback or	
value in improving	committee, or unit that	perspective	
wastient experience	requested PFAC input		
The paricia seports		☐ Discussing and influencing	
		decisions/agenda	
		☐ Leading/co leading	
7. The five greatest challenges the PFA 27a. Challenge 1: Consistent attendance possibility. 27b. Challenge 2: Members are not that meet during 27c. Challenge 3:	c. This year we w		presentations
			■ :
27d. Challenge 4:			
		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
27e. Challenge 5:			
			_
\square N/A – we did not encounter	any challenges in FY 2016		

	The PFAC members serve on the following hospital-wide committees, projects, task forces, work ups, or Board committees:
<i>6</i>	☐ Behavioral Health/substance use
	Bereavement
	☐ Board of Directors
	☐ Care Transitions
	☐ Code of Conduct
	☐ Community Benefits
	☐ Critical Care
	☐ Culturally competent care
	☐ Discharge Delays
	☐ Diversity & Inclusion
	☐ Drug Shortage
	☐ Eliminating Preventable Harm
	☐ Emergency Department Patient/Family Experience Improvement
	☐ Ethics
	☐ Institutional Review Board (IRB)
	Lesbian, gay, bisexual, and transgender (LGBT) – sensitive care
	☐ Patient Care Assessment
	Patient Education
	Patient and Family Experience Improvement
	☐ Pharmacy Discharge Script Program
	☐ Quality and Safety
	Quality/Performance Improvement
	☐ Surgical Home
	Other (Please describe:)
	✓ N/A – the PFAC members do not serve on these – Skip to #30
29. woi	How do members on these hospital-wide committees or projects report back to the PFAC about their k?
	The PFAC provided advice or recommendations to the hospital on the following areas mentioned in Massachusetts law (check all that apply): ☐ Institutional Review Boards ☐ Patient and provider relationships ☐ Patient education on safety and quality matters
	in a dient education on safety and quality matters

☑ Quality improvement initiatives
☐ N/A – the PFAC did not provide advice or recommendations to the hospital on these areas in
FY 2016
31. PFAC members participated in the following activities mentioned in the Massachusetts law (check all that apply):
Advisory boards/groups or panels
☐ Award committees
Co-trainers for clinical and nonclinical staff, in-service programs, and health professional trainees
☐ Search committees and in the hiring of new staff
☐ Selection of reward and recognition programs
☐ Standing hospital committees that address quality
☐ Task forces
✓ N/A – the PFAC members did not participate in any of these activities
32. The hospital shared the following public hospital performance information with the PFAC (check all that apply):
32a. Complaints and serious events
✓ Complaints and investigations reported to Department of Public Health (DPH)
☐ Healthcare-Associated Infections (National Healthcare Safety Network)
Patient complaints to hospital
Serious Reportable Events reported to Department of Public Health (DPH) 32b. Quality of care
☐ High-risk surgeries (such as aortic valve replacement, pancreatic resection)
☑ Joint Commission Accreditation Quality Report (such as asthma care, immunization, stroke care)
☐ Medicare Hospital Compare (such as complications, readmissions, medical imaging)
☐ Maternity care (such as C-sections, high risk deliveries) 32c. Resource use, patient satisfaction, and other
☐ Inpatient care management (such as electronically ordering medicine, specially trained doctors for ICU patients)
Patient experience/satisfaction scores (eg. HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems)
Resource use (such as length of stay, readmissions)
Other (Please describe:)
N/A – the hospital did not share performance information with the PFAC – Skin to #35

Information on these topics were explained by detailing the process
of investigating, action plans for improvement and required reporting. Tive meetings per year allows only time to address some topics
34. Please describe how the PFAC was engaged in discussions around these data in #32 above and any
resulting quality improvement initiatives:
PFAC members reviewed action plans to address complaints and improve
HCAHPS scores. They offered suggestion and advice especially regarding improving communication with families
35. The PFAC participated in activities related to the following state or national quality of care
initiatives (check all that apply):
35a. National Patient Safety Hospital Goals
✓ Identifying patient safety risks
✓ Identifying patients correctly
✓ Preventing infection
☐ Preventing mistakes in surgery
☐ Using medicines safely
☐ Using alarms safely
35b. Prevention and errors
Care transitions (e.g., discharge planning, passports, care coordination, and follow up between
care settings)
Checklists
☐ Electronic Health Records –related errors
Hand-washing initiatives
☐ Human Factors Engineering
✓ Fall prevention
☐ Team training
☐ Safety
35c. Decision-making and advanced planning
End of life planning (e.g., hospice, palliative, advanced directives)
✓ Health care proxies
☐ Improving information for patients and families
☐ Informed decision making/informed consent
35d. Other quality initiatives
☐ Disclosure of harm and apology
☐ Integration of behavioral health care

33. Please explain why the hospital shared only the data you checked in Q 32 above:

☐ Rapid response teams
Other (Please describe)
☐ N/A – the PFAC did not work in quality of care initiatives
DC IV
36. Were any members of your PFAC engaged in advising on research studies?
∐ Yes
No – Skip to #40 (Section 6)
37. In what ways are members of your PFAC engaged in advising on research studies? Are they:
☐ Educated about the types of research being conducted
☐ Involved in study planning and design
☐ Involved in conducting and implementing studies
\square Involved in advising on plans to disseminate study findings and to ensure that findings are communicated in understandable, usable ways
☐ Involved in policy decisions about how hospital researchers engage with the PFAC (e.g. the work on a policy that says researchers have to include the PFAC in planning and design for eve study)
38. How are members of your PFAC approached about advising on research studies?
☐ Researchers contact the PFAC
Researchers contact individual members, who report back to the PFAC
Other (Please describe below in #38a)
☐ None of our members are involved in research studies
38a. If other, describe:
39. About how many studies have your PFAC members advised on?
☐ 1 or 2
□ 3-5
☐ More than 5
☐ None of our members are involved in research studies

Section 6: PFAC Annual Report

We strongly suggest that all PFAC members approve reports prior to submission.

staff or patient/family advisor):
Susan Benfeito, Director of Quality
,
41. 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 (Please describe:)
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: 42. We post the report online. Yes, link: www. wrwood- hospital.org (to be posted)
 □ No 43. 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
44. 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