



**HEALTH CARE FOR ALL**



## PFAC Annual Report Form

Health Care For All (HCFA) is a Massachusetts nonprofit consumer advocacy organization working to create a health care system that provides comprehensive, affordable, accessible and culturally competent care to everyone, especially the most vulnerable among us. HCFA works to achieve this mission through advocacy, education, direct service to consumers and collaboration with partners and consumers to develop strategies that empower the patient voice in improving the health care system.

- **Why complete an annual report for my PFAC?**

Under Massachusetts law, hospital-wide PFACs are required to write annual reports by October 1<sup>st</sup> each year. These reports must be made available to members of the public upon request. As in past years, HCFA is requesting a copy of each report and submitted reports will be posted on HCFA's website, [www.hcfama.org](http://www.hcfama.org). HCFA recommends using this template to assist with information collection, as well as the reporting of key activities and milestones.

- **What will happen with my report and how will HCFA use it?**

We recognize the importance of sharing of information across PFACs. Each year, we

- make individual reports available online
- share the data so that PFACs can learn about what other groups are doing
- Communicate with the Department of Public Health about report collection

- **Who can I contact with questions?**

- Please contact us at [PFAC@hcfama.org](mailto:PFAC@hcfama.org) or call us at 617-275-2982.

If you wish to use this Word document or any other form, please email it to  
[PFAC@hcfama.org](mailto:PFAC@hcfama.org).

**Reports should be completed by October 1, 2017.**

## 2017 Patient and Family Advisory Council Annual Report Form

The survey questions concern PFAC activities in fiscal year 2017 only: (July 1, 2016 – June 30, 2017).

### Section 1: General Information

1. Hospital Name: AdCare Hospital of Worcester, Inc.

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?

- 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: **Ronald Meagher**
- 2b. Email: **rmeagher@adcare.com**
- 2c. Phone: **508-453-3072**
- Not applicable

4. Patient/Family PFAC Co-Chair Contact:

- 3a. Name and Title: **Mark Fellion**
- 3b. Email: **mark.fellion@td.com**
- 3c. Phone: **508-368-6515**
- 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:

6a. Name and Title: \_\_\_\_\_

6b. Email: \_\_\_\_\_

6c. Phone: \_\_\_\_\_

Not applicable

## Section 2: PFAC Organization

7. This year, the PFAC recruited new members through the following approaches (check all that apply):

- Case managers/care coordinators
- Community based organizations
- Community events
- Facebook, Twitter, and other social media
- Hospital banners and posters
- Hospital publications
- Houses of worship/religious organizations
- Patient satisfaction surveys
- Promotional efforts within institution to patients or families
- Promotional efforts within institution to providers or staff
- Recruitment brochures
- Word of mouth/through existing members
- Other (Please describe: \_\_\_\_\_)
- N/A – we did not recruit new members in FY 2017

8. Total number of staff members on the PFAC: 3

9. Total number of patient or family member advisors on the PFAC: 3

10. The name of the hospital department supporting the PFAC is: Administration

11. The hospital position of the PFAC Staff Liaison/Coordinator is: Director, Administrative Services

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

- Annual gifts of appreciation
- Assistive services for those with disabilities
- Conference call phone numbers or “virtual meeting” options
- Meetings outside 9am-5pm office hours
- Parking, mileage, or meals
- Payment for attendance at annual PFAC conference
- Payment for attendance at other conferences or trainings
- Provision/reimbursement for child care or elder care

- Stipends
- Translator or interpreter services
- Other (Please describe: \_\_\_\_\_)
- N/A

### Section 3: 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: Massachusetts

- Don’t know

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 American	Native Hawaiian or other Pacific Islander	White	Other	Hispanic, Latino, or Spanish origin	
14a. Our defined catchment area	.5	6.7	8.6	.1	81.8		11.5	<input type="checkbox"/> Don’t know
14b. Patients the hospital provided care to in FY 2017			7		82	1	10	<input type="checkbox"/> Don’t know
14c. The PFAC patient and family advisors in FY 2017					100			<input type="checkbox"/> 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”):

	<b>Limited English Proficiency (LEP)</b>	
	<b>%</b>	
15a. Patients the hospital provided care to in FY 2017	<1	<input type="checkbox"/> Don't know
15b. PFAC patient and family advisors in FY2017	0	<input type="checkbox"/> Don't know

**15c. What percentage of patients that the hospital provided care to in FY 2017 spoke the following as their primary language?**

	<b>%</b>
Spanish	<1
Portuguese	<1
Chinese	
Haitian Creole	<1
Vietnamese	
Russian	
French	
Mon-Khmer/Cambodian	
Italian	
Arabic	
Albanian	
Cape Verdean	

Don't know

15d. In FY 2017, what percentage of PFAC patient and family advisors spoke the following as their primary language? 0%

	%
Spanish	
Portuguese	
Chinese	
Haitian Creole	
Vietnamese	
Russian	
French	
Mon-Khmer/Cambodian	
Italian	
Arabic	
Albanian	
Cape Verdean	

Don't know

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

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*Continued...*

## Section 4: PFAC Operations

**17. Our process for developing and distributing agendas for the PFAC meetings (choose):**

- 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:**  
Discussion with community council members culls topics of interest to be presented. From said discussion, staff develops agenda items and sends out prior to meetings.

**17b. If other process, please describe:**

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**18. The PFAC goals and objectives for 2017 were: (check the best choice):**

- Developed by staff alone
- Developed by staff and reviewed by PFAC members
- Developed by PFAC members and staff
- N/A – we did not have goals for FY 2017 – **Skip to #20**

**19. The PFAC had the following goals and objectives for 2017:**

-to fulfill the requirements of 105 CMR 130.1800 and 105 CMR 130.1801 -to serve as an advisory resource to Administration and Staff of the Hospital -to promote improved relationships between patients, families, and staff -to provide an opportunity for patients and families to review recommendations referred to the council by staff or administration -to actively help the Hospital in its goal to embrace continuous performance improvement -to provide input into educational programs for staff -to provide another opportunity for staff to listen to their customers -to serve as a coordinating mechanism for patients and families -to promote a respectful, effective partnership between patients and families and professionals

**20. Please list any subcommittees that your PFAC has established:**

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**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: The PFAC makes suggestions that are shared through the Performance Improvement process which reports to the Board of Directors.
- 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:**

Hospital and PFAC communications are facilitated by face to face meetings. Email and telephonic communication is limited to general announcements, notifications, and agenda sharing.

- N/A – We don't communicate through these approaches

## **Section 5: Orientation and Continuing Education**

**23. Number of new PFAC members this year: 0**

**24. Orientation content included (check all that apply):**

- "Buddy program" with experienced members
- Check-in or follow-up after the orientation
- Concepts of patient- and family-centered care (PFCC)
- General hospital orientation
- 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
- 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:** There were no new PFAC members oriented this year.

**25. The PFAC received training on the following topics:**

- Concepts of patient- and family-centered care (PFCC)
- Health care quality and safety measurement
- Health literacy
- A high-profile quality issue in the news in relation to the hospital (e.g. simultaneous surgeries, treatment of VIP patients, mental/behavioral health patient discharge, etc.)
- Hospital performance information
- Patient engagement in research
- 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:**

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## Section 6: FY 2017 PFAC Impact and Accomplishments

The following information only concerns PFAC activities in the fiscal year 2017.

26. The five greatest accomplishments of the PFAC were:

Accomplishment	Idea came from (choose one)	PFAC role can be best described as (choose one)
26a. Accomplishment 1:	<input type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input	<input type="checkbox"/> Being informed about topic <input type="checkbox"/> Providing feedback or perspective <input type="checkbox"/> Discussing and influencing decisions/agenda <input type="checkbox"/> Leading/co leading
26b. Accomplishment 2:	<input type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input	<input type="checkbox"/> Being informed about topic <input type="checkbox"/> Providing feedback or perspective <input type="checkbox"/> Discussing and influencing decisions/agenda <input type="checkbox"/> Leading/co leading
26c. Accomplishment 3:	<input type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input	<input type="checkbox"/> Being informed about topic <input type="checkbox"/> Providing feedback or perspective <input type="checkbox"/> Discussing and influencing decisions/agenda <input type="checkbox"/> Leading/co leading
26d. Accomplishment 4:	<input type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input	<input type="checkbox"/> Being informed about topic <input type="checkbox"/> Providing feedback or perspective <input type="checkbox"/> Discussing and influencing decisions/agenda <input type="checkbox"/> Leading/co leading
26e. Accomplishment 5:	<input type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input	<input type="checkbox"/> Being informed about topic <input type="checkbox"/> Providing feedback or perspective <input type="checkbox"/> Discussing and influencing decisions/agenda <input type="checkbox"/> Leading/co leading

**27. The five greatest challenges the PFAC had in FY 2017:**

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**27a. Challenge 1:**

**27b. Challenge 2:**

**27c. Challenge 3:**

**27d. Challenge 4:**

**27e. Challenge 5:**

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N/A – we did not encounter any challenges in FY 2017

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28. The PFAC members serve on the following hospital-wide committees, projects, task forces, work groups, or Board committees:

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

Shared as agenda items/topics for discussion at quarterly PFAC meetings.

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**30. The PFAC provided advice or recommendations to the hospital on the following areas mentioned in the Massachusetts law (check all that apply):**

- Institutional Review Boards
- Patient and provider relationships
- Patient 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 2017

**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: Medicare recertification survey: Overview, summary, findings; see also, Question #34.

N/A – the hospital did not share performance information with the PFAC – **Skip to #35**

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

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**34. Please describe how the PFAC was engaged in discussions around these data in #32 above and any resulting quality improvement initiatives:**

42 CFR Part 2: PFAC members were engaged in discussion around several events of impact in the SUD treatment field, as well as several clinical initiatives that were rolled out in FY17. Council members were updated on changes to 42 CFR Part 2 regulation and its intended impact, i.e., language simplification (SUD), HIPAA parallels, Parity implications, and integrating healthcare silos (HIE). Members noted that some patient advocates continue to believe that more stigma reduction is necessary before sweeping changes are made to further modify 42 CFR Part 2.

SAMHSA Report: Substance Use Disorders: A Guide to the Use of Language. Council members were apprised of the Quality Treatment Committee's (QTC) initiative relative to SAMHSA's Substance Use Disorders: A Guide to the Use of Language. The QTC has implemented a process to reduce stigma by changing language. The Council discussed 'words to avoid' excerpted from the Guide.

CHIA data collection: Council members were updated on CHIA's recent request for data from behavioral health hospitals, on par with acute care hospitals. Issues of de-identification of patient data and compliance with 42 CFR Part 2 were discussed.

The Council members continue to be interested in the 30-day readmission initiative and its findings; AMA interventions and outcomes. Clinical Services staff presented to the Council on the 30-day Readmit Team: a multidisciplinary team approach to address the needs of this specific population. The program incorporates Motivational Interviewing; and educational components so patients can better understand plans of action and accept guidance around efficient use of resources. Clinical staff discussed the criticality of patient involvement in preparation of aftercare planning which includes: addressing patient's own perceptions of continuity of care; measurement of patient's readiness to change using the SOCRATES tool; addressing medical and psychiatric comorbidities and active follow up post discharge; addressing challenges faced with previous discharge plans; and addressing shame experienced around relapse and readmission. Council members were introduced to the SOCRATES scale, characteristics, scoring, and interpretation techniques. Council members were actively engaged in Q&A with clinical staff.

Council members were invited to attend the annual MAADAC fundraiser in May and the annual AdCare employee service awards dinner in June.

Data was shared with Council members regarding the Medicare Recertification Survey conducted by the Massachusetts DPH. The survey process, findings, and submissions were discussed.

**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
- Rapid response teams
- Other (Please describe \_\_\_\_\_)

N/A – the PFAC did not work in quality of care initiatives

**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

- 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. they work on a policy that says researchers have to include the PFAC in planning and design for every 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:**

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**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 7: PFAC Annual Report

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

**40. The following individuals approved this report prior to submission (list name and indicate whether staff or patient/family advisor):**

Jeffrey Hillis, Staff

**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: \_\_\_\_\_

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:

508-799-9000 x3072/rmeagher@adcare.com

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