



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 1st 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. 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 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.

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: Athol Hospital (a member of the Heywood Healthcare system)

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** {Critical Access Hospital}

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

2c. Will another hospital within your system also submit a report?

Yes

No

3. Staff PFAC Co-Chair Contact:

2a. Name and Title: Tina Griffin, DNP, VP of Operations & CNO

2b. Email: Tina.Griffin@heywood.org

2c. Phone: 978-249-1228

4. Patient/Family PFAC Co-Chair Contact:

3a. Name and Title: Nate Johnson

3b. Email: natejohn44@gmail.com

3c. Phone: 978-575-0309

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: Barbara Nealon, Director of Social Service & Multicultural Services

6b. Email: Barbara.Nealon@heywood.org

6c. Phone: 978-630-6386

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: membership brought prospective participants to attend meeting)
- N/A – no new members in FY 2017 and reassessed current membership's participation

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

9. Total number of patient or family member advisors on the PFAC: 8.

10. The name of the hospital department supporting the PFAC is: Administration, Nursing, Patient Care Services

11. The hospital position of the PFAC Staff Liaison/Coordinator is Social Service & Multicultural 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 {Available if/when needed}
- 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: North Quabbin Region-Athol, Erving, Orange, Petersham, Phillipston, Royalston, Warwick and Wendell.

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	0.32%	0.79%	0.89%	0.00%	97.27%	.72%	2.18%	<input type="checkbox"/> Don't know
14b. Patients the hospital provided care to in FY 2017	.023%	.21%	1.2%	.01%	96%	1.4%	0.01%	<input type="checkbox"/> Don't know
14c. The PFAC patient and family advisors in FY 2017	0.00%	0.00%	0.00%	0.00%	100%	0.00%	0.00%	<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”):

	Limited English Proficiency (LEP)	
	%	
15a. Patients the hospital provided care to in FY 2017	34 pts LEP serviced 12890 pt total 0.26%	<input type="checkbox"/> Don't Know

15b. PFAC patient and family advisors in FY2017	0.00%	<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?

	%
Spanish	.25%
Portuguese	0
Chinese	.02%
Haitian Creole	0
Vietnamese	0
Russian	0
French	0
Mon-Khmer/Cambodian	0
Italian	0
Arabic	0
Albanian	0
Cape Verdean	0

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

	0.00%
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

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

Working with the North Central Mass Minority Coalition and Religious Council to solicit assistance, as well as working with the Social Service & Multicultural Services Departments who coordinates Interpreter Services and works with various vulnerable populations including but not limited to minorities, LEP populations etc to identify patients currently within the hospital to seek out potential candidates for this committee.

Refer to Appendix A. for demographic details

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:

During meetings and if not identified during meeting at the end of the meeting, membership is asked what topics would they like to hear about.

17b. If other process, please describe:

When updating membership on current events, services, performance improvement recommendations for future programs may come out of that; or if MHA or AHA has identified Alerts or postings that may be beneficial for the membership to learn about, may be presented.

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 obtain REL data to report back on Annual Report since we did not track this information in the past. This data has been completed and is attached as Appendix A. for details.

Next Step:

Identify groups who are missing and develop strategy to engage those groups into becoming members with committee membership.

Attempt to secure membership on other hospital led committees, task forces, groups etc.

There is opportunity to engage in more committee membership if members are able.

Compile demographic profile on membership so when vacancies occur, we can identify representation from a certain town, age group, employment and education status, veteran, or other vulnerable groups identified such as minorities, LEP groups, GBLTQ etc.

Needed to revise committee membership listing. Some members have not shown up for meetings, emails sent out inquiring about interest in continuing. Information still coming in.

20. Please list any subcommittees that your PFAC has established: none established

But identified memberships participation in Medical Ethics, Multicultural Services, Infection Control other members identified interest in participating in education and suicide prevention efforts.

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:

Communication for meetings and between meetings on seminars, readings updates etc.

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:

25. The PFAC received training on the following topics:

- Concepts of patient- and family-centered care (PFCC)
- x 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.)
- x 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:

Each meeting is an educational opportunity for new and revisited topics. Educational opportunities are ongoing formally and informally. 3 members of this committee sit on Medical Ethics and functions as the hospital's IRB. Sampling of items reviewed:

Overview of the Hospital's Security Program-CPI Trained

- Workplace Violence Task Force
- Disaster Planning-Emergency Preparedness
- Types of Codes

Hospital Updates-renovations

New Building Project including new ED, Office Building, Ongoing renovation projects within the Inpatient unit and hospital wide

Quality Reviewed-Press Ganey Results Patient Satisfaction

- Established Leadership Rounding to improve satisfaction partnering with staff
- Nurse Council Group also active in this area
- Staff Satisfaction opportunities identified and currently working on this area ie.. Market Adjustment; Food Service hours expanded, communication etc

Membership Recruitment efforts

Subcommittee Assignments-importance of participation

New programs being offered: The Quabbin Retreat, Bariatric Care Program, Urgent Care Center

PFAC Member provided Training for hospital staff on Compassion Fatigue

Review of the Hospitalist Program

Review of committee membership assignments

Overview of Critical Assess Hospital and onsite visits scheduled to the others within the State to compare processes

Review of new DC packet reviewed with the goal of decreasing readmissions developed and shared

Onsite Visit to The Quabbin Retreat & Tour provided

Participated in a presentation from Gardner VNA & video followed by discussion

On "Being Mortal: Medicine and what Matters in the End" 2015 by Atul Gawande MD

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: Developing Committee demographic profile to demonstrate representation of the community served	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input	<input checked="" 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: Based on increased violence in hospitals nationwide, membership requested an presentation from the Security Department on processes to keep the patient's, families and staff safe	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input	<input checked="" type="checkbox"/> Being informed about topic <input checked="" type="checkbox"/> Providing feedback or perspective <input type="checkbox"/> Discussing and influencing decisions/agenda <input type="checkbox"/> Leading/co leading
26c. Accomplishment 3: Leadership Daily Rounds Process to improve patient satisfaction	<input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input	<input checked="" type="checkbox"/> Being informed about topic <input checked="" type="checkbox"/> Providing feedback or perspective <input type="checkbox"/> Discussing and influencing decisions/agenda <input type="checkbox"/> Leading/co leading
26d. Accomplishment 4: Revised By-Laws	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input	<input checked="" type="checkbox"/> Being informed about topic <input checked="" type="checkbox"/> Providing feedback or perspective <input checked="" type="checkbox"/> Discussing and influencing decisions/agenda <input checked="" type="checkbox"/> Leading/co leading
26e. Accomplishment 5 Review of patient satisfaction and quality measures to assure focus on patient and family needs	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input	<input checked="" type="checkbox"/> Being informed about topic <input checked="" type="checkbox"/> Providing feedback or perspective <input checked="" type="checkbox"/> Discussing and influencing decisions/agenda <input checked="" type="checkbox"/> Leading/co leading

*PFAC Member provided a Training to hospital staff on Compassion Fatigue

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

27a. Challenge 1:

Committee's leadership on other hospital wide committee's still needs improvement.

Takes additional time commitment from members which is a barrier at times

27b. Challenge 2:

Ongoing recruitment for membership now examining areas that are not currently represented to attend a meeting, meet membership and seek their participation

27c. Challenge 3:

Need to develop more participation from Human Resource Department on recruitment and retainment as well as employee satisfaction and how it connects with performance and patient satisfaction. Next year's goal to secure representation and have member work as HR subgroup member

27d. Challenge 4:

Develop a system where certain topics are pre-selected for discussion pertaining to Quality, Safety, Patient and Staff Satisfaction efforts

27e. Challenge 5:

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

Continued...

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? Update membership at meetings

Continued...

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 -Medical Ethics Committee 3 members of PFAC no IRB's this yr
- 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: _____)

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:

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

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

xCare 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

x Safety

35c. Decision-making and advanced planning

x 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) No IRB requests this year.

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: We have 3 members of the Medical Ethics committee who serve as our IRB. No requests for the Institutional Review Board was requested during this time period.

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 this year

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): Tina Griffin & Barbara Nealon [staff] then sent to membership for review/feedback.

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.atholhospital.org
- 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 Report is readily available under Community Benefits and Publications

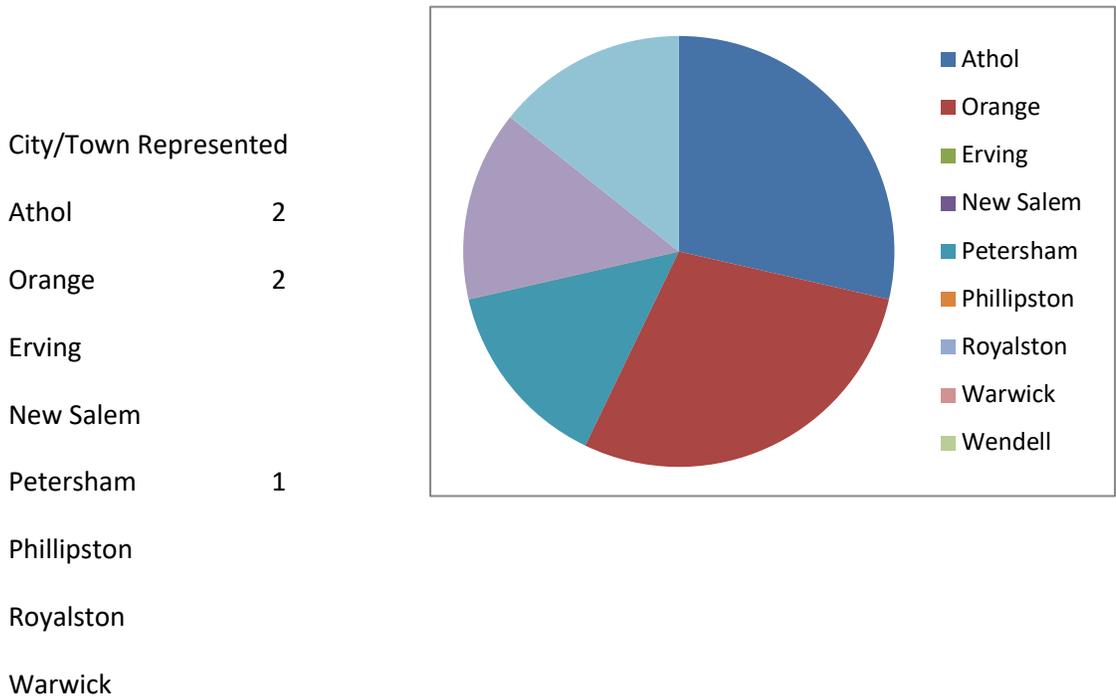
44. Our hospital has a link on its website to a PFAC page.

- Yes, link: <http://www.atholhospital.org/about/publications>
- No, we don’t have such a section on our website

Appendix

A.

Membership Demographic Profile



Wendell

Gardner 1

Fitchburg 1

Age Group

0-18

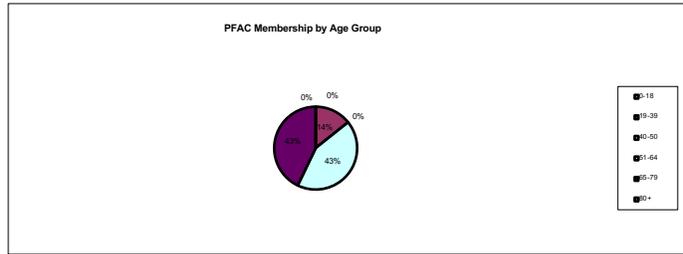
19-39 1

40-50

51-64 3

65-79 3

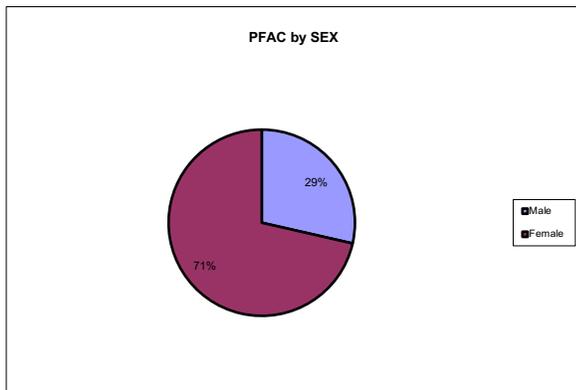
80+



Sex

Male 2

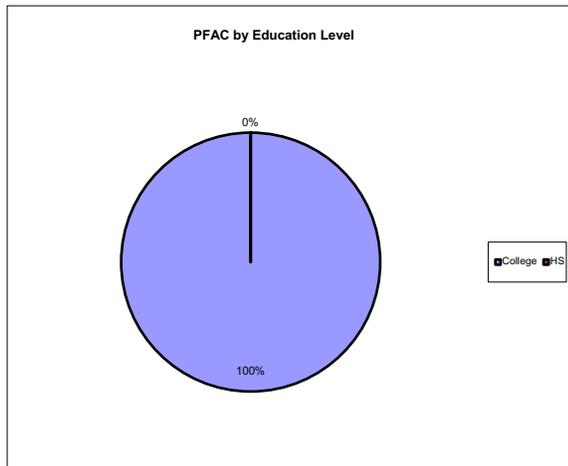
Female 5



Education

College 7

HS

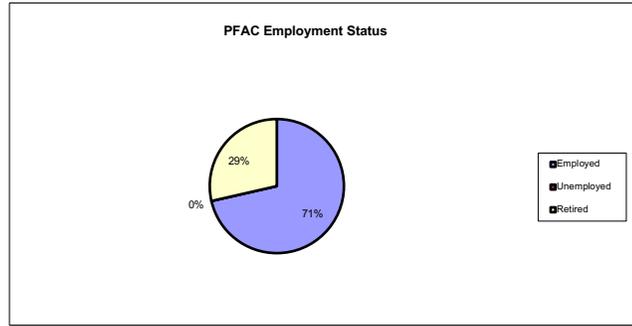


Employment Status

Employed 5

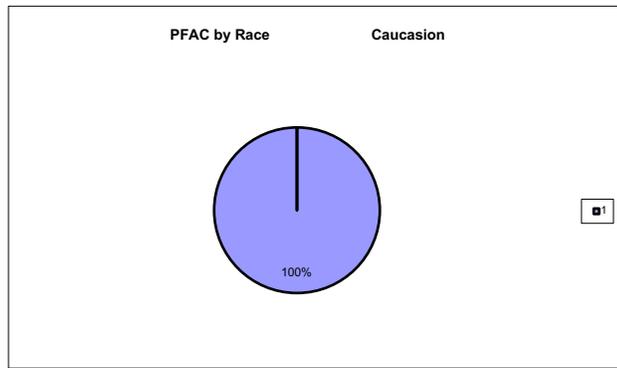
Unemployed

Retired 2



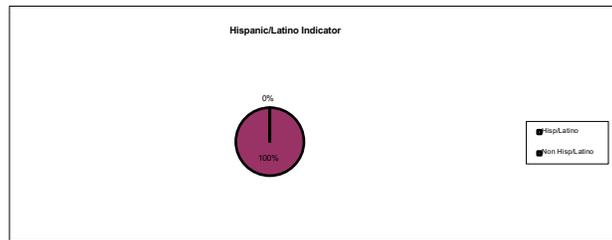
Race

Caucasion 7



Hisp/Latino

Non Hisp/Latino 7

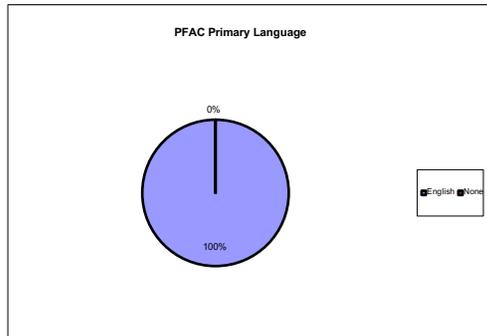


Language

English None

Primary 7

Secondary 0



Ethnicity	
Irish	2
Italian	1
French	3
Scottish	1
English	1
Swedish	1
Finish	
American	2
Lithoanian	1

