



HEALTH CARE FOR ALL



PFAC Annual Report Form

Health Care For All (HCFA) promotes health justice in Massachusetts by working to reduce disparities and ensure coverage and access for all. HCFA uses direct service, policy development, coalition building, community organizing, public education and outreach to achieve its mission. HCFA's vision is that everyone in Massachusetts has the equitable, affordable, and comprehensive care they need to be healthy.

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

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, 2018.

Section 1: General Information

1. Hospital Name: Athol Hospital {Heywood Healthcare

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: Tina Griffin, VP Operations, CNO

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

2c. Phone: 978-249-1228

- Not applicable

4. Patient/Family PFAC Co-Chair Contact:

3a. Name and Title: Nate Johnson

3b. Email: natejohn@gmail.com

3c. Phone: 978-575-0309

- 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: Barbara Nealon, Director of Social Service & Multicultural Services

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

6c. Phone: 978-630-6386

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 2018

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

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

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

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
- 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: Athol, Erving, New Salem, Orange, Petersham, Phillipston, Royalston, Warwick, and Wendell.

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	.3	1	1	.0	96.6	.1	1	<input type="checkbox"/> Don’t know
14b. Patients the hospital provided care to in FY 2018	0	.8	.2	0	97.	1.4	.6	<input type="checkbox"/> Don’t know
14c. The PFAC patient and family advisors in FY 2018					98		2	<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 2018	412/1	<input type="checkbox"/> Don't know
15b. PFAC patient and family advisors in FY 2018	12	<input type="checkbox"/> Don't know

15c. What percentage of patients that the hospital provided care to in FY 2018 spoke the following as their primary language?

	%
Spanish	.5
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

Don't know

15d. In FY 2018, what percentage of PFAC patient and family advisors spoke the following as their primary language?

	%
Spanish	0
Portuguese	0
Chinese	0

Haitian Creole	0
Vietnamese	0
Russian	0
French	0
Mon-Khmer/Cambodian	0
Italian	0
Arabic	0
Albanian	0
Cape Verdean	0

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:

The hospital's goals for providing CLAS Culturally and Linguistically Appropriate Services and through the hospital's work with the North Central Mass Minority Coalition and Multicultural Service Department who provides Medical Interpreting Services including LEP & ASL and other assistive services & devices we are expanding efforts to enlist former patients and families this upcoming year to our PFAC Committee

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:

As items are identified during the meeting, staff attempt to secure topics for future meetings

17b. If other process, please describe:

Attempting to address various quality reports, incidents, and other topics related to quality and satisfaction, staff attempt to secure these topics to cover as well as any hospital system wide updates throughout the year.

18. The PFAC goals and objectives for 2018 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 2018 – Skip to #20

19. The PFAC had the following goals and objectives for 2018:

Increase membership & education on various safety and quality programs as well as areas of community engagement; attempt to secure membership on other hospital led committees, groups, teams etc; add to membership with patient/families from areas -towns not currently represented and and groups that are under-represented such as minorities, younger populations, LGBTQ, veterans etc.

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

Medical Ethics, Multicultural Services Task Force,

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): through CCO/CNO, plus it's posted on the hospital's Internet page
- 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:

We have our own group email listing; invite members to participate in various activities offered throughout the year including but not limited to Caregiver Rounds -Schwartz Center held monthly on the Heywood Hospital campus, upcoming community events, webinars or community programs

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

Section 5: Orientation and Continuing Education

23. Number of new PFAC members this year: 1

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:

Orientation Packet completed by new members as part of their on boarding

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:

Hospital updates including but not limited to services, grants, PFAC membership have been working actively with leadership on the building of our new Emergency Room, and space being built. In August several tours were coordinated with CCO/CNO for membership to tour The new area and provide additional feedback. Other programs included this year: Pharm D; Quality Presentation on CORE Measures & Best Practice Methodologies; Immunization and Infection Control efforts; Surgical outcomes, Stroke data; SWING bed and hospital wide services offered; Suicide Prevention -Montachusett Suicide Prevention Task Force; Medical Staff Updates; Construction updates etc.

Section 6: FY 2018 PFAC Impact and Accomplishments

The following information only concerns PFAC activities in the fiscal year 2018.

26. The five greatest accomplishments of the PFAC were:

Accomplishment	Idea came from (choose one)	PFAC role can be best described as (choose one)
<p>26a. Accomplishment 1: This year, membership from PFAF took an active role in our Suicide Prevention efforts and participated with a health table at the 6th Annual Ride of Your Life Suicide Prevention event providing health information to the participants and promoting suicide prevention through community engagement</p>	<p><input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input</p>	<p><input type="checkbox"/> Being informed about topic <input type="checkbox"/> Providing feedback or perspective <input type="checkbox"/> Discussing and influencing decisions/agenda <input checked="" type="checkbox"/> Leading/co leading</p>
<p>26b. Accomplishment 2: Membership actively participating in feedback on new building addition, ED and Chapel/Mediation area</p>	<p><input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input</p>	<p><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</p>
<p>26c. Accomplishment 3: Continue to review Patient Satisfaction data</p>	<p><input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input</p>	<p><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</p>

26d. Accomplishment 4: Maintaining active with Workplace Violence Initiatives to keep everyone save	x Patient/family advisors of the PFAC x Department, committee, or unit that requested PFAC input	x Being informed about topic x Providing feedback or perspective x Discussing and influencing decisions/agenda <input type="checkbox"/> Leading/co leading
26e. Accomplishment 5: Continue to actively participate in hospital wide committees such as Medical Ethics and Multicultural Task Force and other committees as identified.	x Patient/family advisors of the PFAC x Department, committee, or unit that requested PFAC input	x Being informed about topic x Providing feedback or perspective x Discussing and influencing decisions/agenda <input type="checkbox"/> Leading/co leading

27. The five greatest challenges the PFAC had in FY 2018:

27a. Challenge 1: Attempting to have all members take an active role in sub committee work; need to find other ways of PFAC engagement that works around their specific schedule.

27b. Challenge 2:

27c. Challenge 3:

27d. Challenge 4:

27e. Challenge 5:

N/A – we did not encounter any challenges in FY 2018

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): Medical Ethics & above under Multicultural Task Force
- 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?

Shares information to group as indicated.

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 2018

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:

We do not have an ICU; other operations, departments discussed

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

Interactive discussions followed presentation no recommendations specifically recommended resulting in changes in processes

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:

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):

The following individuals are members of our PFAC who are provided a copy of the report prior to submission for review Community Reps: Deborah Karan, Deborah Vondal, Diane Gurney, Donna

Ballentine, Jonn Pastor, Lesley Henley, Myron Maron, Nate Johnson, Michael Young, Stephanie Bachelder, Staff: Linda Cotter, Tina Griffin, Barbara Nealon

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): If recommendations noted adjusted report

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: <https://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: <https://www.atholhospital.org/about/patient-and-family-advisory-council/patient-and-family-advisory-council>



Patient and Family Advisory Council

[Home](#)

[ABOUT](#)

Patient and Family Advisory Council

Athol Hospital has formed the Patient and Family Advisory Council (PFAC), whose purpose is to advise and make recommendations concerning improved relationships between patients, families and hospital staff, quality improvement initiatives, and patient education on safety and quality matters. The council is made up of eight members with 50% of the membership being current/former patients of the Hospital or family members (community members) and 50% being Hospital staff members. The Council meets quarterly at Athol Hospital.

Click here to download the report

If you are a community member who would like to join the PFAC, or if you have any questions about this new group, please contact Tina M. Griffin, DNP, FNP, Chief Nursing Officer & VP, Patient Care Services, Athol Hospital at 978-249-1228.

Download our [Athol Hospital PFAC application](#).

No

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

x Yes, link: <https://www.atholhospital.org/about/patient-and-family-advisory-council/patient-and-family-advisory-council>

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