



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: Heywood 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 Santos COO, CNO
- 2b. Email: Tina.Santos@heywood.org
- 2c. Phone: 978-630-6220
- Not applicable

4. Patient/Family PFAC Co-Chair Contact:

- 3a. Name and Title: Sally Hartshorn
- 3b. Email: Sally.Hartshorn@comcast.net
- 3c. Phone: 978-632-5174
- 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: 2

9. Total number of patient or family member advisors on the PFAC: 17

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 Service

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):
X All above are available when indicated 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: Ashburnham, Baldwinville, Gardner, Templeton, Westminster, Winchendon

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%	1%	2%	0%	91%	1.5%	4%	<input type="checkbox"/> Don’t know
14b. Patients the hospital provided care to in FY 2018	0%	1%	1%	0%	93%	.3%	2%	<input type="checkbox"/> Don’t know
14c. The PFAC patient and family advisors in FY 2018	0%	0%	8%	0%	77%	15%	3%	<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	185980	<input type="checkbox"/> Don't know
15b. PFAC patient and family advisors in FY 2018	13	<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	1.2
Portuguese	.02
Chinese	.03
Haitian Creole	.03
Vietnamese	.01
Russian	.01
French	0
Mon-Khmer/Cambodian	.01
Italian	0
Arabic	.1
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	2
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:

Continue to work with the North Central Mass Minority Coalition and Multicultural Service Department provides Language Access Services {Medical Interpreters} along with Social Work and Nursing input for potential future members as well as through membership solicitation within the community

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)

At meetings as topics arise, develop a strategy for future programs based on input and also attempt to schedule topics needed to be presented to PFAC 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:

Noted above

17b. If other process, please describe:

Between meetings if other types of Alerts for example from MHA, AHA, JC may add to the agenda for the next meeting to share and discuss.

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:

Promotion of patient autonomy; patient choice-end of life care

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

Multicultural Task Force, Medical Ethics, Workplace Task Force etc

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:

Communications for meetings, seminars, Schwartz Center Rounds, readings updates etc.

- 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
- x Check-in or follow-up after the orientation
- Concepts of patient- and family-centered care (PFCC)
- General hospital orientation
- Health care quality and safety
- x History of the PFAC
- Hospital performance information
- Immediate "assignments" to participate in PFAC work
- Information on how PFAC fits within the organization's structure
- x In-person training
- Massachusetts law and PFACs
- Meeting with hospital staff
- Patient engagement in research
- x PFAC policies, member roles and responsibilities
- Skills training on communication, technology, and meeting preparation
- Have an orientation packet to complete 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)
- 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:

Invitations to participate in Medical Grand Rounds, and other trainings

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: Promotion of The Conversation Project-promoting family participation and sharing of what they would like followed should they become incapacitated to make decisions or pertaining to end of life care</p>	<p><input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input</p>	<p><input 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>
<p>26b. Accomplishment 2: Committee active during meetings with presentations provided offering suggestions, feedback and recommendations and receiving follow up after the meeting on the action plan followed based on this interaction</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 checked="" type="checkbox"/> Discussing and influencing decisions/agenda <input type="checkbox"/> Leading/co leading</p>
<p>26c. Accomplishment 3: Membership continues to serve on Medical Ethics/IRB; Multicultural Services and remain involved and active participants</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 type="checkbox"/> Leading/co leading</p>
<p>26d. Accomplishment 4:</p>	<p><input 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 type="checkbox"/> Leading/co leading</p>
<p>26e. Accomplishment 5:</p>	<p><input 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 type="checkbox"/> Leading/co leading</p>

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

27a. Challenge 1: **Membership participation in various departmental teams, committees etc. Will attempt to try to align membership with committee work of interest again this year. Members prefer to have the departments and/or committees report to PFAC during the meetings scheduled**

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):
- 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?

Updates membership on committee work at meetings

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:

Based on feedback from membership pertaining to interest

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

Shared current practices and offered additional feedback and input
We had a Pharm D presentation, Quality Presentations included but not limited to CORE measures AMI, CHF, Pneumonia, Stroke, Perinatal Care, Immunization Reports, Influenza Screenings, Stroke outcomes etc. End of Life Care, Palliative Care and Advanced Directives; Membership participated in the 6th Annual Ride of Your Life Suicide Prevention event in the community as well as received information on our zero suicide initiatives, diversity and LEP access/services etc

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

There were no IRB consults if so, Medical Ethics Committee works also as our IRB should a project be identified it would go before members who are on the Medical Ethics Committee. 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: IRB/Medical Ethics Committee is to be contacted and project presented to Chair of Medical Ethics & Quality/Risk Manager for review if appropriate, project is presented at our meeting and voted on at the end of the meeting.

39. About how many studies have your PFAC members advised on?

- 1 or 2
- 3-5
- More than 5
- No IRB requests this year 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):

Membership Community Rep: Bruce Rome, Gina Kelley, Irene Hernandez, Karen Culkeen, Michelle Arsenault, Mary Blanchard, Miguel Rodriguez, Nancy Boucher, Neil Erickson, Robert Juma, Sally Hartshorn, Staff: Tina Santos and 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

X 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.

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



[Heywood Hospital PFAC 2017 Annual Report](#)

[Heywood Hospital PFAC 2016 Annual Report](#)

The Patient and Family Advisory Council (PFAC) at Heywood Hospital is a volunteer group of patients and their family members and members of the healthcare team at Heywood Hospital. The focus of the PFAC is to provide a forum for patients and family members to give feedback and provide input to the Hospital so that Heywood can continually improve its patient safety, quality of care, service and patient satisfaction. It also provides a chance for Hospital staff to share ideas with members about upcoming changes or improvements to care. The PFAC is also designed to encourage the participation of patients and families in the development of new hospital programs and services.

The development of the PFAC was spurred by state legislation that requires hospitals to form such groups, but Heywood's interest in forming a team goes beyond meeting regulations. Heywood is working diligently to implement changes and achieve improved outcomes that support our goal of delivering patient and family-centered care at the highest levels.

The PFAC reports annually to the Massachusetts Department of Public Health on its activities and achievements.

If you are interested in joining PFAC, please download our application: [PFAC Application](#).

For more information about Heywood's Patient and Family Advisory Council, contact Tina Santos, Vice President of Operations and Chief Nursing Officer. Tina.Santos@heywood.org or 978-630-6220



No

43. We provide a phone number or e-mail address on our website to use for requesting the report.

x Yes, phone number/e-mail address: see above

No

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

x Yes, link: see above

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