



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: Milford Regional Medical Center

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: Celeste Corriveau, Patient Liaison

2b. Email: ccorriveau@milreg.org

2c. Phone: 508-422-2648

- Not applicable

4. Patient/Family PFAC Co-Chair Contact:

3a. Name and Title: Anh Fahey, Co-Chair

3b. Email: anh.fahey@gmail.com

3c. Phone:

- 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: Celeste Corriveau, Patient Liaison

6b. Email: ccorriveau@milreg.org

6c. Phone: 508-422-2648

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: 8

9. Total number of patient or family member advisors on the PFAC: 14

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

11. The hospital position of the PFAC Staff Liaison/Coordinator is: Patient Liaison

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: Our hospital's catchment area is geographically defined as: MRMC provides a broad range of inpatient and outpatient services for residents in 20 local communities in central Massachusetts. Milford Regional is affiliated with UMass Memorial Healthcare and has partnerships with Dana-Farber/Brigham and Women's Cancer Center and Boston Children's Hospital to provide oncology and pediatric services on our Milford campus.

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	0	3.4	1.6	0	91.2	3.8	4.8	<input type="checkbox"/> Don’t know
14b. Patients the hospital provided care to in FY 2018	0.06	0.33	0.93	0	62.46	35.35	0.87	<input type="checkbox"/> Don’t know
14c. The PFAC patient and family advisors in FY 2018		4			96			<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		<input checked="" type="checkbox"/> Don't know
15b. PFAC patient and family advisors in FY 2018		<input checked="" 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	
Portuguese	
Chinese	
Haitian Creole	
Vietnamese	
Russian	
French	
Mon-Khmer/Cambodian	
Italian	
Arabic	
Albanian	
Cape Verdean	

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:

PFAC continues to attempt to recruit a diverse representation of community members via education in the community, social media, advertisement in local newspapers, at local churches, and by word of mouth.

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:

The hospital Liaison and two community members who serve as the Co-Chairs have a scheduled one hour telephone conference two weeks after our PFAC meeting. This ensures that minutes from the meeting are completed to assist with the development of the agenda for the next meeting. The agenda is sent out to the PFAC members one week prior to each scheduled meeting.

17b. If other process, please describe:

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:

Improve communication and patient satisfaction.

Provide community education regarding Safety Awareness, and Conversation Ready/Health Care Proxy.

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

Processes established in the Emergency Department to better manage patient and family expectations by enhancing communication with the Emergency Department staff. The role of an Emergency Department Patient Support Volunteer was developed and instituted in an effort to increase the updates of information being shared between the staff, patients and their support persons throughout the Emergency Department stay.

PFAC staff and community members provided feedback regarding the safety and security within the Medical Center. PFAC members were educated on Milford Regional's "See Something Say Something" Campaign. PFAC members are provided updates at monthly meetings from a PFAC member who participates in the "Violence in the Workplace" hospital committee.

Actively involved in Milford Regional's collaboration with a Massachusetts Institute for Healthcare Improvement (IHI) initiative, Conversation Ready; a multi-departmental project to ensure the Medical Center has patients provide or complete Health Care Proxy (HCP) and What Matters Most documentation then store in the electronic medical record, to make certain medical care wishes are expressed and respected. Instructional information on the importance of HCP and Conversation Ready was provided to the community via the Milford Regional's website and PFAC educated and distributed this information by manning a booth at a Community Health Care Fair.

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): Board member provides monthly updates at PFAC meetings
- 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:

The PFAC members use e-mail for distribution of general information related to PFAC and hospital activities, notification of webinar and conferences in the area pertaining to the PFAC's goals and objectives. PFAC members also receive and disseminate information received from Health Care For All.

- 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:

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:

The Director of Quality Improvement presented and discussed the HCAHPS survey to educate the council about the importance of patients completing the survey and providing feedback to improve patient satisfaction and quality of care.

The Director of Volunteer Services educated the council on the various volunteer support programs provided at the Medical Center.

The Security Department Manager educated the council on the various ongoing initiatives taking place to ensure the safety and security at the Medical Center.

The Hospital Liaison provided updates on the Medical Center's campaign to educate patients, family members, and support persons on the importance of hand washing to prevent the spread of infection.

Vice President of Patient Care Services and Chief Nursing Officer provided education to the council regarding the upcoming ballot question proposing nurse staffing ratios.

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)
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26a. Accomplishment 1: Conversation Ready/Health Care Proxy	<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 checked="" type="checkbox"/> Discussing and influencing decisions/agenda <input type="checkbox"/> Leading/co leading
26b. Accomplishment 2: Managing Patient Expectations through Enhanced Communications in the Emergency Department	<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 checked="" type="checkbox"/> Providing feedback or perspective <input checked="" type="checkbox"/> Discussing and influencing decisions/agenda <input checked="" type="checkbox"/> Leading/co leading
26c. Accomplishment 3: Safety Awareness	<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 checked="" type="checkbox"/> Providing feedback or perspective <input checked="" 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 2018:

27a. Challenge 1: Member illness and unexpected family events impacted monthly attendance at our meetings.

27b. Challenge 2: Winter weather caused cancellations and rescheduling of meetings, which also impacted attendance.

27c. Challenge 3: We continue to struggle with having diversity in the members of PFAC.

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): Violence in the workplace
- 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?

During PFAC meetings, the PFAC members who are on hospital committees report back to PFAC what the committee is working on.

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:

Our meetings are set up to focus on the specific PFAC initiatives the subcommittees have chosen. Quality is a priority for the hospital and for patients as well. We accomplished the previous year's goal of reviewing the HCAHPS survey. PFAC was given a presentation regarding HCAHPS surveys and scores and were asked to share ideas on improving scores and improving quality. Additionally, the Director of Quality Improvement educated the council on the Medicare Hospital Compare website and explained how reimbursement is based on scores.

For the upcoming year, we recruited a new member from the Quality Improvement team to provide more information in regards to hospital performance to the council.

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

Our monthly meetings include a Quality Update to share quality/safety information in regards to the Medical Center's performance and current initiatives/best practices for improvement. The Safety awareness committee gave updates about ongoing trainings and initiatives throughout the Medical Center to ensure safety. The Managing Patient Expectations through Enhanced Communications in the Emergency Department worked collaboratively with Volunteer Services and the ED Director to develop communication strategies to increase visitor awareness and reduce stress associated with not knowing what to expect while in the waiting area. Additionally, the council suggested increasing patient awareness of the importance of the hospital surveys and how they are tied to hospital ratings.

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

35a. 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):

Staff Advisor - Celeste Corriveau

Patient/Family Advisor - Anh Fahey

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.milfordregional.org/PFAC
- No

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

- Yes, phone number/e-mail address:
- No

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

- Yes, link: milfordregional.org/PFAC
- No, we don't have such a section on our website