



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, 2020.

2020 Patient and Family Advisory Council Annual Report Form

The survey questions concern PFAC activities in fiscal year 2020 only: (July 1, 2019 – June 30, 2020).

Section 1: General Information

1. Hospital Name: **UMass Memorial HealthAlliance-Clinton Hospital**

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.

1a. 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):

1b. Will another PFAC at your hospital also submit a report?

- Yes
- No
- Don't know

1c. 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: Rosa Fernandez, Director of Community Health and Volunteer Services

2b. Email: Rosa.fernandez@umassmemorial.org

2c. Phone: 978-368-3716

Not applicable

4. Patient/Family PFAC Co-Chair Contact:

3a. Name and Title: Mary Lotze, Community member

3b. Email: frederick.lotze@verizon.net

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:

6b. Email:

6c. Phone:

Not applicable

Section 2: PFAC Organization

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

- Case managers/care coordinators
- Community based organizations
- Community events
- Facebook, Twitter, and other social media
- Hospital banners and posters
- Hospital publications
- Houses of worship/religious organizations
- Patient satisfaction surveys
- Promotional efforts within institution to patients or families
- Promotional efforts within institution to providers or staff
- Recruitment brochures
- Word of mouth/through existing members
- Other (Please describe):
- N/A – we did not recruit new members in FY 2020

8. Total number of staff members on the PFAC: 5

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

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

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

- Annual gifts of appreciation, Celebration of Accomplishments
- 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): Community Entity Board Retreat, Snacks provided at each meeting and dinner quarterly
- 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: The hospital’s catchment areas include: Primary towns: Ashburnham, Ashby, Clinton, Fitchburg, Gardner, Leominster, Lunenburg, Townsend, Westminster Secondary towns: Ayer, Bolton, Groton, Harvard, Hubbardston, Lancaster, Pepperell, Princeton, Shirley, Sterling, Templeton and 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-broken down by hospital’s catchment area:

	MA	ASH	ASHBY	CLI	FIT	GAR	LEO	LUN	TOW	STE	WES
White alone	79.6	97.0	97.6	89.5	79.6	90.0	83.2	93.0	95.8	96.1	98.1
Black or AA alone	7.1	1.0	0.7	2.1	4.1	2.2	4.7	2.4	0.1	1.2	0.8
Asian alone	6.0	0	1.1	1.7	4.6	1.8	2.3	1.7	1.6	0.9	0
NH/OPI	0	0	0	0	0	0	0	0	0	0	0
AI/AN	0	0	0.1	0.1	0.3	0.5	0.2	-	0.2	0.4	0
Some Other Race	4.2	0.7	0.4	2.3	8.1	2.8	6.5	1.1	1.4	0.3	0.2
Two+ Races	2.9	1.5	0.1	4.3	3.3	2.6	3.1	1.8	0.9	1.1	0.8
Hispanic/Latino of Any Race	10.6	0.6	1.9	14.7	23.9	8.0	15.3	3.7	1.1	3.5	3.4
Foreign Born	15.7	1.1	4.9	10.9	11.4	7.9	10.9	7.5	2.6	4.9	4.5

	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	.2%	1.3%	1.9%	0	90%	1.3%	7.7%	<input type="checkbox"/> Don’t know

14b. Patients the hospital provided care to in FY 2020	3%	3%	4%	1%	75%	5%	9%	<input type="checkbox"/> Don't know
14c. The PFAC patient and family advisors in FY 2020	0	0	0	0	80%	0	20%	<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 2020	9%	<input type="checkbox"/> Don't know
15b. PFAC patient and family advisors in FY 2020		<input checked="" type="checkbox"/> Don't know

15c. What percentage of patients that the hospital provided care to in FY 2020 spoke the following as their primary language?

	%
Spanish	39%
Portuguese	4%
Chinese	
Haitian Creole	Less than 1%
Vietnamese	Less than 1%
Russian	Less than 1%
French	Less than 1%
Mon-Khmer/Cambodian	Less than 1%
Italian	Less than 1%
Arabic	Less than 1%
Albanian	Less than 1%
Cape Verdean	Less than 1%

Don't know

15d. In FY 2020, what percentage of PFAC patient and family advisors 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

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 developed a plan with goals and strategies to ensure appropriate representation of the population the hospital serves.

This PFAC plan includes the following activities:

PFAC Member(s) participate in the following hospital committees: Patient Satisfaction, Patient Safety and Quality, the Opioid Task Force and the Minority Advisory Council reporting back each committee initiatives to PFAC members for comments.

PFAC Chairs met with Community Health Link CHL (which serves population with behavioral health) to assist in the development of CHL PFAC with shared membership with HA-C hospital.

With new challenges arising from the pandemic, PFAC members shared feedback on the hospital revised visitor policy

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:
At the conclusion of each meeting, all members identify topics to be discussed at the following meeting. Co-chairs review and revise agenda one week prior to the meeting and the agenda are sent out one week prior to the meeting.

17b. If other process, please describe: Manage and maintain a monthly action item log to document and ensure monthly agenda items are addressed and reviewed.

18. The PFAC goals and objectives for 2020 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 2020– **Skip to #20**

19. The PFAC had the following goals and objectives for 2020:

The primary goal and purpose of the PFAC is to provide a voice from the patient perspective and offer valuable input to senior management, hospital administration, and clinical staff. The PFAC functions in an advisory capacity for the hospital, rather than a directive capacity. Those who have first-hand experience as a patient or support person, whether at UMass Memorial HealthAlliance-Clinton hospital or another institution, are uniquely qualified to provide helpful insight into ways to improve the patient-care experience. The council may focus on any number of issues such as patient safety, provider communication, possible improvements and more.

PFAC continues to work with existing hospital structures to incorporate and bridge the Patient's voice, some activities include:

Continuing our efforts with the Opioid Abuse Task Force to help guide its strategy in establishing a culture that removes the stigma associated with opioid addiction.

Hospital informs PFAC of routine reporting on information on injuries and other complaints sent to the Department of Public Health as well as trended data and feedback on patient complaints, patient satisfaction, safety, and quality.

PFAC members shared their view on ways to improve relationship between providers and patients and families as demonstrated by Press-Ganey surveys and other data generating indices.

Review and revision of our PFAC Charter

Recruitment of new PFAC member(s) that reflect the communities we serve (Leominster, Fitchburg, and Clinton)

20. Please list any subcommittees that your PFAC has established: PFAC advised on establishing the Minority Advisory Council

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): PFAC Co-Chair Panelist at Board Retreat
- 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:

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

PFAC email distribution list was formed to communicate to PFAC membership meeting minutes, agenda, virtual meetings, hospital communication updates and hospital town hall virtual meetings.

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) COVID-19, How to use Narcan, Community Health Link services
- N/A – the PFAC did not receive training

25a. If other, describe:

Section 6: FY 2020 PFAC Impact and Accomplishments

The following information only concerns PFAC activities in the fiscal year 2020.

26. Please share the following information on the PFACs accomplishments and impacts:

26a. What were the three greatest accomplishments/impacts of the PFAC related to providing feedback or perspective?

Accomplishment/Impact	Idea came from (choose one)
Accomplishment/Impact 1: PFAC Member(s) participation in the following hospital committees: Patient Satisfaction, Patient Safety and Quality, the Opioid Task Force and the Minority Advisory Council	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input

reporting back each committee strategies to PFAC members for comments.	
Accomplishment/Impact 2: PFAC Community Chair served as a panelist at the Board of Trustees Retreat to present on PFAC's purpose, goals, and accomplishments. From the presentation our PFAC was Invited to Community Health Link to help establish their new PFAC.	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input
Accomplishment/Impact 3: Review Assessment of Quality and Safety Data to ensure follow up actions are appropriately taken	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input

26b. What were the three greatest accomplishments/impacts of the PFAC related to influencing the institution's financial and programmatic decisions?

Accomplishment/Impact	Idea came from (choose one)
Accomplishment/Impact 1: Identified Health Inequities and developing strategies to address disparities	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input
Accomplishment/Impact 2: Maximizing Patient satisfaction survey	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input
Accomplishment/Impact 3: Senior Leadership updates PFAC of institution's financial and programmatic decisions	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input

26c. What were the three greatest accomplishments/impacts of the PFAC related leading/co-leading programs and initiatives?

Accomplishment/Impact	Idea came from (choose one)
Accomplishment/Impact 1: Reviewing of Quality data	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input
Accomplishment/Impact 2: Looking at COVID data developed Health Care Equity strategies	<input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input

**Accomplishment/Impact 3:
Learning more about GMPU and
the impact PFACs have on that
unit across MA**

- Patient/family advisors of the PFAC
- Department, committee, or unit that requested PFAC input

27. The five greatest challenges the PFAC had in FY 2020:

Challenge 1: The COVID19 Pandemic

Challenge 2: Fiscal issues, reduction of workforce, commenting on Caregiver moral

Challenge 3: For some virtual meetings, temporarily not meeting in person

Challenge 4: Recruitment of diverse membership on PFAC

Challenge 5:

- N/A – we did not encounter any challenges in FY 2020

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

PFAC member serving on the hospital committee reports back to the PFAC about the committee's progress and outcomes

Hospital committee or project lead(s) presents their efforts at a scheduled PFAC meeting

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 2020

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): Ongoing management care of COVID19

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: PFAC reviews data requested by its members

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

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): **Patient/family advisor:** Mary Lotze, PFAC Community Chair, Garry Gleckel, Marie Cloutier, Mary Laitila Rice, Amanda Walker, Irene Hernandez, Dale Wheeler, and Joan Vitone **Staff:** Rosa Fernandez Staff Co-Chair, Megan Heffernan, Paul MacKinnon, Dr. Cavagnaro, and Chris Hendry

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): Collaborative process: staff and PFAC members both wrote and/or edited the report then sent out to the membership for approval and revision.

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.umassmemorialhealthcare.org/healthalliance-clinton-hospital>

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: [978-368-3716](tel:978-368-3716)/rosa.fernandez@umassmemorial.org

No

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

Yes, link: <https://www.umassmemorialhealthcare.org/umass-memorial-medical-center/giving/patient-and-family-advisory-councils> No, we don't have such a section on our website