



HCFA
Health Care For All
MASSACHUSETTS

PFAC
MASSACHUSETTS
PATIENT & FAMILY ADVISORY COUNCILS
Making a Difference in Care

PFAC Annual Report Form

Health Care For All (HCFA) advocates for health justice in Massachusetts by working to promote health equity 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 envisions a day when 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 which will be posted on HCFA's website, <https://hcfama.org/pfac/>. 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 atappan@hcfama.org or call us at 617-275-2982.

Please email completed forms to PFAC@hcfama.org.

Reports should be completed by October 1, 2021.

2021 Patient and Family Advisory Council Annual Report Form

The survey questions concern PFAC activities in fiscal year 2021 only: (July 1, 2020 – June 30, 2021).

COVID-19 Pandemic Continued During This Time Period

Section 1: General Information

1. Hospital Name: Heywood Hospital

NOTE: Massachusetts law requires every hospital to make a report about its PFAC publicly available. HCFA strongly encourages the completion of an individual report for each hospitals-wide PFAC.

1a. Which best describes your PFAC?

We are one of several PFACs for a system with two hospitals.



1b. Will another PFAC at your hospital also submit a report? No

1c. Will another hospital within your system also submit a report? Yes, Athol Hospital

2. Staff PFAC Co-Chair Contact:

2a. Name and Title: Dayna Stahl, RN,DNP,MSN/Ed Associate Chief Nurse Heywood Healthcare
Director, Professional Practice & Patient Experience

2b. Email: Dayna.Stahl@heywood.org

2c. Phone: 978-630-6453

3. Patient/Family PFAC Co-Chair Contact:

3a. Name and Title: Robert Juma, PFAC member

3b. Email: Juma@epicwellnessLLC.com

3c. Phone: 978-660-0239

4. Is the Staff PFAC Co-Chair also the Staff PFAC Liaison/Coordinator? No

5. Staff PFAC Liaison/Coordinator Contact:

6a. Name and Title: Barbara Nealon,LSW,CHW,SWAC,CDVC,CCJS Director of Care Transitions

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

6c. Phone: 978-630-6386

Section 2: PFAC Organization

6. This year, the PFAC recruited new members through the following approaches:

- Word of mouth/through existing members
- on our website

7. Total number of staff members on the PFAC: 2

8. Total number of patient or family member advisors on the PFAC: 12

9. The name of the hospital department supporting the PFAC is: Nursing & Care Transitions –Social Service, Case Management, Utilization Management and Multicultural Services

10. The hospital position of the PFAC Staff Liaison/Coordinator is: Care Transitions Director

11. The hospital provides the following for PFAC members to encourage their participation in meetings:
Conference call phone numbers or “virtual meeting” options “Using Zoom for Meetings”

Section 3: Community Representation

12. Our hospital’s catchment area is geographically defined as: Gardner, Ashburnham, Baldwinville, Hubbardston, Templeton, Westminster, Winchendon

13. The racial and ethnic groups in these areas include (please provide percentages; if you are unsure of the percentages check “don’t know”): 9/21 US Census data is not currently available. Refer to last year’s report

⚠ The Census Bureau will not release its standard 2020 ACS 1-year estimates because of the impacts of the COVID-19 pandemic on data collection. Experimental estimates, developed from 2020 ACS 1-year data, will be available on the ACS Experimental Data webpage no later than November 30th.

4 Results FILTER | DOWNLOAD RACE
 Survey/Program: Decennial Census Product: 2020: DEC Redistricting Data (PL 94-171) CUSTOMIZE TABLE
 TableID: P1 Universe: Total noninstitutionalized

	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	
13a. Our defined catchment area				See above Census info not available				x Don't know
13b. Patients the hospital provided care to in FY 2021	0.04	0.06	1.5	0.02	92	3.18	3.2	
13c. The PFAC patient and family advisors in FY 2021	0%	0%	.25%	0%	0.5%	0%	.25%	

14. The languages spoken in these areas include (please provide percentages; if you are unsure of the percentages select “don’t know”):

	Limited English Proficiency (LEP)	
	%	
14a. Patients the hospital provided care to in FY 2021	3.49%	English 96.51%
14b. PFAC patient and family advisors in FY 2021	.25%	

14c. What percentage of patients that the hospital provided care to in FY 2021 spoke the following as their primary language?

	%
Spanish	0.88
Portuguese	0.02
Chinese	0.0
Haitian Creole	0.0
Vietnamese	0.04
Russian	0.03
French	0.02
Mon-Khmer/Cambodian	0.0
Italian	0.0
Arabic	0.11
Albanian	0.02
Cape Verdean	0.0

14d. In FY 2021, what percentage of PFAC patient and family advisors spoke the following as their primary language?

	%
Spanish	0.16%
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

*Swahili is the other language

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

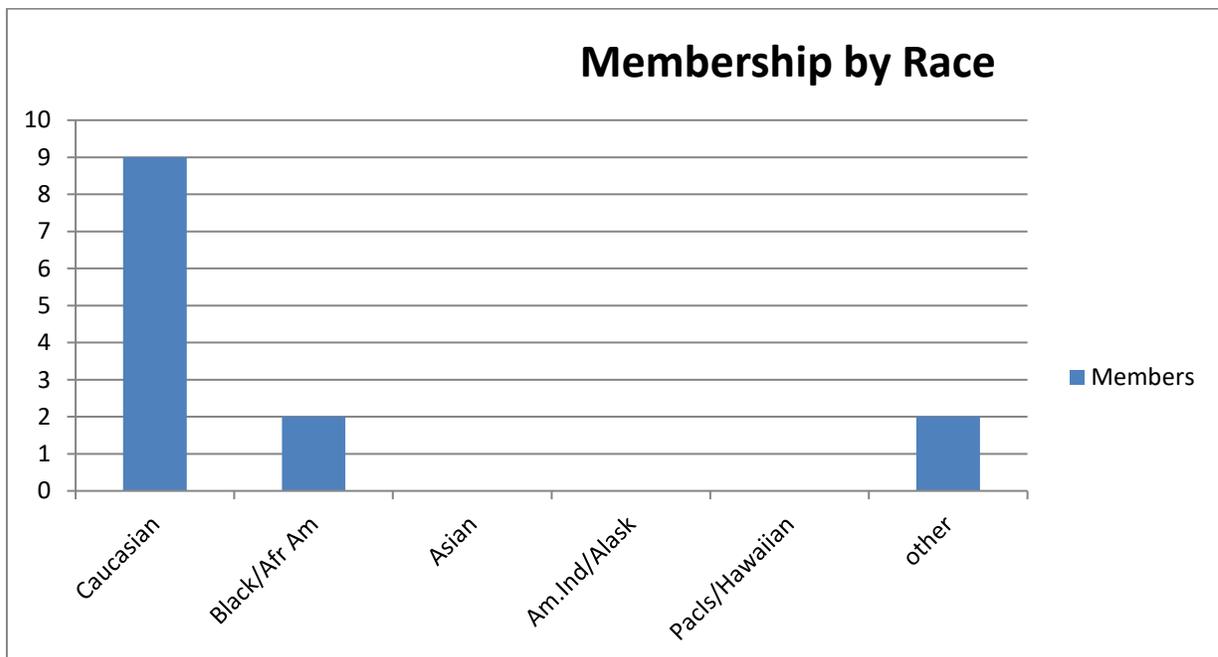
- **Race** While we have African American/Black, Hispanic/Latino and Caucasian representation we have opportunity for Asian, American Indian/Alaskan Natives and Pacific Islander/Hawaiian candidates as well as additional Hispanic/Latino and African American/Black representation.
- **Ethnicity** This area demonstrates more diversity of our membership
- **Language** Of our membership members are bilingual in 2 Spanish and 1 Swahili ; along with the hospital's Multicultural Service Department we look to identify candidate opportunities for

membership growth with other languages within the community which will add to our racial and ethnic diversity.

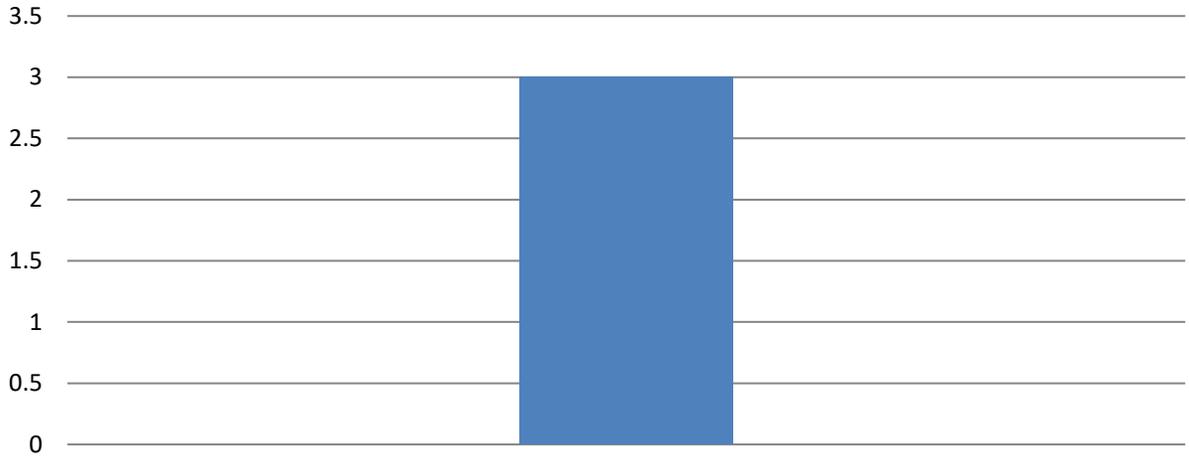
- **Gender** 4 men on committee; an opportunity for more men identified.
- **Location City/Town** Ashburnham, Baldwinville and Winchendon resident opportunity identified as well as for the other towns with only 1 person representing them would be beneficial,
- **Employment** 5 retired the 8 others are currently employed; we may benefit from representation for the unemployed and those unable to work due to disability and adding more retirees may add additional perspectives to the team and better represent the communities in which we serve.
- **Age** Membership age represents 40years of age-79 years of age; opportunity for younger and older candidates have been identified and looking to add those areas to our membership.

Through the leadership at Heywood Hospital, we have all been tasked with identifying patient/family representatives. Attempting to recruit and retain membership from those groups identified above as needing to be representative to the committee; PFAC membership is also empowered to recruit members from the communities of which we serve.

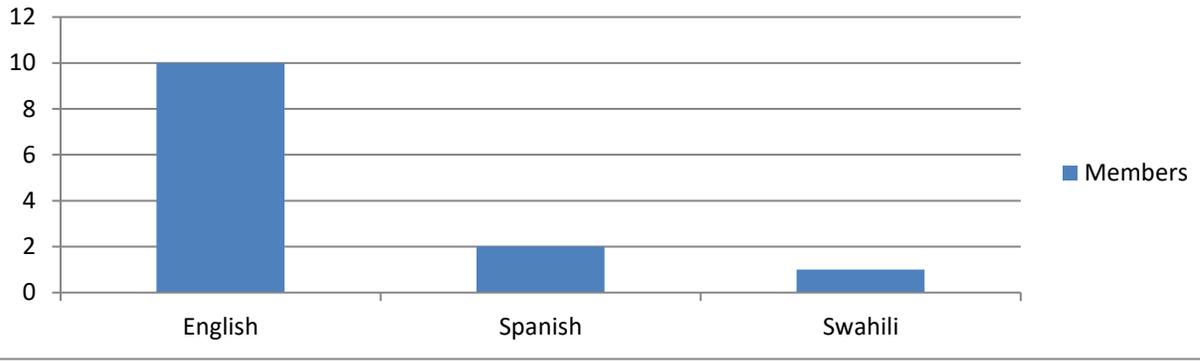
With all this noted, we continue to meet during the COVID-19 Pandemic via phone/video/remotely. We've seen a decline in participation and uncertain if it is due to the use of phone or video for meetings or as the result of the Pandemic. As of June of 2020 we pulled the Heywood & Athol PFAC's together to provide them with an update on the State of Both Hospital's. It was at this time, they our patients/families decided to meet more frequently to keep informed of our service areas numbers and learn how the hospital's system is working during this pandemic-in disaster preparedness jointly. We also changed the meeting times to see if we'd experience better attendance. In July membership agreed to stick with the morning meetings at 9am.



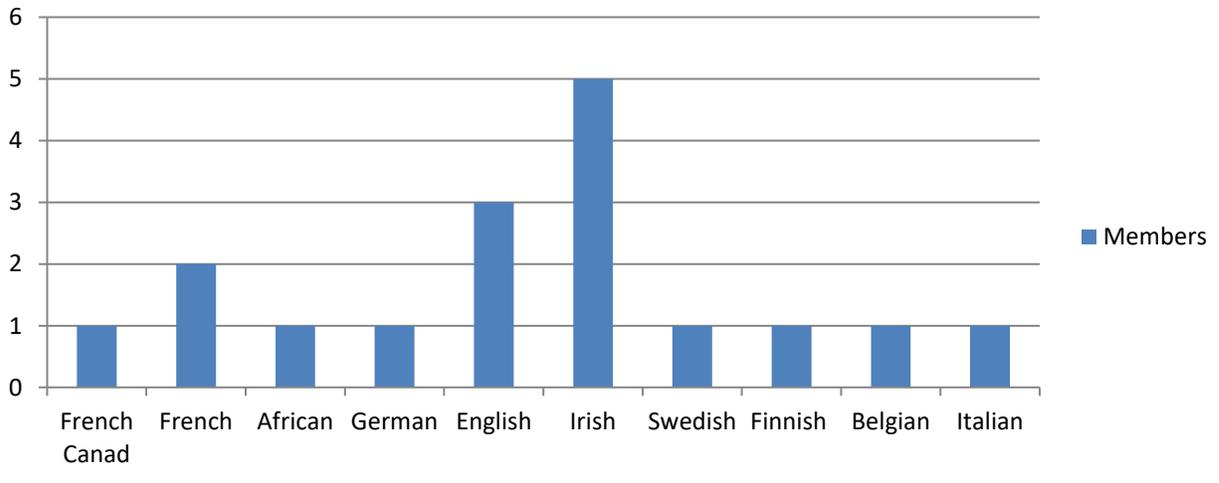
Hispanic/Latino Indicator



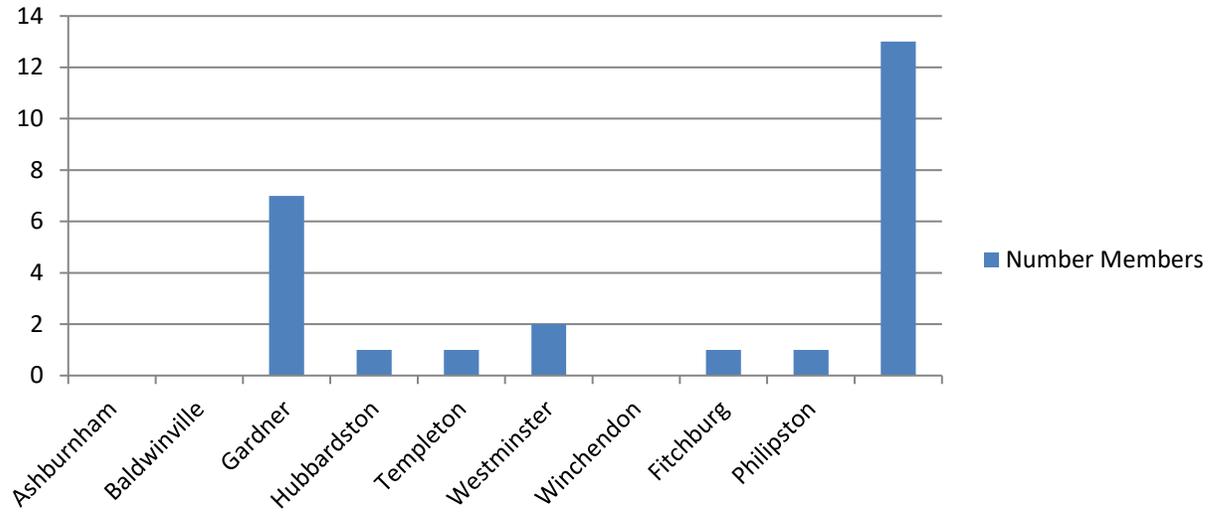
Language of Membership



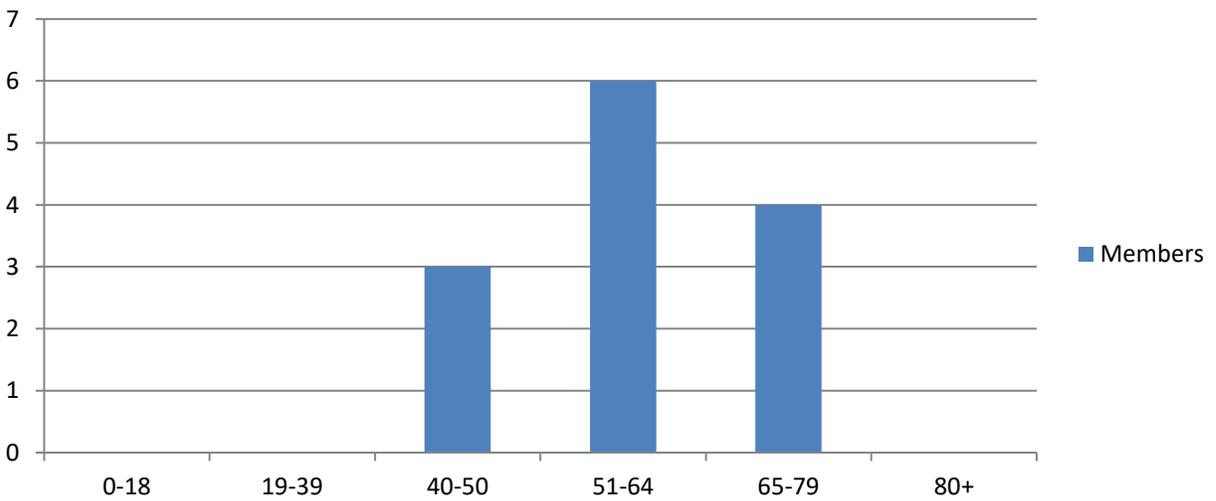
Membership by Ethnicity



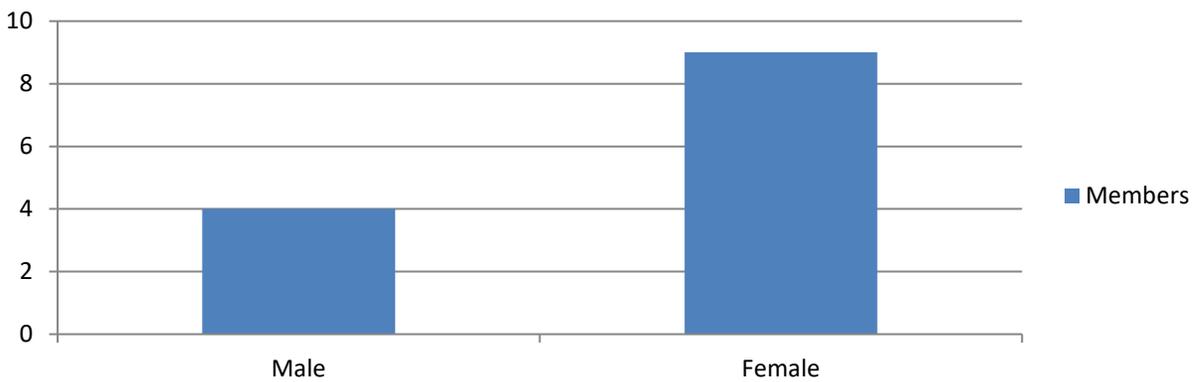
Membership by City/Town



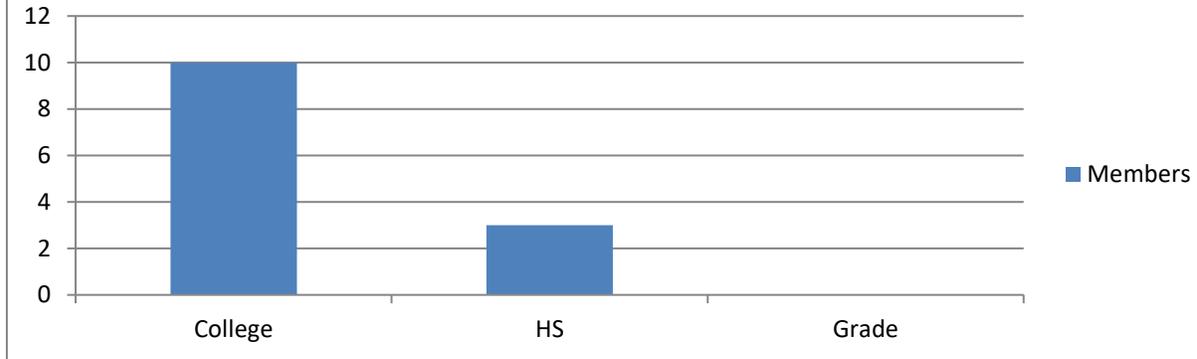
Membership by Age



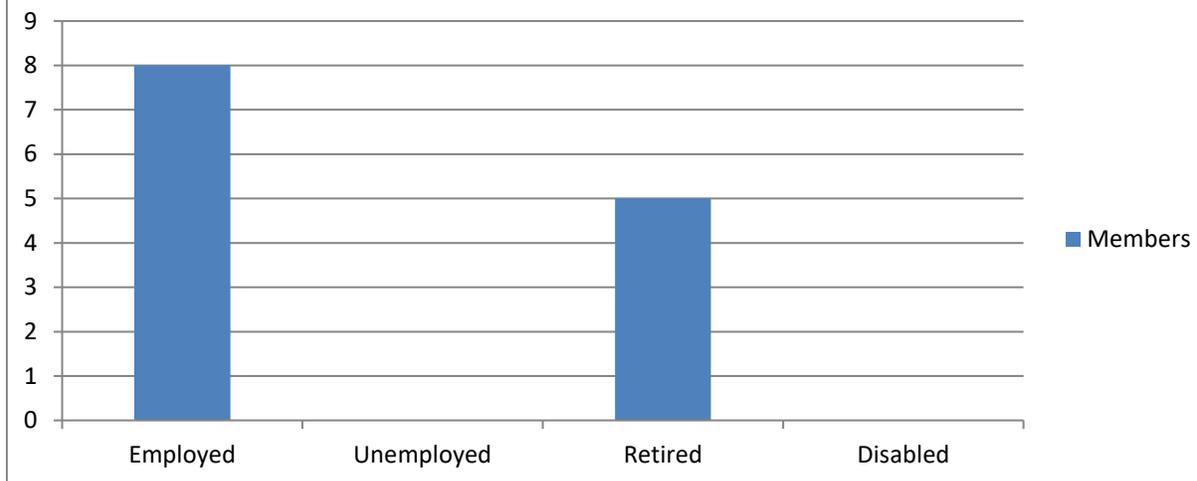
Membership by Sex



Membership by Education



Membership by Employment Status



Section 4: PFAC Operations

16. Our process for developing and distributing agendas for the PFAC meetings (choose):

X PFAC members and staff develop agenda together based on discussions coming up at meetings and/or staff identify topics needing to be addressed. This past year they requested updates from various areas during the Pandemic as it applies; we presented information on our new DoN and solicited their feedback ; various department updates on working through the pandemic.

17. The PFAC goals and objectives for 2021 were:

Developed by staff and reviewed &/or revised by PFAC members

18. The PFAC had the following goals and objectives for 2021:

- Remain updated and participate with recommendations to the hospital planning during the pandemic and keep updated with more frequent meetings during the Pandemic
- Remain patient/family and staff focused –especially due to issues associated with a pandemic
- Continue to promote PFAC activities/participation
- Add membership
- Add more members to the PFAC Patient Liaison position

19. Please list any subcommittees that your PFAC has established: None

20. How does the PFAC interact with the hospital Board of Directors:

- PFAC submits annual report to Board

21. Describe the PFAC's use of email, listservs, or social media for communication: We use email, phone and Zoom for meetings.

Section 5: Orientation and Continuing Education

22. Number of new PFAC members this year: 2 added in June.

23. Orientation content included: PFAC Orientation Packet- policies, member roles and responsibilities

24. The PFAC received training on the following topics:

COVID 101-refer to #26 for details below including DoN process and feedback/recommendations from PFAC, Infection Prevention, PPE & Supplies, Pharmacy Preparedness, Respiratory Care Needs, Nursing-Caring for our patients during a pandemic to name a few also opened up Schwartz Center Rounds attendance to membership this year remotely.

Section 6: FY 2021 PFAC Impact and Accomplishments

The following information concerns PFAC activities in the fiscal year 2021.

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

25a. What were the three greatest accomplishments/impacts of the PFAC related to providing feedback or perspective? *WE experienced many accomplishments and embraced this opportunity for sharing across our healthcare system different perspectives working through the COVID-19 Pandemic*

Accomplishment/Impact	Idea came from (choose one)
Accomplishment/Impact 1: PFAC member identified the opportunity for him to help create a PFAC Patient Liaison role on a nursing unit, to visit patients in real time and address any areas or concerns they may have and brings those to the RN or Nurse Manager on the Unit. Our goal was to improve patient satisfaction. However, our staff also benefited by the PFAC Liaison visits; improving morale during the Pandemic. This program was so well received the PFAC Liaison was asked to help support our other Unit after seeking this success. Now in the process of recruiting other PFAC members to participate.	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input

<p>Accomplishment/Impact 2:</p> <p>Increase meetings and jointly with the Athol Hospital PFAC to improve communication and standardizing meeting between both hospitals.</p>	<p><input checked="" type="checkbox"/> Patient/family advisors of the PFAC</p> <p><input type="checkbox"/> Department, committee, or unit that requested PFAC input</p>
<p>Accomplishment/Impact 3:</p> <p>New Surgical Pavilion DoN in process and Surgical Services reached out for PFAC's recommendations with creating new site.</p>	<p>Patient/family advisors of the PFAC</p> <p><input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input</p>

25b. 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)
<p>Accomplishment/Impact 1,2,3 +</p> <p>Pandemic Planning-Updating PFAC on what the hospital did from July-June 2021 during the pandemic addressing patient / family safety, quality and access to services and care</p> <p>We have experienced 4 surges so far so PFAC membership has seen us reopen and again close to visitors based on our COVID +rates. With support of our PFAC membership.</p> <p>Ongoing weekly CEO updates were perceived by membership as a key element with keeping the community at large updated.</p> <p>Pursuit of PPE and other supplies, ventilators, laboratory testing-turn-around times; Ongoing updates on facility capabilities such as air quality; establishing additional COVID care locations; Medical Staff Coordination between MD in ICU, Infection Preventionist MD and RN and ongoing updating of communication. Offering education in other languages to patients; importance of use of 1-1</p>	<p><input checked="" type="checkbox"/> Patient/family advisors of the PFAC</p> <p><input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input</p>

interpreters; stationing a VRI machine to the front door for 24/7 access.

Remaining vigilant with hand hygiene, masks and 6 feet social distancing.

Discussion on COVID testing turnaround time;

Discharge planning delays due to SNF, Behavioral Health placements requiring testing even for those patients who have no symptoms was experienced.

25c. What were the three greatest accomplishments/impacts of the PFAC related leading/co-leading programs and initiatives? **Refer to above noted 25 A&B.**

Accomplishment/Impact	Idea came from (choose one)
<p>Accomplishment/Impact 1,2,3 +</p> <p>Following topics were discussed by membership included but not limited to:</p> <ul style="list-style-type: none"> • COVID-19 Pandemic Updates throughout the year • PFAC Patient Liaison Position & Role • Adding membership to the Patient Experience Team {PET} • Patient/Family complaints specific to: Length of time to discharge a patient, coordinating discharges earlier in the day; improve visitation of provider visits • Due to the Pandemic the IRB was separated from our 	<p><input checked="" type="checkbox"/> Patient/family advisors of the PFAC</p> <p><input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input</p> <p>To keep membership updated, informed and solicit feedback</p>

Medical Ethics Committee-
PFAC member Co-leading
this committee moving
forward.

- We have a PFAC member who works as a Doula and Cuddler –due to the Pandemic this service has stopped, but looking forward to resuming when pandemic has ended
- Diversity, Equity and Inclusion discussed including social & racial justice. Membership serves on our Multicultural Service Task Force-June 2021 newly renames DEI committee of which several PFAC members are members.
- Membership participated in the Community Health Needs Assessment this past year and provided feedback during focus groups and 1-1 meetings
- Presentation provided to PFAC on Hospital Ambassadors-How the PFAC can be Heywood Healthcare Ambassadors-feedback was solicited by our Community Relations Department on opportunities for growth and satisfaction of our patients and families.
- Pandemic Update with our Infection Preventionist Team-Infection Control-emphasis on vaccination and benefits. Barriers to accessing vaccination such as transportation/lack thereof noted.

Issues discussed transportation/lack thereof; rural access to services; remote and access limitations; Racial & Social Justice needs within the region; Supporting vulnerable populations such as minorities, women, children, those who have service in the military, LGBWQ+, Deaf & HOH, ASL and LEP populations; shopping for food and clothing issues depending on where you live; Impact of the Pandemic on our Group Homes, Assisted Living Facilities and Nursing Homes

<ul style="list-style-type: none"> • Care Transitions /DC Pharmacist Program Introduction • Surgical Pavilion DoN Presentation and feedback from PFAC solicited • Food Service presentation on the impact of Pandemic • Respiratory Department on the impact of the Pandemic • Presentation by Pharmacy- Weathering the Pandemic- A Pharmacy Department Perspective • Presentation-The Impact of the Pandemic-A Materials Management & Disaster Planning perspective • The impact on the Laboratory Services during the Pandemic –staffing & testing • Nursing Staff-Caring for the COVID-19 Patient. The impact on Patient, Family and Staff caring for them. 	

26. The five greatest challenges the PFAC had in FY 2021:

Challenge 1: Continuing during the Pandemic via phone/Zoom

Challenge 2: Maintaining membership and stimulating conversation during this long pandemic

Challenge 3: Lost members during the pandemic-going to phone/virtual format

27. The PFAC members serve on the following hospital-wide committees, projects, task forces, work groups, or Board committees:

Care Transitions , Community Benefits ,Culturally Competent Care-Diversity & Inclusion. Ethics, Institutional Review Board (IRB), Lesbian, Gay, Bisexual, and Transgender (LGBT) – Sensitive Care, Patient and Family Experience Improvement, Quality and Safety

28. How do members on these hospital-wide committees or projects report back to the PFAC about their work? Share updates at meetings.

29. The PFAC provided advice or recommendations to the hospital on the following areas mentioned in the Massachusetts law (check all that apply): Examples sited 26 c.

- Institutional Review Boards –co-leads newly revised
- Patient and provider relationships-Added to PET {Patient Experience Team} created a PFAC Liaison position rounding with patients, families and staff.
- Patient education on safety and quality matters –through pandemic updates
- Quality improvement initiatives –shared through pandemic updates, trends etc

30. PFAC members participated in the following activities mentioned in the Massachusetts law:

- Advisory boards/groups or Standing hospital committees that address quality, Task forces

31. The hospital shared the following public hospital performance information with the PFAC (check all that apply):

31a. Complaints and serious events

- Pandemic updates and impact on patients, families and the organization

31b. Quality of care

- Pandemic updates and impact on patients, families and the organization

31c. Resource use, patient satisfaction, and other

- Inpatient care management (such as electronically ordering medicine, specially trained doctors for ICU patients)
- Resource use (such as length of stay, readmissions)
- Pandemic Planning PPE, resources in the community, communication

32. Please explain why the hospital shared only the data you checked in Q 32 above: Ongoing Pandemic management especially of interest to our membership. Longer lengths of stay were noted due to complexity of care needs involving a multitude of departments, providers and support services.

33. Please describe how the PFAC was engaged in discussions around these data in #32 above and any resulting quality improvement initiatives: real time experience in supply shortages, life, death issues, vaccination access, resource, . Finding appropriate next level of care for our patients; when the nursing homes in our region had to close their 3 & 4 bed units for private of semiprivate accommodations and need to isolate new admissions to the facilities; continuing to restrict family visitation became the ‘norm’.

34. The PFAC participated in activities related to the following state or national quality of care initiatives (check all that apply):

34a. National Patient Safety Hospital Goals

- Identifying patient safety risks, Preventing infection, Using medicines safely

34b. Prevention and errors

- Care transitions (e.g., discharge planning, passports, care coordination, and follow up between care settings)
- Hand-washing initiatives
- Safety

34c. Decision-making and advanced planning

- End of life planning (e.g., hospice, palliative, advanced directives)
- Improving information for patients and families
- Informed decision making/informed consent

34d. Other quality initiatives

- Other (Please describe): Pandemic related activities

36. Were any members of your PFAC engaged in advising on research studies?

x Yes -recreation of our IRB

37. In what ways are members of your PFAC engaged in advising on research studies? Are they:

- Involved in study planning and design
- 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?

- Other (Please describe below in #38a)
38a. If other, describe: newly appointed member co-leader of the IRB process to be determined.

39. About how many studies have your PFAC members advised on? None presented this year.

The IRB was under Medical Ethics Committee and in May Medical Staff directly involved in care during the Pandemic recommended it be removed from Medical Ethics and be a stand alone committee and redesigned efforts to meet current standards. June 2021. With that said, they plan to study COVID cases from March 2020-March 2021 over this next year 2022 and will report results to PFAC once noted.

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): Report was emailed out to membership and received approval from the following members: Patient/Family Rep K. Culkeen, N. Boucher, R.Juma, M.Arsenault Staff: N.Salovardos, D.Stahl

41. Describe the process by which this PFAC report was completed and approved at your institution (choose the best option). Staff wrote report and PFAC members reviewed it and were asked for feedback.

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: Heywood.org

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

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

- Yes, phone number 978-630-6386

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

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