



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).

Section 1: General Information

1. Hospital Name: Holyoke Medical Center a member of Valley Health Systems

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 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: Carlene Bailey, MSN RN-BC, Director of Patient Experience

2b. Email: bailey_carlene@holyokehealth.com

2c. Phone: (413) 535-4799

Not applicable

4. Patient/Family PFAC Co-Chair Contact:

3a. Name and Title: Lorain Giles, Retired Protestant Clergywoman

3b. Email: lrgiles2@gmail.com

3c. Phone: (413) 538-4958

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: Mary Andrews Patient Experience Coordinator

6b. Email: andrews_mary@holyokehealth.com

6c. Phone: (413) 535-4765

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: five

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

10. The name of the hospital department supporting the PFAC: The Office of Organizational Experience

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

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 childcare 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:

The southern section of Western Massachusetts. Including the following towns Holyoke, Chicopee, South Hadley, Westfield, and West Springfield

Don’t know

14. The racial and ethnic groups in these areas include (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 Hawaiiian or other Pacific Islander	% White	% Other	% Hispanic, Latino, or Spanish origin	
14a. Our defined catchment area	0.37%	2.81%	3.74%	0.06%	72.15%	20.87%	23.07%	<input type="checkbox"/> Don’t know
14b. Patients the hospital provided care to in FY 2021	0.08%	1.15%	5.08%	0.05%	86.14%	7.50%	37.54%	<input type="checkbox"/> Don’t know
14c. The PFAC patient and family advisors in FY 2021					92.31%	7.79%	7.6%	<input type="checkbox"/> Don’t know

15. 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)	
	%	
15a. Patients the hospital provided care to in FY 2021	24%	<input checked="" type="checkbox"/> Don’t know

15b. PFAC patient and family advisors in FY 2021

0%

Don't know

15c. What percentage of patients that the hospital provided care to in FY 2021 spoke the following as their primary language?

	%
Spanish	18.15%
Portuguese	0.16%
Chinese	0.08%
Haitian Creole	0.0%
Vietnamese	0.04%
Russian	0.21%
French	0.08%
Mon-Khmer/Cambodian	0.05%
Italian	0.01%
Arabic	0.13%
Albanian	0.01%
Cape Verdean	0.0%

Don't know

15d. In FY 2021, what percentage of PFAC patient and family advisors spoke the following as their primary language?

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

Don't know

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

The PFAC set a goal for the 2021 calendar year of diversifying the council. To accomplish this goal we created a brochure defining PFAC and our mission. The council worked collaboratively to develop the language used within the brochure. The brochure is printed in English and Spanish. Both the Interpretive Services and Patient Experience teams will distribute the brochure to patients. The PFAC brochure was in our quarterly donor report, where we specified that we are looking for new members.

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 PFAC co-chairs (one is a staff member and the other is a community volunteer) and the PFAC liaison meet prior to each meeting to create and distribute (via email) the agenda and any other relevant documents.

17b. If other process, please describe:

18. The PFAC goals and objectives for 2021 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 2021:

- Increase PFAC participation in HMC organization and committees.
- Diversify PFAC council membership and add new members.
- Development of orientation materials for new PFAC members.
- Ongoing training and guest speakers at PFAC council meetings.

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

- The development of the PFAC brochure led to a sub-committee, which met several times for specifics on what to include in the brochure and its design.

- The hospital designed and ordered new white boards for all in-patient rooms. A sub-committee met to discuss the design and keep focus on patient centered boards.

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 presented to the CEO of the Organization. PFAC will present to the Board of Directors in 2022.

- 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:

PFAC shared its mission and its goal of inviting new members on Facebook, Instagram, and in our donor report via email.

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

Section 5: Orientation and Continuing Education

23. Number of new PFAC members this year: 0

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:

- Senior Leadership presented to PFAC discussing their roles through the pandemic and offering insight into the coming year.
- HMC Chief Nursing Officer presented to PFAC. She shared the pulse of frontline staff, the challenges and triumphs of the vaccine clinic.
- The Director of Community Benefits presented to PFAC about the Community Benefits department, sharing impact on the local community, and what being a small not for profit hospital means for her department.
- HMC CEO presented to PFAC regarding current hospital status (related to pandemic), and what it was like to run a community hospital throughout the last year.
- HMC Chief Quality Officer presented the hospital safety and quality metrics to PFAC.

Section 6: FY 2021 PFAC Impact and Accomplishments

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

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: Attendance of and feedback from all PFAC members about day one of HMC new employee orientation	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input
Accomplishment/Impact 2: Creation of patient centered white boards for in-patient units and emergency department.	<input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input

Accomplishment/Impact 3:
Council members reviewed and offered input for new signage placed at all elevators throughout the campus.

- Patient/family advisors of the PFAC
- 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: Council members served on and supported the Community Benefits Advisory Committee.	<ul style="list-style-type: none"> <input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input
Accomplishment/Impact 2: Council members were involved in the brainstorming and planning of Hospital week.	<ul style="list-style-type: none"> <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: Support of and design for patient centered new behavioral health units.	<ul style="list-style-type: none"> <input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" 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: Support of design for patient centered new behavioral health units.	<ul style="list-style-type: none"> <input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input
Accomplishment/Impact 2: A PFAC community member recorded a video used at each new hire orientations for new employees. In the video, he discussed what a positive experience looked like at HMC, and its importance in patient care.	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input
Accomplishment/Impact 3: Development of PFAC information and recruitment brochure.	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input

Distributed to patients and family members supporting the goal of diversifying the council.

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

Challenge 1: COVID-19

Challenge 2: Unable to conduct in-person meetings

Challenge 3: Inability to volunteer on campus

Challenge 4: Recruitment of new members

Challenge 5:

N/A – we did not encounter any challenges in FY 2021

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?

Members give a report at PFAC meetings held 5 times a year.

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):** DNV accreditation status.
- 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:

With global pandemic present, the focus and priority of presentations were on the 2020-2021 PFAC goals.

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

PFAC offered input on every presentation listed above, and was encouraged to ask questions during each meeting.

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):

Carlene Bailey MSN, RN-BC, Director of Patient Experience; the Reverend Lorain Giles, co-chair and community member; Mary Andrews, Patient Experience Coordinator Liaison.

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:
- 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:

Carlene Bailey, MSN, RN-BC, Director of Patient Experience

(413) 535-4799 bailey_carlene@holyokehealth.com

No

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

Yes, link:

<https://www.holyokehealth.com/patients-visitors/patient-family-advisory-council/>

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