

Holy Family Hospital Patient and Family Advisory Council 2022 Annual Report

PFAC activities in FY2022 (July 1, 2021 – June 30, 2022)

Section 1: General Information

The Holy Family Hospital Patient Family Advisory Council (PFAC) is one of several groups within the Steward Health Care System.

The PFAC Staff Co-Chair and Liaison/Coordinator contact information is noted below:

- Adeline Parkinson, Quality Analyst for the Quality & Safety department
Email: adeline.parkinson@steward.org
Phone number: 978-687-0156 X2771

The PFAC Patient/Family Co-Chair name is noted below:

- Eva Ruiz

Section 2: PFAC Organization

This year, the PFAC used the following recruitment approach:

- Hospital publications
- Recruitment brochures
- Word of mouth/through existing members

Total number of staff members on the PFAC: 3

Total number of patient/family member advisors on the PFAC: 3

The name of the hospital department supporting the PFAC is: Quality & Safety

The hospital position of the PFAC Co-Chair and Staff Liaison/Coordinator is: Quality Analyst

The hospital provides the following for PFAC members to encourage their participation in meetings:

- Free parking
- Snacks
- Translator or interpreter services
- Flexible schedule

Since the start of COVID, the group meets via TEAMS phone calls.

Section 3: Community Representation

Our hospital's catchment area is geographically defined as the Merrimack Valley.

Racial and ethnic groups in this area:

	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	<input type="checkbox"/> Don't know
14a. Our defined catchment area	1.0	4.1	7.6	0.2	84.3	3.0	23.3	<input type="checkbox"/> Don't know
14b. Patients the hospital provided care to in (07/01/21-06/30/22)	.1	1.1	2.4	.1	57.4	38.9	35.1	<input type="checkbox"/> Don't know
14c. the PFAC patient and family advisors in (07/01/21-06/30/22)								<input checked="" type="checkbox"/> Don't know

Languages spoken in this area:

	Limited English Proficiency (LEP) %
15a. Patients the hospital provided care to in (07/01/21-06/30/22)	23.5%
15b. PFAC patient and family advisors in (07/01/21-06/30/22)	0

Percentage of patients that the hospital provided care to in (07/01/21-06/30/22), spoke the following as their primary language?

	%
Spanish	40.10
Portuguese	0.77
Chinese	0.08
Haitian Creole	0.27
Vietnamese	0.35
Russian	0.09
French	0.14
Mon-Khmer/Cambodian	0.05

Italian	0.14
Arabic	0.47
Albanian	0.03
Cape Verdean	0.01

Percentage of PFAC patient and family advisors in (07/01/21-06/30/22), 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

The PFAC has implemented a meal-time tray patient survey at our Haverhill campus. Attached to the survey is a PFAC recruitment brochure. This activity should ensure appropriate representation of our PFAC membership relative to the makeup of our patient population or catchment area.

Section 4: PFAC Operations

Development of Agenda:

- Other process: Starting in 2021, the PFAC group stopped using the agenda method. With phone calls instead of face-to-face meetings and the fact that the group was so small, the group starting using the discussion approach to brainstorm for potential projects, as well as recruitment ideas.

2022 goals and objectives:

- Recruitment
- Choose appropriate projects for the group.
- Goals and objectives were developed by PFAC patient/family member advisors and staff collectively.

Method of communication:

The group communicates via email, as well as TEAMS phone meetings.

Annual report shared:

- PFAC submits all annual reports to the hospital Board of Directors.

Section 5: Orientation and Continuing Education

- There were no new members for FY2022.

When new members are added, the orientation content includes:

- History of the PFAC
- Hospital performance information
- Information on how PFAC fits within the organization’s structure
- Massachusetts law and PFACs
- PFAC policies, member roles and responsibilities

Member training:

- The PFAC members did not receive specific training this year.

Section 6: PFAC Impact and Accomplishments

The greatest accomplishments of the PFAC during FY2022:

Accomplishment/Impact	Idea came from (choose one)
<p>Accomplishment/Impact 1:</p> <p>Creating a new meeting schedule via TEAMS which makes it easier to gather as a group.</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 2:</p> <p>Working with Food Services has been a great accomplishment. With our small group, Food Services has the most interaction with the hospital patients.</p>	<p><input type="checkbox"/> Patient/family advisors of the PFAC</p> <p><input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input</p>
<p>Accomplishment/Impact 3:</p> <p>Implemented a meal-time tray patient survey at our Haverhill campus. Attached to the survey is a PFAC recruitment brochure. We will be tabulating the comments and sharing them with Senior Leaders.</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>

The three greatest challenges the PFAC had in FY2022:

Challenge 1: Trying to meet during the COVID pandemic. There have been no external groups entering the building. All meetings have been via TEAMS conference calls.

Challenge 2: Recruitment. This has been a difficult time due to the COVID pandemic.

Challenge 3: Educating department heads about the PFAC; letting them know how the group can help with hospital projects.

PFAC staff members sit on the following committees:

- Ethics Committee
- Quality and Safety committee

The PFAC community members did not sit on any hospital-wide committees in FY2022.

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 (The PFAC provided recommendations to the Quality Department which impacts the decision making for these Quality Improvement Initiatives).
- N/A

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

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

- 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)
- 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)
- 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): Quality metrics outlined in our hospital dashboard.
 - N/A – the hospital did not share performance information with the PFAC

The PFAC did not participate in any quality-of-care initiatives or research studies in FY2022.

Section 7: PFAC Annual Report

This Annual PFAC Report was completed by hospital staff and approved by PFAC Community Members and Holy Family Hospital Senior Leadership.

Holy Family Hospital sends all annual PFAC reports to the state for posting on the public website.

The hospital also posts all annual PFAC reports on the hospital website, located in the PFAC section (see link below).

<https://www.holyfamilyhospital.org/patient-visitor-information>