

# 2023 Patient and Family Advisory Council Annual Report Form

The survey questions concern PFAC activities in fiscal year 2022 only: (July 1, 2022 – June 30, 2023).

## Section 1: General Information

### 1. Hospital Name: Nashoba Valley Medical Center (Steward Healthcare), 200 Groton Rd, Ayer, MA

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: Tom Gormley, Director, Quality Improvement

2b. Email: Thomas.gormley@[steward.org](mailto:steward.org)

2c. Phone: 978-784-9517

Not applicable

### 4. Patient/Family PFAC Co-Chair Contact:

3a. Name and Title: Melissa Fetterhoff, President / CEO, Nashoba Valley Chamber of Commerce

3b. Email: melissa@nvcoc.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: Janice Paulsen, Patient Advocate, Quality Coordinator

6b. Email: Janice.paulsen@steward.org

6c. Phone: 978-784-9000

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 2023

**8. Total number of staff members on the PFAC: 7**

**9. Total number of patient or family member advisors on the PFAC: 7**

**10. The name of the hospital department supporting the PFAC is: Quality**

**11. The hospital position of the PFAC Staff Liaison/Coordinator is: Patient Advocate, Quality 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 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:

Harvard, Devens, Ayer, Groton, Littleton, Lunenburg, Townsend, Pepperell, Shirley, Bolton, Fitchburg

14. The racial and ethnic groups in these areas include (please provide percentages; **if you are unsure of the percentages check “don’t know”**): Asian, Black / African American, White, Hispanic / Latino

	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	<1%	5%	5%	<1%	85%	3%	12%	<input type="checkbox"/> Don’t know
14b. Patients the hospital provided care to in FY 2022	<1%	1%	3%	<1%	90%	2%	5%	<input type="checkbox"/> Don’t know
14c. The PFAC patient and family advisors in FY 2022					93%		7%	<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”**): English, Spanish, Chinese, Portuguese, Vietnamese, Russian, Albanian, others

	Limited English Proficiency (LEP)	
	%	
15a. Patients the hospital provided care to in FY 2022	2%	<input type="checkbox"/> Don’t know
15b. PFAC patient and family advisors in FY 2022	0%	<input type="checkbox"/> Don’t know

15c. What percentage of patients that the hospital provided care to in FY 2022 spoke the following as their primary language?

	%
Spanish	<0.7%
Portuguese	<0.4%
Chinese	
Haitian Creole	<0.3%
Vietnamese	
Russian	
French	
Mon-Khmer/Cambodian	
Italian	
Arabic	0.2%
Albanian	
Cape Verdean	

Don't know

15d. In FY 2022, 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:** 2022-2023 has been a rebuilding year for our PFAC. We recruited a brand new group from both the community and our staff, focusing first on

geographic coverage of the towns in our area. Candidates were identified by members of our hospitals Board, and by staff, and then selected based on criteria defined in our bylaws and policies. The result so far is not as representative of the community's demographics as we'd like, but we have additional community member slots to fill and have asked both current members and staff to help us identify new candidates from the Black / African-American and Asian demographics by reaching out to groups representing these demographics within our catchment area. In addition, we will continue with:

1. Development of accurate data, by hospital within the Steward system of our patients' races, ethnicities, primary preferred languages, and LEP needs.
2. Recruitment of local community members through interaction with local business groups. One of our PFAC members heads the local Chamber of Commerce. She has facilitated information sharing through this organization.
3. Continued placement of PFAC information on the hospital website.

### 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:** We have developed a standard agenda that includes:

- introduction of PFAC community members to senior leaders and department heads,
- relevant updates on hospital operations
- progress and new work on patient-family experience improvements we are working on

In addition, during the period between meetings, our Co-Chairs review other topics of interest, and all PFAC members communicate any needed additions to the upcoming agenda.

17b. If other process, please describe:

**18. The PFAC goals and objectives for 2022-2023 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 2022– **Skip to #20**

**19. The PFAC had the following goals and objectives for 2022-2023:**

1. Recruit a new PFAC team consisting of at seven staff members and at least that many community members, representing our catchment area. We achieved this, and added two members of the local Board of Health as Associate members, who attend some of our meetings.
2. Introduce and orient new PFAC members to the PFAC's purpose and general objectives
3. Familiarize new PFAC community members to the hospital's operations, opportunities, and priorities to improve patient and family experiences in the hospital
4. Develop a short list of improvement projects for the PFAC to execute during 2023, and implement those. The PFAC selected two projects: "Quiet" on our inpatient units; and Wayfinding for patients and visitors
5. Share the PFAC's activities, goals, plans, and achievements with senior hospital leaders, department heads, and staff.

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

- PFAC members aligned ourselves with one of the two improvement projects for 2023, one for Quiet, and the other for Wayfinding.

**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):
- 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 – The PFAC interacts with its members via emails only to maintain confidentiality and privacy. We do not use other forms of social media. The hospital maintains a website where general information can be published.

### **Section 5: Orientation and Continuing Education**

**23. Number of new PFAC members this year:** Fifteen (15).

**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

25a. If other, describe:

**Section 6: FY 2022 PFAC Impact and Accomplishments**

*The following information concerns PFAC activities in the fiscal year 2022.*

**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)
<b>Accomplishment/Impact 1:</b>	<input type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input
<b>Accomplishment/Impact 2:</b>	<input type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input

**Accomplishment/Impact 3:**

- 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)
<b>Accomplishment/Impact 1:</b> Selection of two initiatives based on patient feedback data and PFAC input, which has provided resources and focus to this work that would otherwise likely not have materialized	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input
<b>Accomplishment/Impact 2:</b>	<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 to leading / co-leading programs and initiatives?

Accomplishment/Impact	Idea came from (choose one)
<b>Accomplishment/Impact 1:</b> In our Quiet initiative, we reviewed and evaluated patient feedback, surveyed patients during their hospital stays, and gathered staff input on extent and impact of noise on our inpatient medical units, and past attempts to address it. HCAHPS data guided our selection of Quiet; however, we have found that our patients are not highly concerned about the noise level, and are shifting our attention to a related issue that patients have complained about – audible staff conversations on non-patient care related topics.	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input
<b>Accomplishment/Impact 2:</b> On Wayfinding, PFAC members have interviewed staff, engaged vendors, and visited other nearby healthcare institutions to learn from their experience. We identified several priorities to improve visibility and ease of access at our front, main entrance, and plan to extend this review of wayfinding to all areas of the hospital by the end of 2023. Once done, we will develop a proposal for review by our senior leadership team.	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input

**27. The five greatest challenges the PFAC had in FY 2022:**

**Challenge 1:** Recruiting a brand new PFAC team representative of the community, including the diversity we have by race and ethnicity, has been a challenge. The PFAC has identified this as an issue to improve on. We have seven community members, but would like to recruit at least 3-6 more.

**Challenge 2:** This is only our first year, so it may be too early to say, but consistent attendance has been an issue at our last two quarterly meetings. Our policy requires 75% attendance (3 of 4 annual meetings), and I've told one community member who has been unresponsive and hasn't attended our last three meetings, that we will need to replace her. Related to this is maintaining a high level of interest and motivation among members to ensure their consistent participation.

**Challenge 3:** Finding ways to maintain interest and progress on our initiatives in between our quarterly meetings. Two hours once a quarter is not enough to make real progress, and without progress motivation may drop. A few members are engaging in our initiatives in between meetings, but most are not.

**Challenge 4:** Finding productive ways to engage our senior leadership team for support of the PFAC's initiatives, especially if they require funding or other resources.

**Challenge 5:**

N/A – we did not encounter any challenges in FY 2022

**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?** Direct reporting on activity and issues from those committees listed summarized at PFAC meetings.

**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 2022

**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 has been inactive during the past year

**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:** We are introducing new data and information to PFAC community members at each meeting. There is limited time to do this during our quarterly meetings, and this is all we've had time for this year.

**34. Please describe how the PFAC was engaged in discussions around these data in #32 above and any resulting quality improvement initiatives:** To select our two initiatives for 2023, we reviewed HCAHPS data and found that Quiet on the inpatient units was consistently the lowest scoring measure of all, so we chose it for one of our two. We've also shared anecdotally the daily challenges many staff can see patients and visitors experiencing as they walk the halls, looking lost, asking directions. This has been the main driver to choosing Wayfinding as our second initiative.

**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 (other than those described above on Quiet and Wayfinding)

**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):**

Tom Gormley, Director, Quality Improvement, [PFAC Co-Chair](#)

[Irene Weeks, RN, Chief Nursing Officer](#)

**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: [Patient and Family Advisory Council : Nashoba Valley Medical Center | Steward Family Hospital | Ayer MA \(nashobamed.org\)](#)

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:

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