

# 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](http://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](mailto: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](mailto: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: Fairlawn Rehabilitation Hospital an Affiliate of Encompass Health**

*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: Nancy Currie Director of Case Management

2b. Email: nancy.currie@encompasshealth.com

2c. Phone: 508-471-9298

Not applicable

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

3a. Name and Title: Cathy Woods- Goodwin

3b. Email: cmwoodsie@hotmail.com

3c. Phone: 508-751-1244

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:**  4

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

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

**11. The hospital position of the PFAC Staff Liaison/Coordinator is:**  Director of Case Management

**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:**  Worcester County

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 | | | | | 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 | .22 | 5 | 5 | .03 | 84 | 5 | 11 | Don’t know |
| 14b. Patients the hospital provided care to in FY 2020 | .05 | 1 | 3 | 0 | 80 | 1 | 3 | Don’t know |
| 14c. The PFAC patient and family advisors in FY 2020 | 0 | 0 | 0 | 0 | 100 |  | 0 | 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 | 7 | Don’t know |
| 15b. PFAC patient and family advisors in FY 2020 | 0 | 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 | 7 |
| Portuguese | 1 |
| Chinese | 0 |
| Haitian Creole | 0 |
| Vietnamese | .05 |
| Russian | 0 |
| French | 0 |
| Mon-Khmer/Cambodian | 0 |
| Italian | 0 |
| Arabic | .05 |
| Albanian | .07 |
| Cape Verdean | 0 |

Don’t know

15d. In FY 2020, 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:** review of remote options for meeting attendance

**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: email coordination

17b. If other process, please describe:

**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:**

* Growth of peer visitor group
* Integration of new members from late FY 2019
* Dementia Training for Hospital Staff

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

**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:** distribution of minutes; agenda and time sensitive information- email only- do not use listservs or social media

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: Employee Engagement

**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**? The 2020 PFAC and all volunteer activities was placed on hold 3/11/2020

|  |  |
| --- | --- |
| Accomplishment/Impact | Idea came from (choose one) |
| Accomplishment/Impact 1: Identify need for Dementia Training | Patient/family advisors of the PFAC  Department, committee, or unit that requested PFAC input |
| Accomplishment/Impact 2: Identify onboarding needs for trauma and long term hospitalized patients | Patient/family advisors of the PFAC  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) |
| Accomplishment/Impact 1:  Review with staff of the “one more step” sense for trauma patients who have been hospitalized a long time and just want to go home. | Patient/family advisors of the PFAC  Department, committee, or unit that requested PFAC input |
| Accomplishment/Impact 2: Influencing and encouraging all staff Dementia Training | Patient/family advisors of the PFAC  Department, committee, or unit that requested PFAC input |
| Accomplishment/Impact 3: Peer visits to patients and families. | Patient/family advisors of the PFAC  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?

* + The exchange between staff, former patients and family members, and administration helps all involved by deepening their understanding of the hospital experience from a broader perspective.
  + PFAC member presented, and another member attended, an Elder Services program on caring for people with dementia in September and October '19.
  + Members made peer visits with patients and families twice monthly excepting December 2019 and March-July 2020.

|  |  |
| --- | --- |
| Accomplishment/Impact | Idea came from (choose one) |
| Accomplishment/Impact 1: | Patient/family advisors of the PFAC  Department, committee, or unit that requested PFAC input |
| Accomplishment/Impact 2: | Patient/family advisors of the PFAC  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 |

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

**Pandemic- inability to meet or continue mission.**

|  |
| --- |
| Challenge 1: Pandemic and Hospital hold on all external committee and volunteer activity. March through October 2020 |
| Challenge 2: |
| Challenge 3: |
| Challenge 4: |
| 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?** Staff on PFAC provide update 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 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):

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:**  Meetings were place on hold for most of 2020 due to pandemic- remote meetings to resume 10/2020.

**34. Please describe how the PFAC was engaged in discussions around these data in #32 above and any resulting quality improvement initiatives:** In the first have of FY 2020 data was provided to the PFAC during meetings, review of data and discussion occurred during meeting with information returned to Senior Management of hospital by way of minute’s disbursement.

**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):**

**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: <https://www.encompasshealth.com/locations/fairlawnrehab>

<https://www.encompasshealth.com/locations/fairlawnrehab/contact-us>

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

Worcester County Demographic Data from : <https://worldpopulationreview.com/us-counties/ma/worcester-county-population>

|  |  |  |
| --- | --- | --- |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Fairlawn Rehab Hospital | | | | |
| Yearly IP Admit Totals by Race Report RPT #HP2030 | | | | |
|  | | | | |
| ADMIT DATES FROM 10/01/19 THRU 09/01/20 | | | | |
|  | | | | |
| RACE | # PATIENTS |  | PATIENT DAYS |  |
|  |  |  |  |  |
| ASIAN | 23 |  | 277 |  |
| BLACK/AFRICAN AMERICAN | 62 |  | 838 |  |
|  | 2 |  | 14 |  |
|  | 2 |  | 38 |  |
| HISPANIC/LANTINO | 67 |  | 793 |  |
| AMERICAN INDIAN/ALASKA NATIVE | 1 |  | 3 |  |
| OTHER | 19 |  | 204 |  |
| WHITE | 1,529 |  | 19,968 |  |
|  | 227 |  | 3,302 |  |
|  |  |  |  |  |
| REPORT TOTAL | 1,932 |  | 25,437 |  |
|  |  |  |  |  |
|  |  |  |  |  |

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| --- |
| END OF REPORT |