

# 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: Sturdy Memorial Hospital**

*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: Nellie Jacob\_RN BSN Director of Quality and Risk

2b. Email: : njacob@sturdymemorial.org

2c. Phone: 5082367903

Not applicable

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

3a. Name and Title: Robert Hunter

3b. Email:

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:

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:**  5

**9. Total number of patient or family member advisors on the PFAC:**  10

**10. The name of the hospital department supporting the PFAC is:**  Medical Staff/Nursing Services

**11. The hospital position of the PFAC Staff Liaison/Coordinator is:**  Director of Quality and Risk

**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:**

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 |  |  |  |  |  |  |  | Don’t know |
| 14b. Patients the hospital provided care to in FY 2020 |  |  |  |  |  |  |  | Don’t know |
| 14c. The PFAC patient and family advisors in FY 2020 |  |  |  |  |  |  |  | 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 |  | Don’t know |
| 15b. PFAC patient and family advisors in FY 2020 |  | 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 |  |
| Portuguese |  |
| Chinese |  |
| Haitian Creole |  |
| Vietnamese |  |
| Russian |  |
| French |  |
| Mon-Khmer/Cambodian |  |
| Italian |  |
| Arabic |  |
| Albanian |  |
| Cape Verdean |  |

Don’t know

15d. In FY 2020, what percentage of PFAC patient and family advisors spoke the following as their primary language?

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

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:**

We recruit form the areas that are primarily served by hospital.

**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:

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:**

**1. Improve patient experience**

Provide feedback regarding areas of improvement.

2. Provide education to PFAC members regarding current occurrence effecting community.

* Presentation of vaping crisis and strategies to address.
* Presentation and discussion related to COVID-19.

**3. Obtain Feedback to benefit the continuous improvement with key quality projects.**

* **Data and summaries of hospital wide internal audit were presented to the PFAC committee’**
* **Nursing Dashboard is presented on a quarterly basis, that includes patient falls, ulcers medication errors, along with other nurse driven indicators.**

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

**None**

**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 – We don’t communicate through these approaches

Agendas, minutes and notices of events of interest are distributed by e-mail to PFAC members. Any resources that will be discussed at an upcoming meeting are sent out by e-mail prior to the meeting so members have time to review these materials.

**Section 5: Orientation and Continuing Education**

**23. Number of new PFAC members this year:**

**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:

**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?

|  |  |
| --- | --- |
| Accomplishment/Impact | Idea came from (choose one) |
| Accomplishment/Impact 1:  The PFAC committee were educated to the hospital’s strategies to best care for our elderly population, with the following:   * PFAC Members were educated to the NICHE program, (Nurses Improving Care for Healthsystem Elders) certification. The Montplaisir Unit will be the certified unit where most patients that meet this criteria will be admitted). Leadership has completed the training and will train a core group of nurses, then the rest of the staff. This program provides strategies to assist in meeting the needs of our elderly patients. * AvaSure Monitoring system: Television monitoring system for patients that meet the criteria . This system will be used to assist with monitoring patients who are at a high fall risk. The members reviewed the inclusion and exclusion criteria. Staff can communicate with patient verbally through system. Prerecorded messages are available but not preferred by patients. Patients are reminded to “wait for assistance prior to getting out of bed” not to pull at IV’s etc. Alarms will sound on the system in the room to garner assistance if communication not working.   This system is helping to  keep nurses aids on the  floor vs in 1:1  monitoring.   * We are an accredited Level III geriatric ED. We started taking steps towards accreditation last year. We are now working towards a Level II accreditation. We have offered a lot of education to the nursing staff, and ED techs, regarding caring for the older adult and added some nursing assessments regarding home life and care. A full-time ED Case Manager consults with the patients to determine options for services available and safety evaluations at the home. We audit the assessments monthly for progress. We have added dimmers to lights in all rooms. There is music available on the TV. Activity aprons are available. We have new beds available that are larger, low to the ground, softer mattresses and can be adjusted electronically. Our geriatric team and dementia and delirium team meet monthly. PFAC committee member will join the committee and will attend the meetings. | Patient/family advisors of the PFAC  Department, committee, or unit that requested PFAC input |
| Accomplishment/Impact 2:  A presentation on vaping was shared with the committee. Dr Patel, the chief of the ED reported that over 9 million Americans vape. There have been 26 deaths associated with vaping as of October 2019. Education to providers took place on assessment of vaping illness and supportive treatments available at the hospital. Regulations are being presented to limit availability to youth.  Kathi Hague from PR. mentioned that we participated in health fairs at schools to 4th and 5th graders and will add vaping education to the offerings. There was a follow-up presentation from the Director of Respiratory with question and answers. | Patient/family advisors of the PFAC  Department, committee, or unit that requested PFAC input |
| Accomplishment/Impact 3:  COVID-19 Pandemic  The ID team put together a fact/ info sheet for COVID-19 that was distributed. Dr. Patel spoke to the hand-out, The Sturdy plan and response to the pandemic, and answered questions from the council. Members were very engaged with asking questions and learning the hospital’s response to the various challenges. | 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:  See 26a | 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 |

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:  See26a | 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:**

|  |
| --- |
| Challenge 1: Recruiting new members |
| 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): Geriatric Committee

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 provide verbal feedback and are engaged with discussion.

**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:**

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

The members were very engaged. There were many questions posed to the leadership along with recommendations of improvement.

**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):**

**The report was prepared by the Staff Co-chair and presented to the committee.**

**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:

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