



## 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 1<sup>st</sup> 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](mailto:atappan@hcfama.org) or call us at 617-275-2982.

Please email completed forms to [PFAC@hcfama.org](mailto:PFAC@hcfama.org).

**Reports should be completed by October 1, 2022.**

# 2022 Patient and Family Advisory Council Annual Report Form

*The survey questions concern PFAC activities in fiscal year 2022 only: (July 1, 2021 – June 30, 2022).*

## Section 1: General Information

### 1. Hospital Name:

*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:

2b. Email:

2c. Phone:

☐ Not applicable

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

3a. Name and Title: Mary Lotze

3b. Email: Frederick.lotze@verizon.net

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 2022

**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:** External Affairs/Community Benefits Dept

**11. The hospital position of the PFAC Staff Liaison/Coordinator is:** Interim: Tricia Pistone, Senior Director of External Affairs

**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): Due to the Covid pandemic, all meetings have been held virtually and by conference call
- ☐ 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 hospital’s catchment areas include: Primary towns: Ashburnham, Ashby, Clinton, Fitchburg, Gardner, Leominster, Lunenburg, Townsend, Westminster Secondary towns: Ayer, Bolton, Groton, Harvard, Hubbardston, Lancaster, Pepperell, Princeton, Shirley, Sterling, Templeton, and Winchendon.

☐ 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 Hawaiian or other Pacific Islander	% White	% Other	% Hispanic, Latino, or Spanish origin	
14a. Our defined catchment area	.2	1.9	2.6	0	91.5	1.6	8.0	<input type="checkbox"/> Don’t know
14b. Patients the hospital provided care to in FY 2022	1.	1.7	3.7	<1	84.7	4	14.6	<input type="checkbox"/> Don’t know
14c. The PFAC patient and family advisors in FY 2022	0	0	0	0	85	0	15	<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 2022	6.7%	<input type="checkbox"/> Don’t know

15b. PFAC patient and family advisors in FY 2022

>1

☐ 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	4.6%
Portuguese	1.68%
Chinese	Less than 1%
Haitian Creole	Less than 1%
Vietnamese	Less than 1%
Russian	Less than 1%
French	Less than 1%
Mon-Khmer/Cambodian	Less than 1%
Italian	Less than 1%
Arabic	Less than 1%
Albanian	Less than 1%
Cape Verdean	Less than 1%

☐ Don't know

15d. In FY 2022, what percentage of PFAC patient and family advisors spoke the following as their primary language?

	%
Spanish	Less than 1%
Portuguese	0
Chinese	0
Haitian Creole	0
Vietnamese	0
Russian	0
French	0
Mon-Khmer/Cambodian	0
Italian	0
Arabic	0
Albanian	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: Now that Covid restrictions are eased, we are intensively and actively recruiting through our existing relationships with community organizations, word of mouth one-on-one recruiting, and putting advertisements in the offices of local primary care providers.

#### 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: Based on open discussion of identified issues at the PFAC meetings, hospital representation on the PFAC will coordinate with community members, to ensure that agenda items are identified and appropriate hospital representatives are invited to further discuss and provide input and to strategize appropriate and necessary actions.

17b. If other process, please describe: In addition to minutes, the PFAC maintains an action log that is reviewed at every meeting to ensure that all items are discussed until closure

18. The PFAC goals and objectives for 2022 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:

1. Increase the presence of PFAC community members on major hospital committees and boards so that direct patient and family input is heard at every level of the hospital.
2. Provide Narcan kits (and training in use) to all inpatients hospitalized for substance abuse at time of discharge

3. Improve community outreach and coordinated referrals to ensure that patients with chronic conditions (COPD, CHF, A1-C, Substance Abuse) have continuity of care to avoid readmission and relapse.
4. Enhancement of best practices and management of acutely ill patients with cognitive impairment and difficulty
5. Use of informative placemats or “message tents” on patient meal trays to remind them of important care topics including completion of hospital satisfaction survey after discharge
6. Provide community perspective to the hospital’s recent Community Needs Health Assessment and Hospital CB Implementation Plan

20. Please list any subcommittees that your PFAC has established: No subcommittees formed this year

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: Historically, the PFAC has used e-mail to send out reminders, agenda and minutes of monthly meetings to all members. Due to the Covid restrictions in place over the last two-plus years, we have not held in person meetings in over two years. Zoom or its technological equivalent has been the tool of choice to keep the monthly PFAC meetings functional and with a purpose. We have just held our first in-person meeting in over two years in September 2022. The use of technology was invaluable during this time.

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

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

23. Number of new PFAC members this year: We recruited one new member.

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: Potential PFAC members are allowed to sit in on one PFAC meeting to help determine if this is something they would find fulfilling. If they decide to continue with membership, they are given the PFAC official handbook which describes the MASS Law regarding PFAC, the structure of the PFAC within the organization, mission and goals of the PFAC, meetings with senior administrative and clinical teams and as able, participation in other hospital committees and boards.

**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 formal training on the above topics, but were oriented as part of membership at the PFAC monthly meetings.

25a. If other, describe: Mental health and its intersection with acute care, substance abuse and Ethics

**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)
Accomplishment/Impact 1: Participation in Quality and Safety Committees as well as Patient Innovation (A3) Committee	<input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input



<b>Accomplishment/Impact 2: Membership of two PFAC community members on the Ethics Committee</b>	<input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input
<b>Accomplishment/Impact 3: Involvement as a member of the Hospital's Opioid Task Force to keep the agenda focused on inpatient services, coordination of care in the community and giving Narcan and training to discharged patients from ED and inpatient status.</b>	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> 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?

1. Participation on Hospital Grant program, identifying community groups that have put forth programs for grant consideration that have a strong base in equity, healthcare disparity and enhancing outcome.
2. Participation in focused groups regarding healthcare needs as related to their specific community
3. Work with community based substance abuse groups to enhance coordinated referral to available services.

26c. What were the three greatest accomplishments/impacts of the PFAC related leading/co-leading programs and initiatives?

<b>Accomplishment/Impact</b>	<b>Idea came from (choose one)</b>
<b>Accomplishment/Impact 1: PFAC community member participation on other existing hospital committees and boards to broaden their perspective on patient/family centered care.</b>	<input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input
<b>Accomplishment/Impact 2: Through PFAC oversight of ongoing activities on hospital committees and boards, there is added incentive to ensure action items are brought through to completion</b>	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input
<b>Accomplishment/Impact 3: Continue to question senior administrative and clinical management why certain things can't be accomplished and strategize to ensure that decisions</b>	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input

are always moving forward in a positive direction

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

**Challenge 1:** The consequential impact of Covid still has kept members of various hospital committees and boards from meeting in person. So much more can be accomplished when meeting in person vs the more formal presentations that occur over internet calls.

**Challenge 2:** Giving Narcan kits/training in use to inpatients hospitalized with substance abuse upon discharge. This is a differing standard of care from the ED discharged patients.

**Challenge 3:** Coordination of care for substance abuse patients into the community treatment centers to ensure that as much as possible, patients have active, ongoing and quality follow up in their treatment

**Challenge 4:**

**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

Accomplishment/Impact	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input
Accomplishment/Impact 2: Membership on Ethics Board has broadened the concept of patient/family decision making when patient is nearing death and final decisions.	<input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input
Accomplishment/Impact 3: Continue to work to ensure that Substance Abuse patients being discharged from the ED and inpatient status receive Narcan and use training, and resources to support coordinated care.	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input

- ☒ 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?**

PFAC members who are also members of subcommittees report back to the PFAC, or members of hospital-wide committees are invited to discuss topics of concern.

**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 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): patient falls, med errors, mental health and patient LOS and placement issues
- ☐ 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:**

Hospital does not have a research program so this is unnecessary. The PFAC community membership typically does not feel knowledgeable enough about rewards and incentive program to provide meaningful input. The PFAC does discuss some staffing issues as part on ongoing monthly discussions regarding quality of care and follow up.

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

By state law, inpatients cannot be given prescription medications on discharge, only prescriptions as we do not have a dispensing pharmacy for discharged patients. Because of this, we cannot give inpatients with a diagnosis of substance abuse a Narcan kit to take home as is practiced in the ED. Must work with State laws to make this change.

**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): code blue and all other codes are reviewed and discussed as necessary
- ☐ 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):**

Mary Lotze, Community Co-Chair

Garry Gleckel, Community member

Mary Laitila-Rice, Community member

Marie Cloutier, Community member

Michelle Dunn, Community member

Irene Hernandez, Community member

Rosa Fernandez, Community member

Joan Vitone, Community member

Paul MacKinnon, Hospital senior staff- Chief Operating Officer/Chief Nursing Officer

Charles Cavagnaro, MD, Hospital senior staff, Chief Medical Officer

Patricia Pistone, Hospital senior staff, Senior Director of External Affairs

Megan Heffernan, Hospital staff

**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): Community and Hospital Co Chairs collaborated on completing this report and it was shared with all PFAC members at the September meeting to receive input and approval.

**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: [Microsoft Word - PFAC-Annual-Report-2021.docx \(ummhealth.org\)](#)  
☐ 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: [Patient and Family Advisory Council - HealthAlliance-Clinton Hospital - UMass Memorial Health \(ummhealth.org\)](#)  
☐ No, we don't have such a section on our website