



HEALTH CARE FOR ALL



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. 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 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.

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



Athol Hospital

Member of the Heywood Healthcare Family

1. Hospital Name:

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.

2a. Which best describes your PFAC?

☒ We are the only PFAC at a single hospital

2c. Will another hospital within your system also submit a report?

☒ Yes, Heywood Hospital

3. Staff PFAC Co-Chair Contact:

2a. Name and Title: Tina Griffin, DNP,FNP – COO & VP of Patient Care Services

2b. Email: Tina.Griffin@heywood.org

2c. Phone: 978-249-1228

4. Patient/Family PFAC Co-Chair Contact:

3a. Name and Title: Diane Gurney

3b. Email: dianegurney@twc.com

3c. Phone: 978-830-4800

5. Is the Staff PFAC Co-Chair also the Staff PFAC Liaison/Coordinator?

☒ No – describe below in #6

6. Staff PFAC Liaison/Coordinator Contact:

6a. Name and Title: Barbara Nealon, Director of Social Service, Multicultural Services, Case Management and Utilization Review

6b. Email: Barbara.Nealon@heywood.org

6c. Phone: 978-630-6386

Section 2: PFAC Organization

7. This year, the PFAC recruited new members through the following approaches (check all that apply):

N/A – we did not recruit new members in FY 2020

8. Total number of staff members on the PFAC: 3

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

10. The name of the hospital department supporting the PFAC is: Social Service & Patient Care Services

11. The hospital position of the PFAC Staff Liaison/Coordinator is: Director of Social Service, Multicultural Services, Case Management and Utilization Review

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

- Assistive services for those with disabilities-as needed
- Conference call phone numbers or “virtual meeting” options since June 2020 during the COVID-19 Pandemic we are providing Zoom Meetings
- Meetings outside 9am-5pm office hours-until Pandemic. Cancelled meetings during Pandemic until June 2020 then offered them at 1pm in the afternoon
- Parking & meals-until the Pandemic now meeting through Zoom
- Translator or interpreter services-as needed

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:

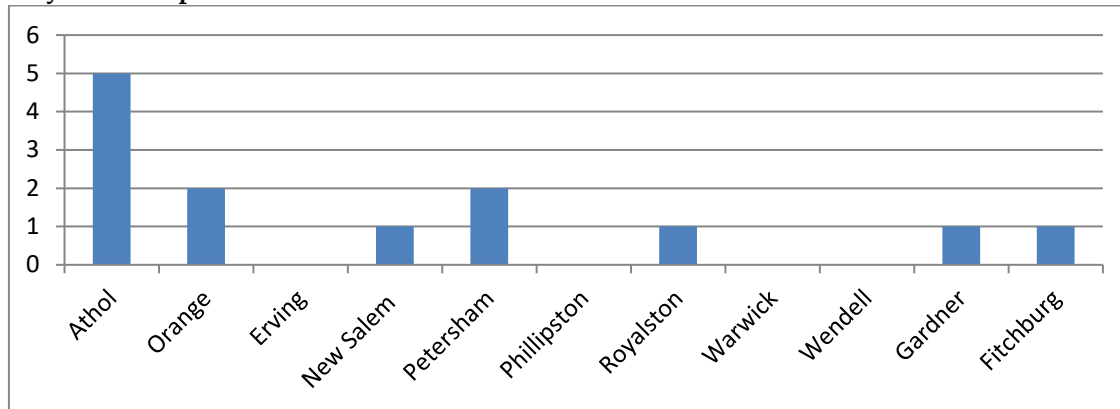
- Athol, Orange, Erving, New Salem, Phillipston, Royalston, Petersham, Warwick and Wendell

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”):

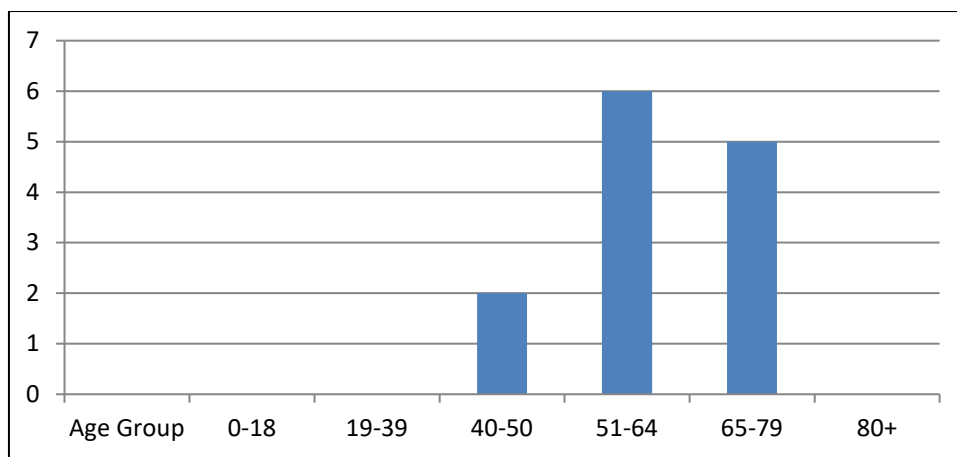
	RACE						ETHNICITY	
	% American Indian or Alaska Native	% Asian	% Black or African American	% Native Hawaiian or other Pacific Islander	% White	% Other	% Hispanic, Latino, or Spanish origin	
14a. Our defined catchment area	0.1%	0.9%	1%	0%	93%	0.3%	4.7%	<input type="checkbox"/> Don’t know
14b. Patients the hospital provided care to in FY 2020	0%	0.3%	1%	0%	95.3%	1.6%	0.2%	<input type="checkbox"/> Don’t know
14c. The PFAC patient and family advisors in FY 2020	Refer to PFAC demographics	Next pg						<input type="checkbox"/> Don’t know

PFAC membership Demographics

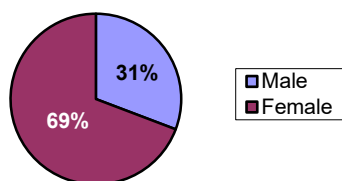
City/Town Represented



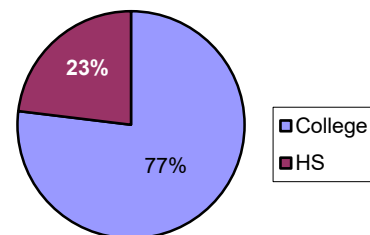
Age Group Represented



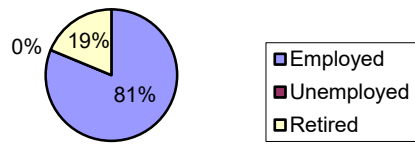
PFAC by SEX



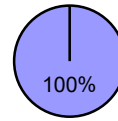
PFAC by Education Level



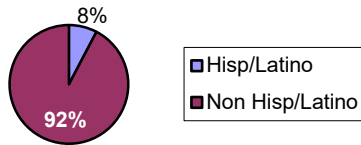
PFAC Employment Status



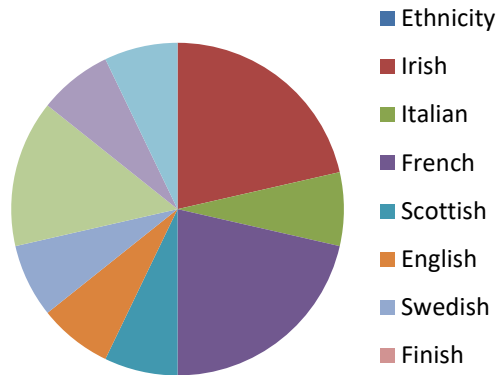
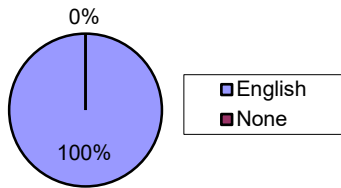
PFAC by Race - Caucasian



Hispanic/Latino Indicator



PFAC Primary Language





Athol Hospital

Member of the Heywood Healthcare Family

Patient/Family Advisory Council

Membership Demographics

Name: _____ Date: _____

Address: _____

Email: _____ Telephone: _____

Age Group: {Check age group}

Sex: ☐ Male ☐ Female

☐ 0-18 ☐ 19-39 ☐ 40-50 ☐ 51-64 ☐ 65-79 ☐ 80+

Employment Status: ☐ Employed ☐ Unemployed ☐ Retired ☐ Other: _____

Education Level: ☐ Grade School ☐ High School/GED ☐ College ☐ Other: _____

RACE: {Check all those that apply}

☐ Bi-Racial ☐ Tri-Racial

☐ Caucasian or White

☐ African American or Black

☐ Asian

☐ American Indian or Alaskan Native

☐ Pacific Islander or Hawaiian Native

☐ Other _____

HISPANIC/LATINO INDICATOR: {Check one box}

HISPANIC or LATINO ☐ NON-HISPANIC or NON-LATINO ☐

LANGUAGE SPOKEN:

Primary Language ☐ English ☐ Other _____

Secondary Language ☐ None ☐ Other _____

ETHNICITY: _____

Relating to large groups of people classed according to common racial, national, tribal, religious, linguistic, or cultural origin or background.

Examples of Ethnicity:

If your father came from France and your mother came from Ireland your ethnicity will be French and Irish. If your parents were both born in the United States but your great maternal grandparents were from Italy and paternal grandparents were from Poland; your ethnicity would be Italian and Polish.

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	0%	<input type="checkbox"/> Don't know
15b. PFAC patient and family advisors in FY 2020	0%	<input type="checkbox"/> Don't know

15c. What percentage of patients that the hospital provided care to in FY 2020 spoke the following as their primary language? 0%

	%
Spanish	0.4%
Portuguese	0
Chinese	0
Haitian Creole	0
Vietnamese	0
Russian	0.03%
French	0
Mon-Khmer/Cambodian	0
Italian	0
Arabic	0.01%
Albanian	0.01%
Cape Verdean	0

15d. In FY 2020, what percentage of PFAC patient and family advisors spoke the following as their primary language? 0%

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 market on our website, community meetings, events, and employees also recommend patients and families to participate. Membership includes a Board member of the North Central Mass Minority Coalition. We are actively pursuing minorities, which includes but not limited to women, racial groups, GBLTQ, disabled and veterans to also represent those populations on the council and encourage membership to also solicit members of the community for the council. We need to promote representation on council that reflects the communities of which we serve.

Section 4: PFAC Operations

17. Our process for developing and distributing agendas for the PFAC meetings (choose):

PFAC members and staff develop agenda before the end of the meeting for the next meeting in addition PFAC members and staff develop agenda together based recommendations, ideas from membership; use our Annual FY Review as a needs assessment as well; identify areas we may not have addressed, Needed updates on previous topics as well as ideas identified at each meeting held and reviews this report annually to look at opportunities not addressed as part of our needs assessment as well. When there are hospital updates, changes, new service lines they are brought to PFAC for their input and recommendations. We also review #25, #28, #30, #32 and #35 for future presentations, updates and educational opportunities.

18. The PFAC goals and objectives for 2019 were: (check the best choice):

Developed by PFAC members and staff and are ongoing. At each meeting as part of our discussion after a presentation / agenda items presented we often identify additional opportunities for presentation at our PFAC.

19. The PFAC had the following goals and objectives for 2020:

- Increase members reflective of minority groups
- Improve committee participation on sub committees and ask them to report back on activities
- Update membership on hospital wide initiatives to solicit their feedback
- Increase knowledge re: Care Transitions through various initiatives, patient/family satisfaction, regulatory requirements and performance improvement

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; Action items or concerns are part of an ongoing "Feedback Loop" to the Board

Other (Please describe): Membership also participate in various committees of which Board members may also participate such as Medical Ethics Committee

22. Describe the PFAC's use of email, listservs, or social media for communication:

We use email; phone and now Zoom for communication.

Section 5: Orientation and Continuing Education

23. Number of new PFAC members this year: 0

24. Orientation content included:

PFAC policies, member roles and responsibilities including confidentiality statement

25. The PFAC received training on the following topics:

- Health care quality and safety measurement
- Hospital performance information
- Behavioral Health/Substance Use-Onsite visit to the Quabbin Retreat –Dana Day Treatment Program for Addiction Treatment and Recovery Services [Intensive Outpatient Program] provided an overview of services, types of patients treated at this facility; Performance indicators and barriers to treatment discussed; Interactive and Informative with feedback provided by membership.
- Care Transitions and the various elements in the continuum of care; importance of clear communication, documentation, medication education and safety, care coordination and education to patient, family, caregiver, warm handoffs, discharge planning using patient preference guidelines; barriers to discharge planning; insurance coverage; length of stay; chronic care management etc.

Section 6: FY 2019 PFAC Impact and Accomplishments

The following information only concerns PFAC activities in the fiscal year 2020.

June 2019-July 2020.

26. The five greatest accomplishments of the PFAC were:

Accomplishment	Idea came from (choose one)	PFAC role can be best described as (choose one)
26a. Accomplishment 1: Onsite visit to the Quabbin Retreat provided an overview of the Program BSAS Licensed Intensive Out Patient Program which includes ½ day programming including transportation for those who this is a barrier to successfully participating in addiction recovery. Types of Groups and ages served. Provided education on Standards of Care and Performance-Safety and Quality	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC	<input checked="" type="checkbox"/> Being informed about topic <input checked="" type="checkbox"/> Providing feedback or perspective <input checked="" type="checkbox"/> Discussing and influencing decisions/agenda
26b. Accomplishment 2: Worked with Administration/Leadership on the design and opening of the new Entrance, building and offered input and feedback. Participated in tours during building stages and attended grand opening.	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input	<input checked="" type="checkbox"/> Being informed about topic <input checked="" type="checkbox"/> Providing feedback or perspective <input checked="" type="checkbox"/> Discussing and influencing decisions/agenda

26c. Accomplishment 3:

Pandemic Planning-Updating PFAC on what the hospital did from March-June during the pandemic addressing patient / family safety, quality and access to services and care

Established Incident Command Center –which is used in disaster planning; went into lock down; {reviewed how we train for disasters and the process of clear communication with plans for coordination of efforts; how each department worked to assure our patient care needs were being met; and assuring staff safety as well.

CEO developed daily communication via video and in writing to staff and extended that out to PFAC membership and eventually, community at large was asking for it and looking for daily updates from the CEO on Pandemic efforts

Pursuit of PPE and other supplies, ventilators, laboratory testing-turn-around times;

No visitors, agencies, community representatives allowed in building to reduce exposure. Initially only CMO/End of Life patients have been allowed 1 visitor and the stress to loved ones and staff

Expecting another surge potentially in future ;Remaining vigilant with hand hygiene, masks and 6 feet social distancing.

Discussion on COVID testing turnaround time; enlisting other vendors to improve turnaround; rapid testing kits became available.

Discharge planning delays due to

SNF, Behavioral Health placements requiring testing even for those patients who have no symptoms was experienced.

X Patient/family advisors of the PFAC

X Department, committee, or unit that requested PFAC input

X Being informed about topic

X Providing feedback or perspective

X Discussing and influencing decisions/agenda

Worked closely with the nursing homes and assisted living facilities weekly assisting with communication, in some cases sharing resources such as hand sanitizer, PPE, etc.

Impact on staffing including furloughs, layoffs, working from home etc.

Community Support overwhelming with donations of food to staff; PPE, tailors and seamstresses have volunteered to sew masks for non medical staff, make gowns; industrial sewers used to sew TVECK material into gowns due to the PPE shortage. Our Materials Management Director has worked closely with distributors to obtain supplies and preparing for a another surge.

26c. Accomplishment 3:

Presentation H.E.A.R.T Program-Paul Heffernan VP Human Resources

Program developed by the Cleveland Clinic and Heywood Healthcare across the system is adopting it to improve patient, family and staff satisfaction.

Handout provided Communicate with H.E.A.R.T

**HEAR,
EMPATHIZE, APOLOGIZE,
RESPOND, THANK**

**S.T.A.R.T with H.E.A.R.T
SMILE AND GREET WARMLY, TELL
YOUR NAME, ROLE AND WHAT TO
EXPECT, ACTIVE LISTENING AND
ASSIST, RAPPORT AND
RELATIONSHIP BUILDING, THANK
THE PERSON**

This program aligns with our CARE Values-“Always Behaviors” initiative.

CARE Values-refer to hand out is a commitment to display

X Patient/family advisors of the PFAC

X Department, committee, or unit that requested PFAC input

X Being informed about topic

X Providing feedback or perspective

X Discussing and influencing decisions/agenda

these values

Overall, consensus from membership to endorse and support these two programs.

Membership was amazed we brought best practice from Cleveland Clinic and recognized Paul for his efforts to improve these areas.

DON shared the following that aligned also with the HEART training -she read a thank you card from a former patient's family whose son was a reporter for the Worcester Telegram who also wrote a column in the paper re: his mother and their experience at Athol Hospital which was extremely moving –noted by membership.

"The nurses made the struggle a little easier. During my mother's stay at Heywood Hospital and Athol Memorial Hospitals, I developed a deep respect for the nurse and other staff. I marveled at the empathy they were able to summon every day, and the patience they showed with the helpless people under their care. "They become family to the relatives visiting the sick and dying. The become a friend to the patients. In my case, it didn't go unnoticed. I doubt I could get up each day and head to work knowing the challenges awaiting them, and the helplessness they must sometime feel."

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

Becoming more diverse and inclusive in a rural setting; continue to seek out minorities, veterans to our committee.

27b. Challenge 2: Pandemic occurred March-present cancelling meetings and having to learn how to meet via computer has been interesting challenge.

27c. Challenge 3: Cancelled meeting due to snow storm. Between canceling due to weather.

27d. Challenge 4:

27e. Challenge 5:

28. The PFAC members serve on the following hospital-wide committees, projects, task forces, work groups, or Board committees:

- Care Transitions –a member sits on this committee
- Culturally Competent Care-Member serves as member of the Multicultural Task Force –Diversity & Inclusion; Diversity & Inclusion-as above
- Ethics-membership sits on Medical Ethics Committee which also serves as our Institutional Review Board (IRB)
- Lesbian, Gay, Bisexual, and Transgender (LGBT) – Sensitive Care-Under our Multicultural Task Force
- Pharmacy & Therapeutics Committee

Other (Please describe):

- Workplace Violence Task Force
- Medical Staff Education/Library Sciences

29. How do members on these hospital-wide committees or projects report back to the PFAC about their work? It is the expectation that members update the PFAC on committee work at meetings.

30. The PFAC provided advice or recommendations to the hospital on the following areas mentioned in the Massachusetts law:

- Patient and provider relationships
- Patient education on safety and quality matters
- Quality improvement initiatives

31. PFAC members participated in the following activities mentioned in the Massachusetts law (check all that apply):

- Standing hospital committees that address quality
- Task forces
- Consulted with for new building design
- Consulted with Human Resources on HEART program-to improve patient and staff satisfaction.

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

32b. Quality of care

- Medicare Hospital Compare (such as complications, readmissions, patient choice)

32c. Resource use, patient satisfaction, and other

- Inpatient care management (such as electronically ordering medicine, specially trained doctors for Pandemic planning)
- Resource use (such as length of stay, readmissions)

33. Please explain why the hospital shared only the data you checked in Q 32 above:

Pandemic began in March-current. Cancelled one meeting due to snow storm and April due to COVID-19. It took us until the end of May to develop Zoom meeting process for PFAC
Members who have the option of video remote or calling in to participate. We schedule 4 meetings per year as we are a small 25 bed Critical Access Hospital. 2 of the four scheduled were cancelled and our June meeting was providing an update on Pandemic planning which included everything from patient and staff satisfaction, quality of care and safety, infection control; delays in COVID testing resulting in longer lengths of stay to name a few areas.

34. Please describe how the PFAC was engaged in discussions around these data in #32 above and any resulting quality improvement initiatives-refer to accomplishments section.

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
- Preventing infection
- Using medicines safely

35b. Prevention and errors

- Care transitions (e.g., discharge planning, passports, care coordination, and follow up between care settings)
- Hand-washing initiatives
- Team training
- Safety

35c. Decision-making and advanced planning-All under Medical Ethics Committee PFAC represented on this committee

- End of life planning (e.g., hospice, palliative, advanced directives)
- Health care proxies
- Improving information for patients and families
- Informed decision making/informed consent

36. Were any members of your PFAC engaged in advising on research studies?

X No – Skip to #40 (Section 6)

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): T.Griffin, D.Gurney, S.Bachelder, D.Ballentine,L.Cotter, N.Johnson ,M.Maron, B.Nealon, L.Henely, N.Mallory, J.Pastor, D.Vondal, M.Young

41. Describe the process by which this PFAC report was completed and approved at your institution (choose the best option).

Staff wrote report and PFAC members reviewed it, if corrections, revisions needed noted and edited prior to submission.

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

Athol Hospital www.atholhospital.org

43. We provide a phone number or e-mail address on our website to use for requesting the report. Yes.

44. Our hospital has a link on its website to a PFAC page. <https://www.atholhospital.org/about/patient-and-family-advisory-council/patient-and-family-advisory-council>