



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, 2019.

2019 Patient and Family Advisory Council Annual Report Form



Athol Hospital

Member of the Heywood Healthcare Family

Section 1: General Information

1. Hospital Name: Athol Hospital

2a. Which best describes your PFAC?

☒ We are a PFAC for a system with several hospitals – skip to #2C below

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

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):

☒ We recruited a new member in FY 2019; we market on our website, community meetings, events and staff may also recommend patients and families to participate.

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 (check all that apply):

X Other (Please describe): We provide dinner

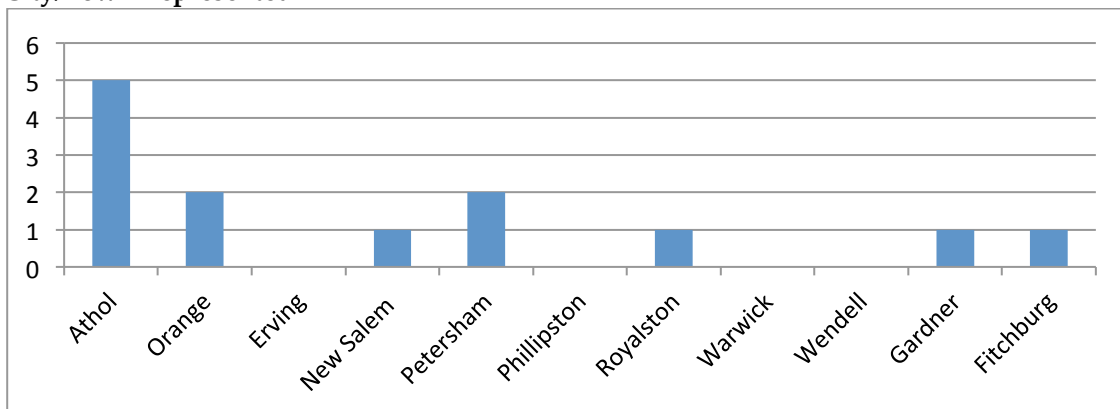
Section 3: Community Representation

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.”

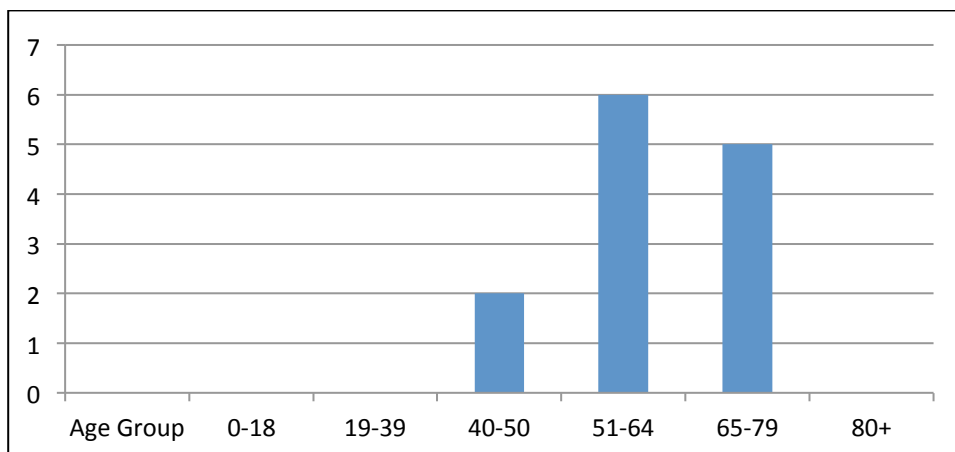
13. Our hospital’s catchment area is geographically defined as: Athol, Orange, Erving, New Salem, Phillipston, Royalston, Petersham, Warwick and Wendell

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”):

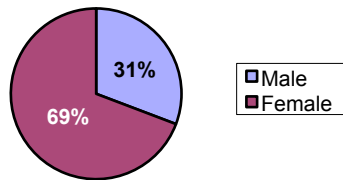
City/Town Represented



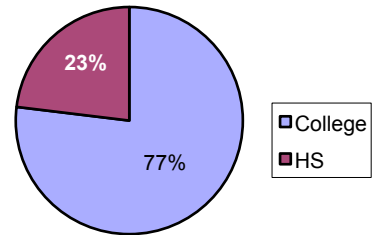
Age Group Represented



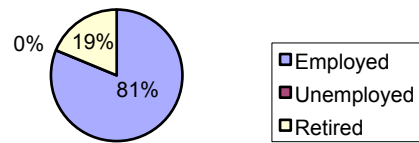
PFAC by SEX



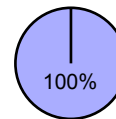
PFAC by Education Level



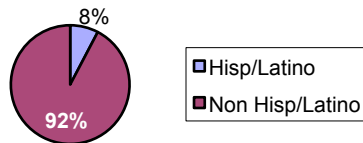
PFAC Employment Status



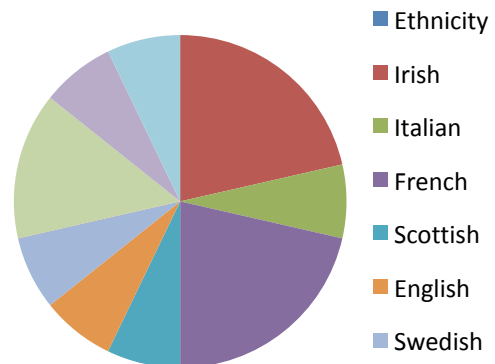
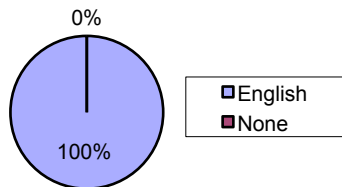
PFAC by Race - Caucasian



Hispanic/Latino Indicator



PFAC Primary Language



	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	.3	1	1	.0	96.6	.1	1	<input type="checkbox"/> Don't know
14b. Patients the hospital provided care to in FY 2019	0	0.3	0.9	0	95	1.4	1.4	<input type="checkbox"/> Don't know
14c. The PFAC patient and family advisors in FY 2019	0	0	0	0	13	0	1	<input type="checkbox"/> 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 2019	0.1	<input type="checkbox"/> Don't know
15b. PFAC patient and family advisors in FY 2019	0	<input type="checkbox"/> Don't know

15c. What percentage of patients that the hospital provided care to in FY 2018 spoke the following as their primary language?

	%
Spanish	0.06
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

15d. In FY 2019, 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

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.

Section 4: PFAC Operations

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

☒ PFAC members and staff develop agenda together and distribute it at the meeting.

(Please describe below in #17a)

17a. If staff and PFAC members develop the agenda together, please describe the process:

Annual review of activities, education provided and completion of this annual report

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

☒ Developed by PFAC members and staff

19. The PFAC had the following goals and objectives for 2019:

- Participation/inclusion on new building project including a new Emergency Department, Medical Staff Offices, Lobby, and Chapel/Meditation Area
- Review Performance Improvement Activities
- Address areas of Safety Initiatives

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

We have not established any subcommittees, but membership is encouraged to participate in various committees within the hospital and periodically reports back to PFAC on the status on that committee.

21. How does the PFAC interact with the hospital Board of Directors (check all that apply):

☒ Action items or concerns are part of an ongoing "Feedback Loop" to the Board through the CNO

22. Describe the PFAC's use of email, listservs, or social media for communication: We have used email distribution groups and Google Calendar.

Section 5: Orientation and Continuing Education

23. Number of new PFAC members this year: CNO changed mid year new one assumed membership- this person had already been an ad hoc committee member and was well oriented to the program – years of membership

24. Orientation content included (check all that apply): for all new orientees we could do any or all of these items:

- ☒ x"Buddy program" with experienced members
- ☒ xConcepts of patient- and family-centered care (PFCC)
- ☒ xHistory of the PFAC
- ☒ xHospital performance information
- ☒ xInformation on how PFAC fits within the organization's structure
- ☒ xIn-person training
- ☒ xMassachusetts law and PFACs
- ☒ xPFAC policies, member roles and responsibilities

24a. If other, describe: We also provide an Orientation packet to be completed by new members.

25. The PFAC received training on the following topics:

- ☒ X Concepts of patient- and family-centered care (PFCC)
- ☒ X Health care quality and safety measurement
- ☒ X Hospital performance information
- ☒ X Other Facility / Programs / Initiative Updates

Section 6: FY 2019 PFAC Impact and Accomplishments

The following information only concerns PFAC activities in the fiscal year 2019.

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: Participation/feedback on the new building project; membership did several walk-throughs during the construction stages and attended the Grand Opening event.	<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 <input type="checkbox"/> Leading/co leading
26b. Accomplishment 2: Conducted an Onsite visit to the Quabbin Retreat Dana Day Treatment Center; provided presentation by Manager on the Day Treatment Center, referrals and post discharge service follow up.	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input 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 type="checkbox"/> Discussing and influencing decisions/agenda <input type="checkbox"/> Leading/co leading
26c. Accomplishment 3: Training on Infection Prevention Quality Measures and Antibiotic Stewardship.	<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 type="checkbox"/> Discussing and influencing decisions/agenda <input type="checkbox"/> Leading/co leading
26d. Accomplishment 4: Training on Pharmacy Performance Improvement Activities	<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 type="checkbox"/> Discussing and influencing decisions/agenda <input type="checkbox"/> Leading/co leading
26e. Accomplishment 5: Emergency Department & Workplace Safety panel presentation including ED staff and Security	<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 type="checkbox"/> Discussing and influencing decisions/agenda <input type="checkbox"/> Leading/co leading

27. The five greatest challenges the PFAC had in FY 2019:

27a. Challenge 1:

Keeping membership engaged in Quality/Performance Improvement Efforts, Patient & Family Satisfaction, and Employee Satisfaction that is not just dry data reports; found having departments provide real events/stories to be more interactive and members ask more questions that way.

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

29. How do members on these hospital-wide committees or projects report back to the PFAC about their work?

Members will periodically update membership of status, updates, issues etc. It is an interactive process.

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

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

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): Pharmacy quality and safety measures; Infection Control Performance Improvement

☐ N/A – the hospital did not share performance information with the PFAC – **Skip to #35**

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

We are a Critical Access Hospital with 21 licensed beds. We meet four times per year for 1 ½ -2 hours. Information shared is a combination of PFAC interest and facility requests to present. We use this annual assessment to assist with future program topics to assure we are rotating topics, projects, initiatives to keep membership engaged and attending meetings.

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

We presented the PFAC with an overview of our Communication with HEART Program and implementation of our new CARE Values. We obtained consent from the Cleveland Clinic to adopt their HEART Program at Athol Hospital as a BEST PRACTICE initiative to improve patient, family and employee satisfaction. Our CARE Values were designed by the staff. The PFAC membership endorsed this program/initiative and requested updates on outcomes moving forward.

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):

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

☒ No studies presented this year. Those members who sit on the Medical Ethics Committee function as the IRB for the hospital as well.

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

38. How are members of your PFAC approached about advising on research studies?

☒ As a member of the Medical Ethics Committee, when research studies are presented we function as the IRB as well.

39. About how many studies have your PFAC members advised on? None this year.

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):

Patient/Family: D.Gurney, S.Bachelder, D.Ballentine, N.Johnson, M.Myron, L.Henley, J.Pastor, D.Vondal, and M.Young. Staff: T.Griffin, L.Cotter and B.Nealon

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, providing recommendations, feedback, corrections etc.

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: <https://www.atholhospital.org/about/patient-and-family-advisory-council/patient-and-family-advisory-council>

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. Our hospital has the following information and link to the PFAC page on its website:



- [Home](#)
- [About](#)
- Patient and Family Advisory Council

Athol Hospital has formed the Patient and Family Advisory Council (PFAC), whose purpose is to advise and make recommendations concerning improved relationships between patients, families and hospital staff, quality improvement initiatives, and patient education on safety and quality matters. The council is made up of eight members with 50% of the membership being current/former patients of the Hospital or family members (community members) and 50% being Hospital staff members. The Council meets quarterly at Athol Hospital.

Click here to download the [2017 Athol Hospital PFAC Annual Report](#) or the [Athol Hospital PFAC 2018 Annual Report](#)

If you are a community member who would like to join the PFAC, or if you have any questions about this new group, please contact Tina M. Griffin, DNP, FNP, Chief Nursing Officer & VP, Patient Care Services, Athol Hospital at 978-249-1228.

Download our [Athol Hospital PFAC application](#).