



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

The survey questions concern PFAC activities in fiscal year 2019 only: (July 1, 2018 – June 30, 2019).

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 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 – **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):

2b. Will another PFAC at your hospital also submit a report?

- Yes
- No
- Don't know

2c. 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: Cheryl Warren, MS, RN CMAC, Vice President of Clinical Support Services

2b. Email: cwarren@melrosewakefield.org

2c. Phone: 781-979-6402

- Not applicable

4. Patient/Family PFAC Co-Chair Contact:

3a. Name and Title: Rick Catino, Procurement and Supply Chain Consultant

3b. Email: rick@clearpointpartners.com

3c. Phone: c: 339-545-1099

- 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: Sue Appleyard, MSW, LICSW, Director of Social Work

6b. Email: sappleyard@melrosewakefield.org

6c. Phone: 781-979-3439

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 2018

8. Total number of staff members on the PFAC: 6

9. Total number of patient or family member advisors on the PFAC: 8

10. The name of the hospital department supporting the PFAC is: Multiple hospital departments support the PFAC including Quality Assurance, Case Management, Philanthropy, Hospital Administration, Nutrition Services and Corporate Compliance.

11. The hospital position of the PFAC Staff Liaison/Coordinator is: Director of Social Work

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: The primary communities of Malden, Medford, Melrose, Reading, Stoneham, and Wakefield; and secondary communities of Everett, North Reading, and Saugus, and surrounding communities north of Boston.

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	<2	9	7	<2	74	n/a	8	<input type="checkbox"/> Don’t know
14b. Patients the hospital provided care to in FY 2019	0.05	5.16	4.1	0.1	83.79	.37	Data not collected separately	<input checked="" type="checkbox"/> Don’t Know 5.96%
14c. The PFAC patient and family advisors in FY 2019	0	0	0	0	100%	0	0	<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	9.46	<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 2019 spoke the following as their primary language?

	%
Spanish	1.50
Portuguese	1.13
Chinese	0.92
Haitian Creole	1.08
Vietnamese	0.63
Russian	0.22
French	0.17
Mon-Khmer/Cambodian	0.19
Italian	0.91
Arabic	0.74
Albanian	0.10
Cape Verdean	0.01

Don't know

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

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:

In FY19 our PFAC developed a subcommittee focused specifically on recruitment of PFAC members who represent our patient population. The subgroup met in-person, held conference calls and communicated via email in order to try to develop a self-sustaining recruitment program in connection with a local community organization. We also created a recruitment letter that was distributed to Primary Care offices as a means of initiating recruitment that mirrors our patient population. To date have not yet reached our goal of recruiting a diverse membership, however, we will continue in our efforts.

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:

Agenda topics often arise from PFAC members during meeting discussions; however, the PFAC Chair (community member), Co-Chair (staff member) and Vice Chair (staff member) communicate via email or phone to discuss a formal agenda prior to the meeting. The agenda is then emailed out to the whole Committee prior to the meeting.

17b. If other process, please describe:

18. The PFAC goals and objectives for 2019 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 2019– Skip to #20

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

Quality Goal:

- Promote and facilitate PFAC member participation on MW Healthcare committees and task forces, and participate in providing feedback on services, programs and initiatives.

People Goal:

- Recruit new PFAC members during 2019 who will help support the mission of the PFAC.

People/Growth Goal:

- Enhance PFAC members' understanding of MW Healthcare infrastructure and operations by inviting leaders and representatives to PFAC meetings.

Service Goal:

- PFAC members will engage in community outreach to improve understanding and completion of advanced directives.

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

Recruitment subcommittee, established FY19

Nursing Orientation subcommittee, ongoing since FY16

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:

We use email to communicate with one another between meetings. We also communicate with physicians via Tufts Medical Center Community Care listserv for recruitment purposes, and we have worked with the Marketing Department to utilize the Melrose Wakefield Facebook page for recruitment purposes.

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

Section 5: Orientation and Continuing Education

23. Number of new PFAC members this year: 3

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 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: Facilitated new PFAC member participation on 4 additional standing hospital committees (IRB, Geriatrics Committee; Schwartz Center Grand Rounds; and Perinatal Advisory Committee)	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input	<input 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: Recruited 3 new PFAC members (1 community member and 2 staff members)	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input	<input type="checkbox"/> Being informed about topic <input type="checkbox"/> Providing feedback or perspective <input type="checkbox"/> Discussing and influencing decisions/agenda <input checked="" type="checkbox"/> Leading/co leading
26c. Accomplishment 3: Provided ongoing input and feedback on MW Healthcare infrastructure and operations particularly in relation to the proposed Ambulatory Surgery Center and the future of Lawrence Memorial Hospital campus.	<input 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
26d. Accomplishment 4: Amended our PFAC Charter's membership terms to be more reflective of the needs and expectations of members.	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input	<input type="checkbox"/> Being informed about topic <input type="checkbox"/> Providing feedback or perspective <input type="checkbox"/> Discussing and influencing decisions/agenda <input checked="" type="checkbox"/> Leading/co leading

26e. Accomplishment 5: Provided feedback on new Hospital vendor services: Aramark and Trimedx (including all hospitality services, facility maintenance and biomedical equipment management).

Patient/family advisors of the PFAC
 Department, committee, or unit that requested PFAC input

Being informed about topic
 Providing feedback or perspective
 Discussing and influencing decisions/agenda
 Leading/co leading

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

27a. Challenge 1: This year we received some negative feedback regarding the PFAC presentation at Nursing Orientation. We utilized the constructive criticism as an opportunity to rethink the presentation and make edits as appropriate.

27b. Challenge 2: As noted above, recruiting a diverse membership that is more representative of the population that Melrose Wakefield Healthcare serves continues to be challenging for us.

27c. Challenge 3: Our committee "Service Goal" included engaging in community outreach to improve understanding and completion of advanced directives. As of June 2019 we had not yet had an opportunity to begin work on this goal given other priorities that arose.

27d. Challenge 4:

27e. Challenge 5:

N/A – we did not encounter any challenges in FY 2019

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): Schwartz Rounds; Geriatric Committee; and Perinatal Advisory

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? They present overviews and updates at our monthly meetings as needed.

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 2018

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:

We shared the above data based on PFAC members' interest, timeliness of Committee discussions and salient topics impacting our Hospitals.

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

The Director of Quality Improvement provided our PFAC with several presentations regarding the patient experience, particularly related to patient safety, satisfaction and complaints.

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:

Three members of PFAC are also members of the Institutional Review Board.

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):

COMMUNITY MEMBERS	MELROSE WAKEFIELD HEALTHCARE STAFF
Virginia Caruso-Bove	Sue Appleyard
Rick Catino	Rose Fisher
Robert Cecere	Jillian Levine
Diane Fuller	Michelle Mastin
Karen McGarahan	Cheryl Warren
Carolyn Resendes	
Paula Weiner	

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: The link will be available after the Oct 1 report submission.
- 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: 781-979-3439
- No

44. Our hospital has a link on its website to a PFAC page.

- Yes, link: <https://www.melrosewakefield.org/in-the-community/patient-family-advisory-council/>
- No, we don't have such a section on our website