



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 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 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 or call us at 617-275-2982.

Please email completed forms to PFAC@hcfama.org.

Reports should be completed by October 1, 2023.

2021 Patient and Family Advisory Council Annual Report Form

The survey questions concern PFAC activities in fiscal year 2023 only: (July 1, 2022 – June 30, 2023).

COVID-19 Pandemic Continued During This Time Period

Section 1: General Information

1. Hospital Name: Athol Hospital

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 one of several PFACs for a system with two hospitals.



1b. Will another PFAC at your hospital also submit a report? No

1c. Will another hospital within your system also submit a report? Yes, Heywood Hospital

2. Staff PFAC Co-Chair Contact:

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

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

2c. Phone: 978-249-1228

3. Patient/Family PFAC Co-Chair Contact:

3a. Name and Title: Rev. John Pastor

3b. Email: pastoruu@yahoo.com

3c. Phone: 978-724-0225

4. Is the Staff PFAC Co-Chair also the Staff PFAC Liaison/Coordinator? No

5. Staff PFAC Liaison/Coordinator Contact:

6a. Name and Title: Barbara Nealon, LSW, CHW, SWAC, CDVC, CCJS Director of Care Transitions

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

6c. Phone: 978-630-6386

Section 2: PFAC Organization

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

- Word of mouth/through existing members
- on our website

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

8. Total number of patient or family member advisors on the PFAC: 4

9. The name of the hospital department supporting the PFAC is: Nursing & Care Transitions –Social Service, Case Management, Utilization Management and Multicultural Services

10. The hospital position of the PFAC Staff Liaison/Coordinator is: Care Transitions Director

11. The hospital provides the following for PFAC members to encourage their participation in meetings (check all that apply): Conference call phone numbers or “virtual meeting” options “Using Zoom for Meetings”

Section 3: Community Representation

12. Our hospital’s catchment area is geographically defined as: Athol, Erving, New Salem, Orange, Petersham, Phillipston

13. 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	
13a. Our defined catchment area	0.2	0.7	0.9	0	88.3	.5	4.6	
13b. Patients the hospital provided care to in FY	0	0.5	1.2	0	92.3	5.7	2.7	
13c. The PFAC patient and family advisors in FY			.25		.75			

14. 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)	
	%	
14a. Patients the hospital provided care to in FY	1.4	<input type="checkbox"/> Don’t know
14b. PFAC patient and family advisors in FY	0.0	<input type="checkbox"/> Don’t know

14c. What percentage of patients that the hospital provided care to in FY 2023 spoke the following as their primary language?

	%
Spanish	0.25
Portuguese	0.0
Chinese	0.0
Haitian Creole	0.0
Vietnamese	0.0
Russian	0.0
French	0.0
Mon-Khmer/Cambodian	0.0
Italian	0.0
Arabic	0.0
Albanian	0.0
Cape Verdean	0.0

14d. In FY 2023, what percentage of PFAC patient and family advisors spoke the following as their primary language?

	%
Spanish	0.0
Portuguese	0.0
Chinese	0.0
Haitian Creole	0.0
Vietnamese	0.0
Russian	0.0
French	0.0
Mon-Khmer/Cambodian	0.0
Italian	0.0
Arabic	0.0
Albanian	0.0
Cape Verdean	0.0

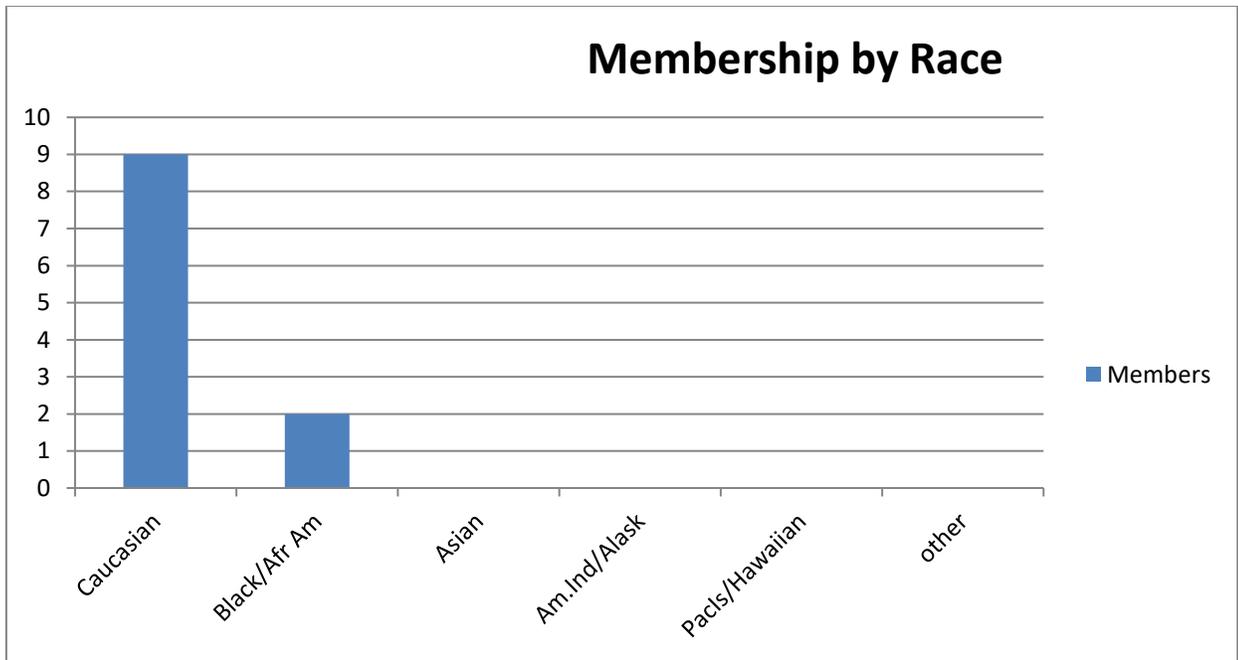
15. The PFAC is undertaking the following activities to ensure appropriate representation of our membership in comparison to our patient population or catchment area:

- **Race** We were able to add a female member representative of the African American/Black population and looking to add Hispanic/Latino, Asian, American Indian/Alaskan Natives and Pacific Islander/Hawaiian candidates in the future
- **Ethnicity** This area demonstrates more diversity of our membership

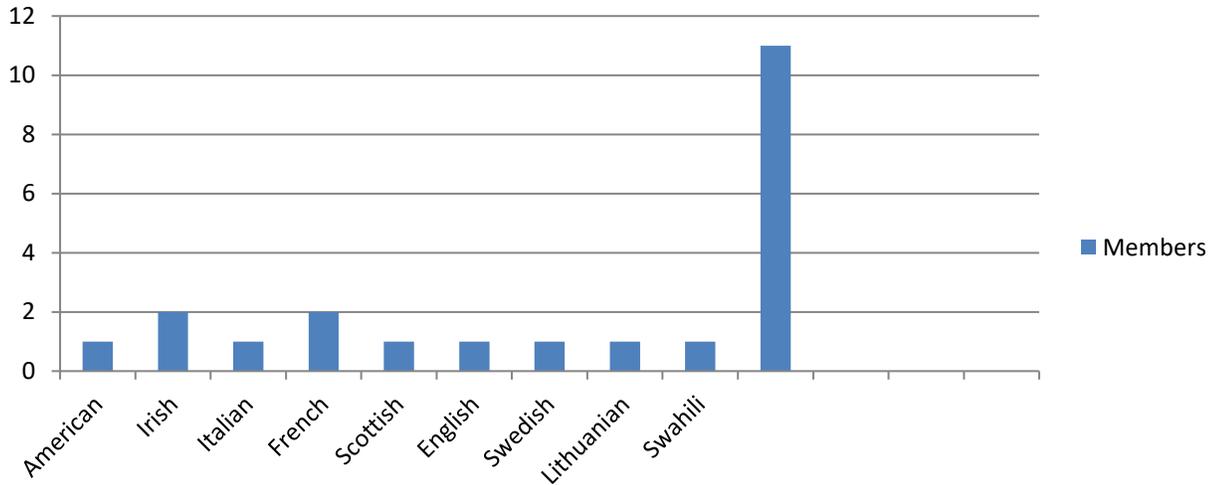
- **Language** We look to identify candidate opportunities for membership growth with other languages within the community which will add to our racial and ethnic diversity.
- **Gender** evenly split with male/female ratio
- **Location City/Town** No representation from New Salem or Erving noted-will seek out potential candidates from those communities
- **Employment** disabled and unemployed categories empty-need to assess opportunity
- **Age** Ages 50-75 covered-will seek out younger and older patients/families to participate

Attempting to recruit and retain membership from those groups identified above as needing to be representative to the committee; PFAC membership is also empowered to recruit members from the communities of which we serve.

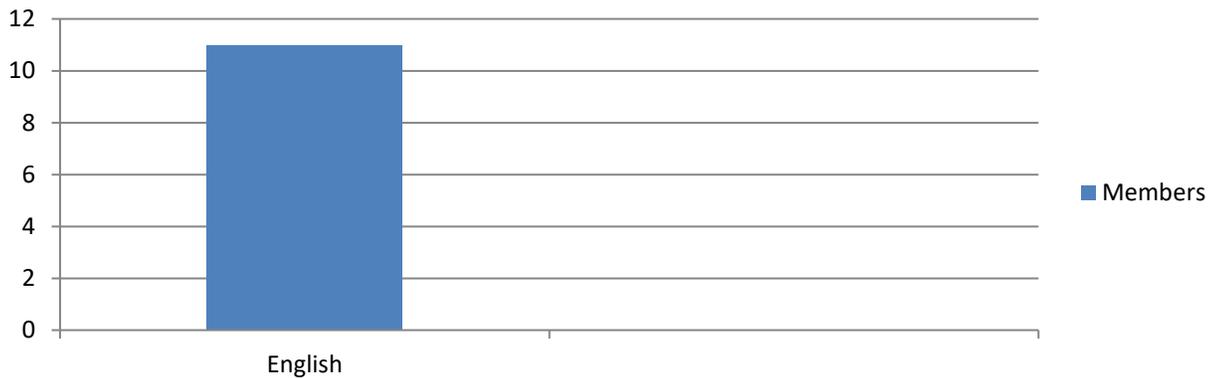
With all this noted, we continue to meet during the COVID-19 Pandemic via phone/video/remotely. We've seen a decline in participation and uncertain if it is due to the use of phone or video for meetings or as the result of the Pandemic. As of June of 2020 we pulled the Athol & Heywood's PFAC's together to provide them with an update on the state of Both Hospital's during the Pandemic. It was at this time, they our patients/families decided to meet more frequently to keep informed of our service areas numbers and learn how the hospital's system is working during this pandemic-in disaster preparedness jointly. We also changed the meeting times to see if we'd experience better attendance. In July membership agreed to stick with the morning meetings at 9am. Noted above for Athol we have a male and female Caucasian and Black/African American male and female representing the Athol area however, since combining both Athol and Heywood PFAC meetings together they are more diverse as noted below but still need other towns, diversity to be added to be fully representative of the communities in which we serve.



Membership by Ethnicity



Membership by Language



Section 4: PFAC Operations

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

X PFAC members and staff develop agenda together based on discussions coming up at meetings and/or staff identify topics needing to be addressed. This past year they requested updates from various areas during the Pandemic as it applies; we presented information on our new DoN and solicited their feedback ; various department updates on working through the pandemic & beyond

17. The PFAC goals and objectives for 2023 were:

- Developed by staff and reviewed &/or revised by PFAC members

18. The PFAC had the following goals and objectives for 2023:

- Remain updated and participate with recommendations to the hospital planning during the pandemic and keep updated with more frequent meetings during the Pandemic
- Remain patient/family and staff focused –especially due to issues associated with a pandemic
- Continue to promote PFAC activities/participation
- Add membership
- Add more members to the PFAC Patient Liaison position

19. Please list any subcommittees that your PFAC has established: None

20. How does the PFAC interact with the hospital Board of Directors:

- PFAC submits annual report to Board through the Quality Department

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

- We use email, phone and Zoom for meetings.

Section 5: Orientation and Continuing Education

22. Number of new PFAC members this year: 2

23. Orientation content included (check all that apply):

- PFAC Orientation Packet- policies, member roles and responsibilities

24. The PFAC received training on the following topics:

Refer to Section 6 Information all noted there.

Section 6: FY 2021 PFAC Impact and Accomplishments

The following information concerns PFAC activities in the fiscal year 2021.

25. Please share the following information on the PFACs accomplishments and impacts:

25a. What were the three greatest accomplishments/impacts of the PFAC related to providing feedback or perspective? *WE experienced many accomplishments and embraced this opportunity for sharing across our healthcare system different perspectives working through the COVID-19 Pandemic and beyond. Pandemic ended May 14, 2023.*

Accomplishment/Impact	Idea came from (choose one)
Accomplishment/Impact 1: To continue to recruit PFAC members to become PFAC Liaisons PFAC member identified the opportunity for him to help create a PFAC Patient Liaison role on a nursing unit, to visit patients in real time and address any areas or concerns they may have and brings those to the RN or Nurse Manager on the Unit. Our goal was to improve patient satisfaction. However, our staff also benefited by the PFAC Liaison visits; improving morale during the Pandemic. This program was so well received the PFAC Liaison was asked to help support our other Unit after seeking this success. In March 2022 we added a new PFAC Liaison J. Williams to our team to weekly Round on patients and provide	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input

support, advocacy and information on PFAC and assist patient with navigation through the healthcare system; improve satisfaction.	
Accomplishment/Impact 2: Combined PFAC meetings through the pandemic has been successful over the Pandemic and will plan to continue. Goal: To continue to improve communication and standardize meeting between both hospitals.	X Patient/family advisors of the PFAC
Accomplishment/Impact 3: Hospital Safety & Workplace Violence and Patient Safety- Provided an overview of the Security Department; Staff relocation to show presence; rounding in high risk areas to monitor climate conducted OSHA driven-facility assessment; PFAC membership -made several recommendations and continue to provide feedback to team. Continuing to work on Emergency Preparedness; Code Silver Drills, situational awareness mandatory annual education & much more	X Patient/family advisors of the PFAC X Department, committee, or unit that requested PFAC input

25b. What were the three greatest accomplishments/impacts of the PFAC related to influencing the institution's financial and programmatic decisions?

Accomplishment/Impact	Idea came from (choose one)
Accomplishment/Impact 1,2,3 + Pandemic Planning-Updating PFAC on what the hospital did from July-May 2023 during the pandemic addressing patient / family safety, quality and access to services and care The Infection Prevention Department kept the PFAC up-to-date with the public health and hospital progress during and post pandemic.	X Patient/family advisors of the PFAC X Department, committee, or unit that requested PFAC input The Infection Prevention Department has been an essential part of the PFAC committee and will continue post pandemic

Introduction/New Position Created: Patient Advocate-The Quality & Risk Department introduced staff hired and role and responsibilities of the position. Membership embraced the role and active participation from the Advocate at our meetings. She provides information on types of issues identified and follows up in real time with departments as needed and follow up with the individual post intervention. Advocate also receives + comments and shares that information as well.

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

Quality & Risk Dept Introduced new Risk Management Director role and responsibilities moving forward. The creation of the Quality & Safety Committee and invited PFAC membership on that committee. Goal to prevent adverse events, regulatory compliance and improvement of processes. Director provides metrics to committee for ongoing information, feedback and recommendations

- X Department, committee, or unit that requested PFAC input

25c. What were the three greatest accomplishments/impacts of the PFAC related leading/co-leading programs and initiatives? **Refer to above noted 25 A&B.**

Accomplishment/Impact	Idea came from (choose one)
<p>Accomplishment/Impact 1,2,3 +</p> <p>Following topics were discussed by membership included but not limited to:</p> <ul style="list-style-type: none"> • Quality & Risk Dept Introduced new -next step focusing on the patient experience & clinical quality, equity and inclusion; and continue to provide Leap Frog, Press Ganey and Other Performance & Improvement metrics 	<ul style="list-style-type: none"> X Patient/family advisors of the PFAC X Department, committee, or unit that requested PFAC input <p>To keep membership updated, informed and solicit feedback</p> <p>Working along side other hospital wide depts-such as Patient Registration, Nursing, Social Service, Multicultural Services, our DEI Committee, regulatory agencies etc. effective JC standards 1/1/23. Joint Commission, CMS and Mass Health regulatory standards tied into future reimbursement; RELD, Race, Ethnicity, Language, SOGI, Sexual Orientation and Gender Identity and HRSN Health Related Social Needs focus. Many meetings had and will continue. Several PFAC members serve on our DEI Committee and actively participating in these groups. Much more work to do.</p>

- Patient/Family complaints specific to: Length of time to discharge a patient, coordinating discharges earlier in the day; improve visitation of provider visits
- Surgical Pavilion DoN Presentation and feedback from PFAC solicited
- Relocation of new MRI site, parking for patients, visitors and staff -relocation due to construction
- Potential merger with other healthcare system; regular updates; future discussions
- Complexity of patient care cases increasing with families refusing to care for children and adults; not enough behavioral health beds; SUD; guardianships etc. and strain on hospital resources
- With the end of the pandemic what changes would be made update-specific to PPE, visitation Medicare 3 midnight rule and effects on our patients etc

26. The five greatest challenges the PFAC had in FY:

Challenge 1: Revisiting meeting times for more attendance

Challenge 2: Adding more members representing other groups not noted

Challenge 3: n/a

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

Care Transitions, Community Benefits, DEI Committee-including but not limited to Lesbian, Gay, Bisexual, and Transgender (LGBT+), Veterans and those who have served in the military and their families – Sensitive Care, Patient and Family Experience Improvement, Quality and Safety

28. How do members on these hospital-wide committees or projects report back to the PFAC about their work? Share updates at meetings.

29. The PFAC provided advice or recommendations to the hospital on the following areas mentioned in the Massachusetts law (check all that apply): Examples sited 26 c.

- PFAC Liaison position rounding with patients, families and staff.
- Patient education on safety and quality matters
- Quality improvement initiatives

30. PFAC members participated in the following activities mentioned in the Massachusetts law (check all that apply): Advisory boards/groups or Standing hospital committees that address quality, Task forces

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

31a. Complaints and serious events-noted above

31b. Quality of care-noted above

31c. Resource use, patient satisfaction, and other

- Inpatient care management (such as electronically ordering medicine, specially trained doctors for ICU patients)
- Resource use (such as length of stay, readmissions)
- Pandemic Planning PPE, resources in the community, communication

32. Please explain why the hospital shared only the data you checked in Q 32 above: as noted above
PFAC membership also requests specific topics be shared and follow up with those requests

33. Please describe how the PFAC was engaged in discussions around these data in #32 above and any resulting quality improvement initiatives: Discussed in meetings and updated as needed.

34. The PFAC participated in activities related to the following state or national quality of care initiatives:

34a. National Patient Safety Hospital Goals

- Identifying patient safety risks, Preventing infection, Using medicines safely

34b. Prevention and errors

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

- Safety
 - 34c. Decision-making and advanced planning
- End of life planning (e.g., hospice, palliative, advanced directives)
- Improving information for patients and families
- Informed decision making/informed consent
- 34d. Other quality initiatives
 - Other (Please describe): Pandemic related activities

35. Were any members of your PFAC engaged in advising on research studies? No

36. Were any members of your PFAC engaged in advising on research studies? No

37. In what ways are members of your PFAC engaged in advising on research studies? Are they:

No- Our IRB representative from PFAC resigned from PFAC this year.

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

Our Rep on IRB would report off if one presented itself-none noted

Section 7: PFAC Annual Report

39. The following individuals approved this report prior to submission (list name and indicate whether staff or patient/family advisor): Patient/Family: J.Pastor and M.Young -patient/family; T.Griffin and B.Nealon staff.

40. Describe the process by which this PFAC report was completed and approved at your institution:

- Staff wrote report and PFAC members reviewed it and were asked for feedback

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:

41. We post the report online.

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

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

- Yes, phone number/e-mail address: please contact Tina M. Griffin, DNP, FNP, Chief Nursing Officer & VP, Patient Care Services, Athol Hospital at 978-249-1228.

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

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