



HEALTH CARE FOR ALL

Thank you for using this web-based template that Health Care for All (HCFA) has developed to assist you in collecting information about your PFAC. HCFA recognizes the importance of supporting the work of the PFACs and facilitating cross-PFAC learning and sharing. We encourage you to submit this form by October 1, 2016.

Once the survey is completed, you will be directed to a summary of your responses, which you will be able to save as a PDF or copy and paste into another document for your own reporting.

IMPORTANT NOTES:

- **Do NOT click the "back" button in your browser to navigate the survey.** Instead, use the arrows at the bottom of each page.
- You may save and return to the survey as needed before you submit your responses. All you need to do is close the window, and then return to the survey within four weeks on the same internet browser and computer. However, once you hit submit, the results are sent to HCFA and cannot be edited or retrieved.
- Before you begin, we recommend that you read through the entire template by accessing a copy in Microsoft word [here on our website](#).

The survey questions concern PFAC activities in fiscal year 2016 only.

Hospital Name

Nashoba Valley Medical Center

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.

Which best describes your PFAC?

We are the only PFAC at a single hospital

We are a PFAC for a system with several hospitals

We are one of multiple PFACs at a single hospital

We are one of several PFACs for a system with several hospitals

Other (please describe):

Staff PFAC Co-Chair Contact:

Name and Title: Gail Clayton, RN, Director, Quality and Patient Safety

Email: gail.clayton@steward.org

Phone: 978-784-9260

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

Yes

No

N/A

Patient/Family PFAC Co-Chair Contact:

Name and Title: Marcia Sullivan, Co-Chair

Email: gail.clayton@steward.org

Phone: 978-784-9260

Section 1: PFAC Organization

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

Case managers / care coordinators

Patient satisfaction surveys

Community-based organizations

Promotional efforts within institution to patients or families

Community events

Promotional efforts within institution to providers or staff

Facebook and Twitter

Recruitment brochures

Hospital banners and posters

Word of mouth / through existing

hospital banners and posters	members
Hospital publications	Other
Houses of worship	N/A - we did not recruit new members in FY 2016

Total number of staff members on the PFAC:

7

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

5

The name of the hospital department supporting the PFAC is:

Quality and Patient Safety

The hospital position of the PFAC Staff Liaison/ Coordinator is:

Director of Quality and Patient Safety

The hospital provides the following for PFAC members to encourage their participation in meetings (click all that apply):

Annual gifts of appreciation	Payment for attendance at other conferences or trainings
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Assistive services for those with disabilities	Provision / reimbursement for child care or elder care
Conference call phone numbers or "virtual meeting" options	Stipends
Meetings outside 9am-5pm office hours	Translator or interpreter services
Parking, mileage, or meals	Other
Payment for attendance at annual PFAC conference	N/A - the hospital does not reimburse PFAC members

Section 2: Community Representation

The PFAC regulations require every PFAC to represent the community served by the hospital, which is described below.

Our catchment area is geographically defined as (if you are unsure select "don't know"):

Our hospital's catchment area is geographically defined as: Our catchment area is defined as all the primary and secondary communities around NVMC that we serve. These include; Acton, Ayer, Bolton, Devens, Groton, Harvard, Lancaster, Leominster, Littleton, Lunenburg, Fitchburg, Pepperell, Shirley, Townsend, and

Don't know catchment area

Tell us about racial and ethnic groups in your area (please provide percentages; if you are unsure of the percentages select “don't know”).

Don't know racial groups

Don't know origins

Don't know racial groups

Don't know origins

Don't know racial groups

Don't know origins

Tell us about languages spoken in your area (please provide percentages; if you are unsure of the percentages select “don't know”).

Don't know percentage that have limited English proficiency (LEP)

Don't know primary languages

Don't know percentage that have limited English proficiency (LEP)

Don't know primary languages

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

- o Continued marketing opportunities at community events
- o Continued work with PFAC members to educate members of the community
- o Continued work within the hospital patient base to recruit new members
- o When responding to complaints or compliments elicited by satisfaction surveys or through direct phone, email or mail; talk about the council and opportunities for working directly with hospital staff.
- o Explore electronic opportunities such as facebook and twitter in addition to our website to recruit new members.

Section 3: PFAC Operations

Our process for developing and distributing agendas for the PFAC meetings (click the best choice):

Staff develops the agenda and sends it out prior to the meeting	PFAC members and staff develop agenda together and send it out prior to the meeting
Staff develops the agenda and distributes it at the meeting	PFAC members and staff develop agenda together and distribute it at the meeting
PFAC members develop the agenda and send it out prior to the meeting	Other
PFAC members develop the agenda and distribute it at the	N/A – the PFAC does not use agendas

meeting

agendas

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

At the end of each meeting topics are reviewed and agenda for next meeting developed with any out of meeting work listed. Then both staff and community members have a chance to add to that agenda until a few weeks before when the agenda is finalized. The agenda then goes out with a meeting notice. In addition we distribute agendas at the meeting. The agenda also contains standing items that are discussed each time.

The PFAC goals and objectives for 2016 were: (select 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 and objectives for FY 2016

The PFAC had the following goals and objectives for 2016:

o Elicit feedback from the PFAC community members regarding hospital's efforts on making new hospital services known to our surrounding communities.

o Committee reviewed and reworked patient education written materials.

o Participation in a newly established patient greeter program and use of maps as a tool for guiding patients to services and departments within the hospital. This year the group actually used the maps and went in teams to find assigned areas. Teams were made up of community members and hospital staff.

o Committee asked to critique new food and nutrition program for our hospital patients. New materials and food choices presented. New distribution methods discussed with hospital personnel and contracted vendor service.

Please list any subcommittees that your PFAC has established:

None

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

PFAC submits annual report to Board

Board member(s) attend(s) PFAC meetings

PFAC submits meeting minutes to Board

PFAC member(s) are on board-level committee(s)

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

Other

PFAC member(s) attend(s) Board meetings

N/A – the PFAC does not interact with the Hospital Board of Directors

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

NVMC maintains a distribution list of all PFAC members for purposes of meeting announcements, distribution of material and any other PFAC related business to and from the members. This distribution list is electronic.

Section 4: Orientation and Continuing Education

Number of new PFAC members this year:

One- Hospital CNO

Orientation content included (click all that apply):

"Buddy program" with experienced members

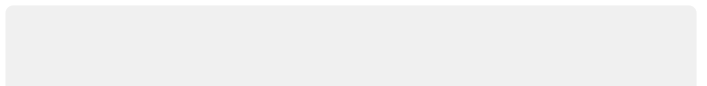
In-person training

Check-in or follow-up after the orientation

Massachusetts law and PFACs

Concepts of patient- and family-centered care (PFCC)

Meeting with hospital staff



General hospital orientation	Patient engagement in research
Health care quality and safety	PFAC policies, member roles and responsibilities
History of the PFAC	Skills training on communication, technology, and meeting preparation
Hospital performance information	Other
Immediate “assignments” to participate in PFAC work	N/A – the PFAC members do not go through a formal orientation process
Information on how PFAC fits within the organization's structure	

The PFAC received training on the following topics (click all that apply):

Concepts of patient- and family-centered care (PFCC)	Patient engagement in research

Health care quality and safety measurement	Types of research conducted in the hospital
Health literacy	Other
A high-profile quality issue in the news in relation to the hospital (e.g. simultaneous surgeries, treatment of VIP patients, mental patient discharge, etc)	Not Applicable
Hospital performance information	

Section 5: FY 2016 PFAC Impact and Accomplishments

The following information only concerns PFAC activities in the fiscal year 2016.

The five greatest accomplishments of the PFAC were:

Accomplishment 1:

Participation in the development and refinement of the Greeter Program at NVMC

The idea for Accomplishment 1 came from:

Patient/family advisors of the PFAC

Department, committee, or unit that requested PFAC input

Accomplishment 2:

Participation in new public relations piece "Health Matters" which is put out each season in all local newspapers. It contains health related articles written by physicians on staff at the hospital.

The idea for Accomplishment 2 came from:

Patient/family advisors of the PFAC

Department, committee, or unit that requested PFAC input

Accomplishment 3:

Providing feedback to our contracted vendor for food and nutritional services for the hospital.

The idea for Accomplishment 3 came from:

Patient/family advisors of the PFAC

Department, committee, or unit that requested PFAC input

Accomplishment 4:

Maintaining solid membership of community and hospital staff members. They are our goodwill ambassadors and our secret shoppers.

The idea for Accomplishment 4 came from:

Patient/family advisors of the PFAC

Department, committee, or unit that requested PFAC input

Accomplishment 5:

Providing feedback on LEAN projects and initiatives that the hospital is undertaking through work with a MA state transformational grant.

The idea for Accomplishment 5 came from:

Patient/family advisors of the PFAC

Department, committee, or unit that requested PFAC input

The five greatest challenges the PFAC had in FY 2016:

N/A – we did not encounter any challenges in FY 2016

Challenge 1:

Recruitment, especially those community members that might represent other communities in our catchment area. 2017 will be the time some member terms are expiring.

Challenge 2:

Getting increased representation at annual state PFAC conference. It occurs during the day and some of our community members have other daily responsibilities which is why we have our meetings in the evenings.

Challenge 3:

Meeting deadlines for production of minutes, agendas, and work products for the committee, so that home work can be done outside committee time.

Challenge 4:

Finding ideas of incorporating the other community members who participate in other hospital based committees into the PFAC.

Challenge 5:

The PFAC members serve on the following hospital-wide committees, projects, task forces, work groups, or Board committees (click all that apply):

Behavioral Health/substance use	Ethics
Bereavement	Institutional Review Board (IRB)
Board of Directors	Lesbian, gay, bisexual, and transgender (LGBT) – sensitive care
Care Transitions	Patient Care Assessment
Code of Conduct	Patient Education

Community Benefits	Patient and Family Experience Improvement
Critical Care	Pharmacy Discharge Script Program
Culturally competent care	Quality and Safety
Discharge Delays	Quality/Performance Improvement
Drug Shortage	Surgical Home
Eliminating Preventable Harm	Other
Emergency Department Patient/Family Experience Improvement	N/A – the PFAC members do not serve on these

Please describe other committees, projects, task forces, work groups, or Board committees:

The specific PFAC members do not serve on any other committees but we have other community members who serve on our Ethics Committee, Advisory Board, and Patient Care Assessment Committee.

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

Hospital staff who are PFAC committee members arrange for reports from these committees as appropriate.

The PFAC provided advice or recommendations to the hospital on the following areas mentioned in the Massachusetts law (click all that apply):

Institutional Review Boards

Quality improvement initiatives

Patient and provider relationships

N/A – the PFAC did not provide advice or recommendations to the hospital on these areas in FY 2016



Patient education on safety and quality matters

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

Advisory boards/groups or panels	Selection of reward and recognition programs
Award committees	Standing hospital committees that address quality
Co-trainers for clinical and nonclinical staff, in-service programs, and health professional trainees	Task forces
Search committees and in the hiring of new staff	N/A – the PFAC members did not participate in any of these activities

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

Complaints and serious events

Complaints and investigations reported to Department of Public Health (DPH)

Patient complaints to hospital

Healthcare-Associated Infections (National Healthcare Safety Network)

Serious Reportable Events reported to Department of Public Health (DPH)

Quality of care

High-risk surgeries (such as aortic valve replacement, pancreatic resection)

Medicare Hospital Compare (such as complications, readmissions, medical imaging)

Joint Commission Accreditation Quality Report (such as asthma care, immunization, stroke care)

Maternity care (such as C-sections, high risk deliveries)

Resource use and patient satisfaction

Inpatient care management (such as electronically ordering medicine, specially trained doctors for ICU patients)

Resource use (such as length of stay, readmissions)

Patient experience/satisfaction

scores (eg. HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems)

Other

Other

N/A – the hospital did not share performance information with the PFAC

Please explain why the hospital shared only the data you checked in the previous questions:

In response to requests from and interest in from the current PFAC members.

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

In discussions regarding complaints and patient experiences, committee members made suggestions for improvement such as the greeter program. When these suggestions were implemented feedback was always shared with the PFAC.

The PFAC participated in activities related to the following state or national quality of care initiatives (click all that apply):

National Patient Safety Hospital Goals

Identifying patient safety risks

Preventing mistakes in surgery

Identifying patients correctly

Using alarms safely

Preventing infection

Using medicines safely

Prevention and errors

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

Human Factors Engineering

Checklists

Fall prevention

Electronic Health Records –related errors

Safety

Hand-washing initiatives

Team training

Decision-making and advanced planning

End of life planning (e.g., hospice, palliative, advanced directives)

Improving information for patients and families

Health care proxies

Informed decision making/informed consent

Additional quality initiatives

Disclosure of harm and apology

Rapid response teams

Integration of behavioral health care

Other

Other

N/A – the hospital did not share performance information with the PFAC

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

Yes

No

Section 6: PFAC Annual Report

We strongly suggest that all PFAC members approve reports prior to submission.

The following individuals approved this report prior to submission (list name and indicate whether staff or patient/family advisor):

Staff PFAC Liaison/Coordinator

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

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:

We post the report online.

Yes, link:

www.nashobamed.org

No

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

Yes, phone number/e-mail address:

1-978-784-9260
gail.clayton@steward.org

No

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

Yes, link:

www.nashobamed.org

No, we don't have such a section on our website

Please provide an email address if you would like to receive a confirmation with a copy of this report after the report is submitted:



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