



**HEALTH CARE FOR ALL**



## PFAC Annual Report Form

Health Care For All (HCFA) is a Massachusetts nonprofit consumer advocacy organization working to create a health care system that provides comprehensive, affordable, accessible and culturally competent care to everyone, especially the most vulnerable among us. HCFA works to achieve this mission through advocacy, education, direct service to consumers and collaboration with partners and consumers to develop strategies that empower the patient voice in improving the health care system.

- **Why complete an annual report for my PFAC?**

Under Massachusetts law, hospital-wide PFACs are required to write annual reports by October 1<sup>st</sup> 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](http://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
- Communicate with the Department of Public Health about report collection

- **Who can I contact with questions?**

- Please contact us at [PFAC@hcfama.org](mailto: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](mailto:PFAC@hcfama.org).

**Reports should be completed by October 1, 2017.**

## 2017 Patient and Family Advisory Council Annual Report Form

The survey questions concern PFAC activities in fiscal year 2017 only: (July 1, 2016 – June 30, 2017).

### Section 1: General Information

1. Hospital Name: Hallmark Health System, Inc

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: **we are one of two PFACs for a health system with two hospitals**)

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, Chief Clinical Integration Officer

2b. Email: cwarren@hallmarkhealth.org

2c. Phone: 781-306-6402

Not applicable

4. Patient/Family PFAC Co-Chair Contact:

3a. Name and Title: Jonelle Eccleston, PFAC Chair

3b. Email: jonelle.eccleston@gmail.com

3c. Phone: 978-473-1441

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, Social Work Manager

6b. Email: sappleyard@hallmarkhealth.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 2017

8. Total number of staff members on the PFAC: 9 .

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

10. The name of the hospital department supporting the PFAC is: Multiple hospital departments support the PFAC including Quality Assurance, Case Management, Nursing Administration, Laboratory Services, Environmental Services, Nutrition Services, Compliance and Information Services.

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

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: Annual PFAC Volunteer Appreciation Celebration)
- 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”):**

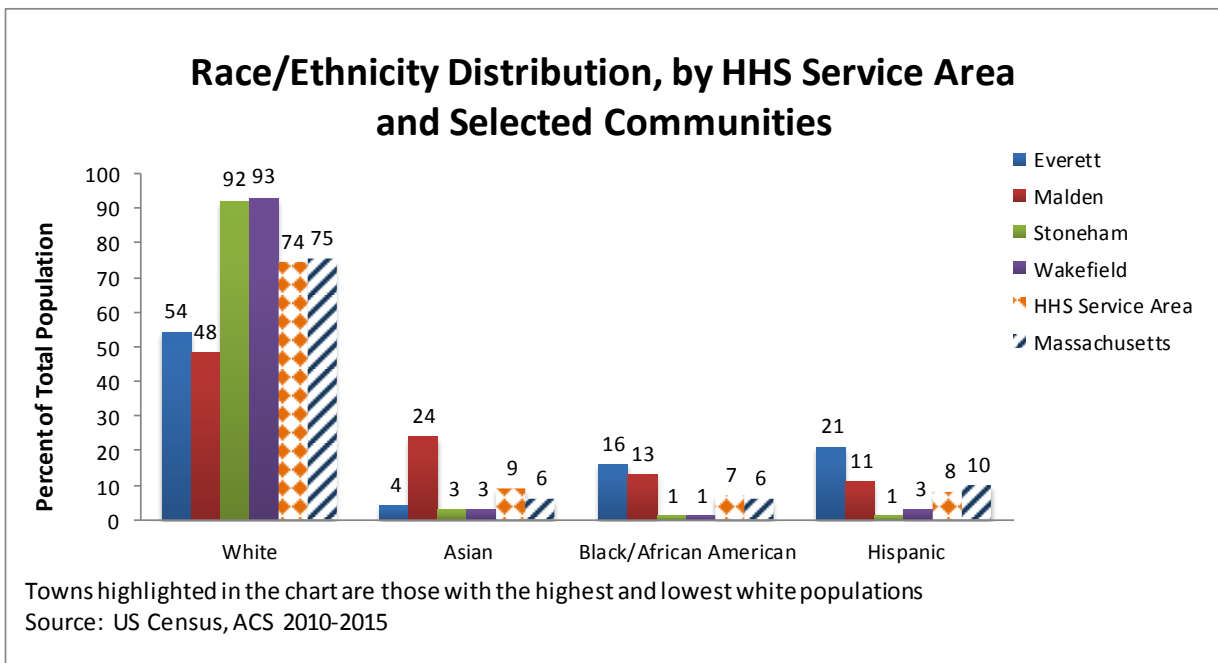
	RACE								
	% American Indian or Alaska Native	% Asian	% Black or African American	% Native Hawaiian or other Pacific Islander	% White	% Other	% Hispanic, Latino, or Spanish origin		
<b>14a. Our defined catchment area (*see below)</b>	<2	9	7	<2	74	n/a	8	<input type="checkbox"/> Don’t know	
<b>14b. Patients the hospital provided care to in FY 2017 (**see below)</b>	.05	4.24	3.91	.01	85.39	1.50	Data not separately collected	<input type="checkbox"/> Don’t know	
<b>14c. The PFAC patient and family advisors in FY 2017</b>	0	0	0	0	100%	0	0	<input type="checkbox"/> Don’t know	

\*The population of our service area is approximately 302,800 people. Compared to Massachusetts as a whole, the area has a smaller Hispanic population (8 percent, compared to 10 percent in MA); a larger population of Asians (9 percent vs 6 percent) and slightly larger of Blacks/African-Americans (7 percent vs 6 percent); a larger foreign-born population (23 percent compared to 15 percent); and a population in which fewer people speak English at home (71 percent compared to 78 percent).

Race/Ethnicity: The HHS CB service area has a slightly higher proportion of the population identifying as Asian or Black/African-American and slightly lower identifying as Hispanic compared to Massachusetts as a whole. However, breaking it down by community, more variation is observed. Wakefield and Stoneham both have very high proportions identifying as White (non-Hispanic): 93% and 92%, respectively, compared to a state wide rate of 75%. Malden has the highest rate of people describing themselves as Asian (24%, compared to a MA rate of 6%), and Everett has the highest rates of people identifying as Hispanic (21%, versus MA rate of 10%) and Black/African-American (16%, versus a MA rate of 6%), see chart 1 below.

\*\* Data from FY17 YTD July

Chart 1: Race/Ethnicity Distribution



- Compared to last year’s numbers we have seen an increase in the number of patients that decline to fill out the race demographic or select unknown.
- The largest groups remain consistent with last year: Caucasian 85% (decrease of 3%) and Asian 4% (increase of 1%).

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 2017***	8.56	<input type="checkbox"/> Don't know
15b. PFAC patient and family advisors in FY2017	0	<input type="checkbox"/> Don't know

15c. What percentage of patients that the hospital provided care to in FY 2017 spoke the following as their primary language?\*\*\*

	%
Spanish	1.35
Portuguese	0.90
Chinese	0.76
Haitian Creole	1.06
Vietnamese	0.60
Russian	0.19
French	0.14
Mon-Khmer/Cambodian	0.002
Italian	0.96
Arabic	0.68
Albanian	0.10
Cape Verdean	0.002

\*\*\*These percentages are based on ED data from Oct 2016 – July 2017.

Don't know

15d. In FY 2017, 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:**

Increasing the diversity of our PFAC has been an area in which we have struggled historically. We do carefully review new PFAC applications to assess whether or not a potential new member will add to the Committee in a way that represents the larger community served at the hospital; and we have been successful in recruiting members who represent different age groups. We continue to struggle to recruit members of different racial or ethnic backgrounds; however, we consistently reach out to our partners in Hallmark Health Community Benefits as well as the Hallmark Health Diversity Committee for suggestions.

### **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:**

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**18. The PFAC goals and objectives for 2017 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 2017 – Skip to #20

**19. The PFAC had the following goals and objectives for 2017:**

1. Integration of the Patient and Family Voice

1.1 Increase PFAC exposure and impact throughout Hallmark Health System via solicitation of new projects geared toward the patient experience.

2. Improving Information for Patients and Families

2.1 Work with the hospital leadership to ensure compliance with the *Notice of Observation Treatment and Implication for Care Eligibility Act* for Medicare patients.

3. Outreach/Recruitment

3.1 Recruit new membership.

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

Emergency Department PFAC Advisory Task Force, established April 2017  
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 the Hallmark Health Medical Associates listserv for recruitment purposes, and we have worked with the Marketing Department to utilize the Hallmark Health Facebook page and inpatient television channel 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:   6**

**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:**

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**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:**

- Hallmark Health’s response to the Opioid Epidemic via the Collaborative Outreach and Adaptable Care at Hallmark Health [COACHH] program.
- Hallmark Health System’s Behavioral Health Department restraint and seclusion data

## Section 6: FY 2017 PFAC Impact and Accomplishments

The following information only concerns PFAC activities in the fiscal year 2017.

26. The five greatest accomplishments of the PFAC were:

Accomplishment	Idea came from (choose one)	PFAC role can be best described as (choose one)
<b>26a. Accomplishment 1:</b>  <b>We recruited 6 new PFAC members in FY17, 3 HH staff members and 3 patient and family members.</b>	<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
<b>26b. Accomplishment 2:</b>  <b>Amended our Charter to be more reflective of our current membership.</b>	<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
<b>26c. Accomplishment 3:</b>  <b>Incorporated Behavioral Health data and service information as a regularly occurring agenda item.</b>	<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 type="checkbox"/> Providing feedback or perspective <input type="checkbox"/> Discussing and influencing decisions/agenda <input type="checkbox"/> Leading/co leading
<b>26d. Accomplishment 4:</b>  <b>Evaluated and made suggestions regarding the rollout of the Medicare Outpatient Observation Notice and informational brochure.</b>	<input 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 checked="" type="checkbox"/> Discussing and influencing decisions/agenda <input type="checkbox"/> Leading/co leading
<b>26e. Accomplishment 5:</b>  <b>Provided feedback on signage and way finding improvements throughout both hospitals.</b>	<input 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 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 2017:**

**27a. Challenge 1:**

As noted above, recruiting a diverse membership that is more representative of the population that Hallmark Health serves has been challenging for us.

**27b. Challenge 2:**

We have been challenged to expand our Nursing Orientation subcommittee membership.

**27c. Challenge 3:**

Our ED PFAC subcommittee has experienced a slower momentum than we had hoped due to changes in Hospital leadership in these areas.

**27d. Challenge 4:**

**27e. Challenge 5:**

N/A – we did not encounter any challenges in FY 2017

**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: **Nursing Education**)
- 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.

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**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 2017

**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 Performance Improvement provided our PFAC with a presentation regarding the patient experience, particularly as related to patient satisfaction survey results. For example, the ED PFAC Advisory Task Force was created as a result of low patient satisfaction scores. The goal of this task force is to foster open communication with PFAC members in order to improve the patient experience within both of our emergency departments. Objectives include improving the patient & family experience of care, assuring that the concepts of compassionate patient & family centered care are comprehensively integrated into the organizational culture, and working toward sustainability of achieving and maintaining improved outcomes related to the patient experience.

**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): Revision of the *Authorization to Use & Disclose Protected Health Information* )

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:**

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**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	HALLMARK HEALTH SYSTEM STAFF
Virginia Caruso-Bove	Sue Appleyard
Rick Catino	Rhonda LeMaitre
Robert Cecere	Jillian Levine
Jonelle Eccleston	Kelley McCue
Diane Fuller	Kristen Plausky
Karen McGarrahan	Cheryl Warren



Carolyn Resendes	
Paula Weiner	
Judy Worthley	

**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:  
781-979-3439
- No

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

- Yes, link: <https://www.hallmarkhealth.org/patient-family-advisory-council.html>
- No, we don’t have such a section on our website