



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

Winchester Hospital

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):

Will another hospital within your system also submit a report?

Yes

No

Don't know

Staff PFAC Co-Chair Contact:

Name and Title: Kathy Schuler Vice President for Patient Care, CNO

Email: kschuler@winhosp.org

Phone: 781-756-2127

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: Currently Vacant

Email: kschuler@winhosp.org

Phone: 781-756-2127

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 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:

5

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

9

The name of the hospital department supporting the PFAC is:

Nursing Administration

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

Vice President Patient Care, CNO

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
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"):

Northwest of Boston

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”).

Our defined catchment area is made up of the following racial groups (please provide percentages; if you are unsure of percentages please select "don't know"):

American Indian or Alaska Native	0%
Asian	9%
Black or African American	6%
Native Hawaiian or other Pacific Islander	0%
White	0%
Other	4%

Don't know racial groups

What percentage of people in the defined catchment area are of Hispanic, Latino, or Spanish origin?

5%

Don't know origins

In FY 2016, the hospital provided care to patients from the following racial groups (please provide percentages):

American Indian or Alaska Native	0.08%
Asian	2.73%
Black or African American	2.48%
Native Hawaiian or other Pacific Islander	0.002%
White	90.71%
Other	3.99%

Don't know racial groups

Don't know origins

In FY 2016, the PFAC **patient and family advisors** came from the following racial groups (please provide percentages):

American Indian or Alaska Native	0%
Asian	0.066%
Black or African American	0%
Native Hawaiian or other Pacific Islander	0%
White	99.4%
Other	

Don't know racial groups

What percentage of **PFAC patient and family advisors** in FY 2016 were of Hispanic, Latino, or Spanish origin?

0%

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”).

What percentage of patients that the hospital provided care to in FY 2016 have limited English proficiency (LEP)?

4.2%

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

What percentage of patients that the hospital provided care to in FY 2016 spoke the following as their primary language?

Spanish	0.67%
Portuguese	0.55%
Chinese	0.36%
Haitian Creole	0.22%
Vietnamese	0.12%
Russian	0.15%
French	0.03%
Mon-Khmer/Cambodian	0%
Italian	0.42%
Arabic	0.14%
Albanian	0.02%
Cape Verdean	0%

Don't know primary languages

What percentage of PFAC patient and family advisors in FY 2016 have limited English proficiency (LEP)?

0%

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

In FY 2016, 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 primary languages

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

When we are recruiting members we would preferentially select an appropriate advisor on the council that would add cultural diversity to the group. In addition, hospital leaders have been asked to recommend joining the PFAC to patients they may interact with who would represent cultural diversity.

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 meeting	N/A – the PFAC does not use agendas

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

At each meeting the PFAC is polled for agenda items. In addition, staff suggest possible agenda items to assess interest.

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

Please list any subcommittees that your PFAC has established:

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

PFAC submits annual report to

Board member(s) attend(s) PFAC

Board	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:

We use email to notify PFAC members of meetings and agendas.

Section 4: Orientation and Continuing Education

Number of new PFAC members this year:

3

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	N/A – the PFAC members do not go through a formal orientation

participate in PFAC work

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

Please describe other topics:

general hospital orientation topics such as emergency codes, hospital mission/vision as well as the PFAC by-laws, history, goals.

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:

Providing feedback to LHS senior leadership on the development of a Lahey Health System mission and vision statement. Although each organization within Lahey Health System has a mission and vision statement, the Lahey Health System does not. The Vice President for Strategic Planning for the Lahey Health System met with the combined PFACs for all organizations in the system and engaged in discussion on the mission and vision statement for the system.

The idea for Accomplishment 1 came from:

Patient/family advisors of the PFAC

Department, committee, or unit that requested PFAC input

Accomplishment 2:

Providing feedback to a consultant hire by Lahey Health System on the LHS Community Needs Assessment. The results of the Lahey Health System Community Needs Assessment were reviewed with the PFAC. The PFAC added validity to the findings in the Winchester Hospital primary service area. Specifically the PFAC recommended a focus on the current opioid crisis and the needs of the elderly.

The idea for Accomplishment 2 came from:

Patient/family advisors of the PFAC

Department, committee, or unit that requested PFAC input

Accomplishment 3:

Helped to create an updated version of the Winchester Hospital Guide to Guest Services. Winchester Hospital has a Guide to Guest Services at every bedside. The current version was several years old and needed to be updated. The PFAC reviewed the draft revisions and offered several suggestions such as including a map of the hospital that was very valuable to the team involved in the revisions.

The idea for Accomplishment 3 came from:

Patient/family advisors of the PFAC

Department, committee, or unit that requested PFAC input

Accomplishment 4:

The Breast Care Center is introducing a new risk assessment tool (Hughes Risk Assessment). Once implemented, women at the Breast Care Center will complete a questionnaire and will consent and the results will be sent securely to the woman's physician's office. The physician will see the projected five-year and lifetime risk for breast and ovarian cancer using risk models. The model, process and brochure were reviewed and discussed with the PFAC. The PFAC offered multiple suggestions which were brought back to the team developing the process.

The idea for Accomplishment 4 came from:

Patient/family advisors of the PFAC

Department, committee, or unit that requested PFAC input

Accomplishment 5:

In addition to the general Winchester Hospital PFAC our Maternal Child Health division has a specialty area PFAC focused on the special care nursery. This year's accomplishment was addressing the issue of family being able to stay overnight
Background: parents have always wished for a parent sleep space. Historically, Mother Baby Unit allows one night if space available . This does not help readmits or those that cannot be accommodated by Mother Baby Unit. In addition, the stance of Special Care Nursery has historically been, if we cannot let everyone stay - we let no one stay
Assessment. Strong parental voice to explore all opportunities. Recommended re-explore SCN family rooms
Plan: issue was re explored with nursing and Neonatology. All agreed to allow parents to stay . Hospital policy was changed to align with PFAC recommendation.

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 of new PFAC members. This year we experienced turn over of several PFAC members who had served on the council since 2010. Recruiting new members is challenging.

Challenge 2:

Consistent with the hospital policy, flu vaccinations were mandatory for all PFAC members (required for all hospital employees and volunteers) two PFAC members elected not to be vaccinated and so they were unable to participate in meetings during flu season. An offer was made and declined to participate by way of conference call.

Challenge 3:

Challenge 4:

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

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

Safety Committee representative reports back to PFAC.

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 describe other hospital performance information:

CHART II initiatives and metrics were shared and discussed.

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

The PFAC meets every other month for two hours so how much material we can cover is limited.

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

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):

Kathy Schuler - staff

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:

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:

781-756-2216

No

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

Yes, link:

<http://www.winchesterhospital.org/advancing-health-advancing-care/patients-families-offer-ways-to-enhance-patient-experience/patients-families-offer-ways-to-enhance-patient-experience>

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:

kschuler@winhosp.org

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