

Initial Report

Last Modified: 09/21/2016

1. Hospital Name: 291 - HealthSouth Rehabilitation Hospital of Western Mass

2. Which best describes your PFAC?

Answer	Response	%
We are the only PFAC at a single hospital	1	100%

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

Answer	Response	%
Yes	0	0%
No	1	100%

4. Will another hospital within your system also submit a report?

Answer	Response	%
Yes	0	0%
No	1	100%

5. Staff PFAC Co-Chair Contact:

Name and Title	Email	Phone
Deb Santos, Director of Quality & Risk Management	deb.santos@healthsouth.com	413 308-3323

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

7. Patient/Family PFAC Co-Chair Contact:

Name and Title	Email	Phone
James Garrant	deb.santos@healthsouth.com	413-275-2268

8. Staff PFAC Liaison/Coordinator Contact (if applicable): N/A

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

Answer	Response	%
N/A - we did not recruit new members in FY 2016	1	100%

10. Please describe other recruitment approach: All appropriate patients are given information regarding dates and times of PFAC meetings.

11. Total number of staff members on the PFAC: Five

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

13. The name of the hospital department supporting the PFAC is: Administration

14. The hospital position of the PFAC Staff Liaison/ Coordinator is: The Director of Quality & Risk Management
15. The hospital provides the following for PFAC members to encourage their participation in meetings (click all that apply):

Answer	Response	%
Parking, mileage, or meals	1	100%
Payment for attendance at annual PFAC conference	1	100%
Payment for attendance at other conferences or trainings	1	100%
Annual gifts of appreciation	1	100%

16. Please describe other provision by the hospital for PFAC members: None
17. Our catchment area is geographically defined as: Hampden County and Hampshire County
18. 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"):

Racial Group	Percentage
American Indian or Alaska Native	0%
Asian	2%
Black or African American	7%
Native Hawaiian or other Pacific Islander	0%
White	80%

19. What percentage of people in the defined catchment area is of Hispanic, Latino, or Spanish origin? 17%
20. In FY 2016, the hospital provided care to patients from the following racial groups (please provide percentages):

Racial Group	Percentage
American Indian or Alaska Native	0.1%
Asian	0.6%
Black or African American	5.0%
Native Hawaiian or other Pacific Islander	0.3%
White	91.1%

21. What percentage of patients, that the hospital provided care to in FY 2016, is of Hispanic, Latino, or Spanish origin? 2.9%
22. In FY 2016, the PFAC patient and family advisors came from the following racial groups (please provide percentages):

Racial Group	Percentage
American Indian or Alaska Native	0%
Asian	0%
Black or African American	0%
Native Hawaiian or other Pacific Islander	0%
White	100%

23. What percentage of PFAC patient and family advisors in FY 2016 were of Hispanic, Latino, or Spanish origin? 0%

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

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

Primary Language	Percentage
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%

26. What percentage of PFAC patient and family advisors in FY 2016 have limited English proficiency (LEP)? 0%

27. In FY 2016, what percentage of PFAC patient and family advisors spoke the following as their primary language?

Primary Language	Percentage
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%

28. The PFAC is undertaking the following activities to ensure appropriate representation of our membership in comparison to our patient or catchment area: All appropriate patients and family members of all ethnicities are encouraged to attend PFAC meetings.

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

Answer	Response	%
Staff develops the agenda and distributes it at the meeting	1	100%

31. If staff and PFAC members develop the agenda together, please describe the process: N/A

32. If other process, please describe: N/A

33. The PFAC goals and objectives for 2016 were: (select the best choice):

Answer	Response	%
Developed by staff and reviewed by PFAC members	1	100%

34. The PFAC had the following goals and objectives for 2016: The annual goals and objectives for 2016 are outlined as follows:

- PFAC Membership Recruitment: Recruitment is an ongoing effort with a goal of adding eight new members. A display table with information about PFAC, membership, and meeting times will be provided at our Annual Patient Reunion, which includes both inpatients and outpatients from the previous year and to date. Case managers continue to provide membership information to patients and families.
- Health Care Literacy: The PFAC reviews available patient literature to provide feedback and suggest revisions as necessary. Informational DVDs provided to patients on orientation and discharge, are in English with translators available as needed. Additional languages will be provided when available.
- Safety: The PFAC committee members are included as observers in life safety drills. Members will assist with the planning and implementation of National Patient Safety Week activities. Events related to safety issues are discussed with ideas presented for improvement.
- Patient Satisfaction/Experience: PFAC works closely with the leadership team to develop strategies for improving the patient experience. Patient satisfaction data is shared with PFAC members, who provide suggestions from a patient's perspective for improvement in applicable areas. These suggestions are shared with clinical leadership.
- Further inclusion into Hospital Function/Structure: The PFAC will continue to be included in Quality/Performance improvement activities as applicable.

35. Please list any subcommittees that your PFAC has established: No subcommittees have been deemed necessary due to the size of our hospital.

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

Answer	Response	%
PFAC submits annual report to Board	1	100%
Board member(s) attend(s) PFAC meetings	1	100%

37. Please describe other interactions with the hospital Board of Directors. – N/A

38. Describe the PFAC's use of email, listservs, or social media for communication: PFAC uses email for communication and phone calls for those members without internet access.

39. Number of new PFAC members this year: 0

40. Orientation content included (click all that apply):

Answer	Response	%
General hospital orientation	1	100%
Hospital performance information	1	100%
PFAC policies, member roles and responsibilities	1	100%
History of the PFAC	1	100%
Massachusetts law and PFACs	1	100%
Concepts of patient- and family-centered care (PFCC)	1	100%

41. Please describe other orientation content: N/A

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

Answer	Response	%
Concepts of patient- and family-centered care (PFCC)	1	100%
Hospital performance information	1	100%
Health care quality and safety measurement	1	100%

43. Please describe other topics: N/A

44. Accomplishment 1: A suggestion was presented by a visiting patient to develop a process to increase membership by sending invitations to patients and family members three-six months post discharge. Members agreed that patients and families may need time to continue in their rehabilitation process at home prior to attending and participating in PFAC. Additional focus will be on recruiting patients who converted from inpatient to outpatient.

45. The idea for Accomplishment 1 came from: Patient/family advisors of the PFAC

46. Accomplishment 2: Provide information about PFAC membership, goals, and purpose at our Annual Patient Reunion which is attended by patients and family members from the previous 12 months. The patient co-chair of PFAC will represent PFAC at this function.

47. The idea for Accomplishment 2 came from: Patient/family advisors of the PFAC

48. Click to write the question text: N/A – We did not encounter any challenges in FY 2016

49. Challenge 1: The main challenge in 2016 was the recruitment of new members. We have not recruited any new members in 2016, although we have had attendance at a meeting by previous patients and family members who chose not to pursue membership.

50. Challenge 2: Members did not attend the Annual PFAC meeting. Members who had attended last year felt that many areas discussed were not applicable to a 53-bed rehabilitation hospital.

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

Answer	Response	%
Quality/Performance Improvement	1	100%

52. Please describe other committees, projects, task forces, work groups, or Board committees: Both patient and staff PFAC members attend Falls Performance Improvement meetings.

53. How do members on these hospital-wide committees or projects report back to the PFAC about their work? Information from this meeting is shared at PFAC meetings.

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

Answer	Response	%
Quality improvement initiatives	1	100%
Patient education on safety and quality matters	1	100%
Patient and provider relationships	1	100%

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

Answer	Response	%
Standing hospital committees that address quality	1	100%

56. Complaints and serious events

Answer	Response	%
Complaints and investigations reported to Department of Public Health (DPH)	1	100%
Serious Reportable Events reported to Department of Public Health (DPH)	1	100%
Healthcare-Associated Infections (National Healthcare Safety Network)	1	100%
Patient complaints to hospital	1	100%

57. Quality of care

Answer	Response	%
Joint Commission Accreditation Quality Report (such as asthma care, immunization, stroke care)	1	100%

58. Resource use and patient satisfaction

Answer	Response	%
Patient experience/satisfaction scores (e.g. HCAHPS – Hospital Consumer Assessment of Healthcare Providers and Systems)	1	100%
Resource use (such as length of stay, readmissions)	1	100%

59. Other – None

60. Please describe other hospital performance information: N/A

61. Please explain why the hospital shared only the data you checked in the previous questions: Other areas are not applicable to our hospital.

62. Please describe how the PFAC was engaged in discussions around these data above and any resulting quality improvement initiatives: PFAC open discussions are included in our meeting agenda. A discussion is held concerning any pertinent issues in areas such as resource use, patient experience, Joint Commission surveys and updates, complaints and investigations, reportable events, and infections.

63. National Patient Safety Hospital Goals

Answer	Response	%
Identifying patients correctly	1	100%
Using medicines safely	1	100%
Using alarms safely	1	100%
Preventing infection	1	100%
Identifying patient safety risks	1	100%

64. Prevention and errors

Answer	Response	%
Fall prevention	1	100%
Safety	1	100%

65. Decision-making and advanced planning

Answer	Response	%
Improving information for patients and families	1	100%

66. Additional quality initiatives: N/A

67. Other: N/A

68. Please describe other initiatives: N/A

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

70. In what ways are members of your PFAC engaged in advising on research studies? N/A

71. How are members of your PFAC approached about advising on research studies? N/A

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

Deb Santos, Director of Quality & Risk Management; John Hunt, CEO; Tad Comeau, Director of Case Management; Janice Kucewicz, Chief Nursing Officer; Deb Carney, Director of Therapy Operations; Patient/Family Advisors: Anthony Before, Anthony Cote, Carol Aubin, Jim Aubin, Elaine Hodgman, Gerry Slowick, Joseph Slowick, Jim Garrant, Nancy Power, Steve Power, Jim Godin

73. Describe the process by which this PFAC report was completed and approved at your institution (choose the best option).

Answer	Response	%
Staff wrote report and PFAC members reviewed it	1	100%

74. Please describe other process:

75. We post the report online – Yes

76. We provide a phone number or e-mail address on our website to use for requesting the report. – No

77. Our hospital has a link on its website to a PFAC page. – No

78. Please provide an email address if you would like to receive a confirmation with a copy of this report after the report is submitted: deb.santos@healthsouth.com