



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.](#)
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The survey questions concern PFAC activities in fiscal year 2016 only.

Hospital Name

New England Rehabilitation 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: Deb Rich
Email: Deborah.Rich@healthsouth.com
Phone: 781-939-1861

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: Regina Pontes
Email: reginapontes@comcast.com
Phone: 339-368-0650

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:

6

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

7

The name of the hospital department supporting the PFAC is:

Case Management

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

Director of Case Management

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"):

Middlesex County
Essex County D

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	
Asian	2.3
Black or African American	2.7
Native Hawaiian or other Pacific Islander	1.
White	91.8
Other	2

Don't know racial groups

Don't know origins

Don't know racial groups

What percentage of patients that the hospital provided care to in FY 2016 are of Hispanic, Latino, or Spanish origin?

2

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

Asian

Black or African American

Native Hawaiian or other Pacific
Islander

White 100%

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”).



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

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

Portuguese

Chinese

Haitian Creole

Vietnamese

Russian

French

Mon-Khmer/Cambodian

Italian

Arabic

Albanian

Cape Verdean

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:

We are reaching out to our patients/families who are diverse through our Director of Case Manager assuming the role. She has more direct patient contact

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:

a draft agenda was sent out based on hospital feedback and sent to the co-chair for review/comment prior to being sent out to the committee

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:

Recruit a minimum of 2 additional former patients/family members
Identify strategies to improve trends identified on patient satisfaction surveys

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:

We use email to communicate

Section 4: Orientation and Continuing Education

Number of new PFAC members this year:

6

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:

created frequently asked questions sheets for new admits
Input regarding ideas on improving patient satisfaction scores with the specific question "Staff promptness to requests"
Ideas for improving the return rate for patient satisfaction surveys
recruited 3 new members

The idea for Accomplishment 1 came from:

Patient/family advisors of the PFAC

Department, committee, or unit that requested PFAC input

Accomplishment 2:

The idea for Accomplishment 2 came from:

Patient/family advisors of the PFAC

Department, committee, or unit that requested PFAC input

Accomplishment 3:

The idea for Accomplishment 3 came from:

Patient/family advisors of the PFAC

Department, committee, or unit that requested PFAC input

Accomplishment 4:

The idea for Accomplishment 4 came from:

Patient/family advisors of the PFAC

Department, committee, or unit that requested PFAC input

Accomplishment 5:

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 members

Challenge 2:

Changes within the organization- change of ownership

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

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

Task forces

trainees

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:

The facility felt these areas were the most important areas with the significant impact to the operations

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

See accomplishments provided feedback on call light response time and perception of care
All hands on deck approach

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

health care proxies

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):

Laura Ames - 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:

www.newenglandrehab.com

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:

781-935-5050
Deborah.rich@healthsouth.com

No

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

Yes, link:

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:

laura.ames@healthsouth.com

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