Health Care For All

FY 2015 Patient and Family Advisory Council Annual Report Template

Under Massachusetts law, all PFACs are required to write annual reports each year and to make them available to members of the public upon request. To assist you in collecting information, Health Care For All (HCFA) has developed this revised report template with 6 sections, with the hope that you will use it to complete your report for the fiscal year 2015 (October 1, 2014 – September 30, 2015).

We encourage you to submit your hospital’s PFAC report through an on-line survey to ease reporting burden. Follow this link to complete the FY 2015 PFAC Report. 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.

HCFA recognizes the importance of supporting the work of the PFACs and facilitating cross-PFAC learning and sharing. Your PFAC report should be made publically available and sent back to us (using the attached word document or preferably the on-line survey) no later than October 1, 2015.

If you have questions or concerns, please contact Margo Michaels at mmichaels@hcfama.org.
2014 Patient and Family Advisory Council Annual Report

Please list

1. Hospital Name: Heywood Hospital
2. Year PFAC Established: June 3, 2010
3. Staff PFAC Contact (name and title): Tina Santos, CNO, VP Operations
4. Staff PFAC Contact E-mail and Phone: Tina.Santos@heywood.org 978-630-6220

Note: The following questions only concern PFAC activities in fiscal year 2015.

Section 1: PFAC Organization

5. Our PFAC has (check the best choice)
   X By-laws *Attached

6. (If neither) Our PFAC manages itself through (describe in 1500 characters or fewer): N/A

7. Our PFAC recruits new members using the following approaches (check all that apply):
   X Word of mouth
   X Promotional efforts within institution to patients
   X Promotional efforts within hospital to providers or staff
   X Through existing members
   X Hospital publications
   X Through care coordinators
   X Through patient satisfaction surveys
   X Through community based organizations
   X Through houses of worship
   X At community events
   X Other Hospital Website Section
      Created an application process
      Created an orientation packet and annual review
      For membership

8. If other, describe (in 1500 characters or fewer): 

9. Our PFAC chair or co-chair is a patient or family member.
   X Yes

10. Our PFAC chair or co-chair is a hospital staff member.
    X Yes

11. This person’s position title: CNO & VP of Operations

12. This person is the official PFAC staff liaison
    X Yes

13. Our PFAC has a total of 2 staff members.

14. Our PFAC has 16 current or former patients or family members.

15. The name of the hospital department supporting the PFAC is: Nursing and Social Service

16. If not mentioned above, the hospital position of the PFAC staff liaison is Director of Social Service & Multicultural Services is back up and is also the secretary for the PFAC. [We offered the secretary position to the membership and no one accepted it. Therefore, hospital assumed this role and documented responsibilities.]
17. The hospital reimburses PFAC members for the following costs associated with attending or participating in meetings (check all that apply)

- [x] Provide free parking
- [x] Provide meals
- [x] Provide translator or interpreter services
- [x] Provide assistive services for those with disabilities
- [x] Provide meeting conference call or webinar options
- [x] Provide reimbursement for attendance at annual PFAC conference
- [x] Cover travel expenses to attend conferences
- [x] Provide other supports

18. If other, describe (in 1500 characters or fewer): N/A
Section 2: Community Representation

The PFAC regulations require every PFAC to represent the community served by the hospital.

19. Our catchment area is geographically defined as: Gardner, Ashburnham, Baldwinville, Hubbardston, Templeton, Westminster, Winchendon

20-25. Our catchment area is made up of the following demographic percentages:

<table>
<thead>
<tr>
<th>RACE</th>
<th>ETHNICITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>% American Indian or Alaska Native</td>
<td>% Asian</td>
</tr>
<tr>
<td>119</td>
<td>709</td>
</tr>
<tr>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>% Black or African American</td>
<td>% Native Hawaiian or other Pacific Islander</td>
</tr>
<tr>
<td>960</td>
<td>12</td>
</tr>
<tr>
<td>2%</td>
<td>0%</td>
</tr>
<tr>
<td>% White</td>
<td>% Latino</td>
</tr>
<tr>
<td>56,329</td>
<td>2418</td>
</tr>
<tr>
<td>94%</td>
<td>4%</td>
</tr>
<tr>
<td>% Not Latino</td>
<td></td>
</tr>
<tr>
<td>56285</td>
<td></td>
</tr>
<tr>
<td>95%</td>
<td></td>
</tr>
</tbody>
</table>

Our catchment area is made up of the following ethnic and racial groups:

In FY 2015, the our institution provided care to patients from the following ethnic and racial groups:

Oct-Aug 2015 Sept.data not available yet

In FY 2015, our PFAC patients and family members came from the following ethnic and racial groups:

We have 16 members

26. Our PFAC is undertaking the following activities to ensure appropriate representation of our membership in comparison to our patient or catchment area (describe): One of our strategic plans for membership selection is to recruit from the towns currently not being represented such as Ashburnham, and Westminster. In addition to demographic representation, we also are considering Race, Age and Employment Status as an opportunity for diversity and representation from all groups-realizing that we do not want membership too large.

Our application for membership includes the following information for assessing candidates-to help identify groups representing: city or town, age group; sex, employment status; education level, race, ethnicity, language spoken. We also follow the CLAS Culturally and Linguistically Appropriate Standards-OMH, as best practice.
We have patients/family members who sit on PFAC who are from outside our Primary catchment area yet, prefer and select Heywood Hospital to receive their care.

Section 3: PFAC Operations

27. Our process for developing and distributing agendas for our PFAC meetings (choose one):

- The PFAC has a collaborative process between staff and patients/family members to develop and distribute the agenda
- Other process Staff and PFAC membership develop agenda for next meeting prior to end of current meeting. Staff then completes the agenda and distributes at the next meeting

28. If collaborative process, describe: Annually, PFAC Committee completes a survey in which they priority rank presentation topics and they suggest areas where they would like to be involved, obtain more information, tours, etc. This information is synthesis and sent to the group for a final approval. Once approved, the core agendas are created for the upcoming year but we also allow for fluid additions.

29. If other process, describe: See other category note N/A

30. The PFAC goals set for FY 2015 were:

- Increase the number of participant to include membership from all of our primary catchment areas, increase racial diversity, age, education, employment status and gender.
- Increase PFAC member participation on other committees and task forces.
- Develop By- Laws and Orientation Packet. These are also available in Spanish to accommodate our members.
- Provide Feedback on key projects and initiatives such as but not limited to: The Cardio Vascular Center, the Emergency Department initiatives such as “direct bedding”, Fast Track, patient satisfaction and LEAN initiatives
- Offer education on topics such as: “Finding Reliable Resources To Your Health Related Questions” and Patient/Employee Satisfaction and Heywood Hospital Quality Metrics and Summary of Patient Complaints.

31. The PFAC goals for FY 2015 were (check the best choice):

- Developed by PFAC members and staff

32. Our PFAC has the following subcommittees (check all that apply):

- Other

33. If other, describe (in 1500 characters or fewer): Workplace Violence Task Force; Medical Ethics & IRB Committee, Montachusett Suicide Prevention Program {hospital lead initiative-we have some of the highest rates in the State}, Multicultural Task Force {Diversity Committee}, Patient Portal Project; Patient Satisfaction Subgroup, Perinatal & Pediatric Advisory Committee; Diabetes Excellence Program; Quality Committee; Human Resources Committee; Complaints Committee.

34. Our PFAC interacts with the Hospital Board of Directors in the following ways (check all that apply):

- PFAC submits annual report to Board

35. If other, describe (in 1500 characters or fewer): ______N/A_______

36. This is the url/link to the PFAC section on our hospital’s website:

37. Describe the PFAC’s use of email, listservs, or social media:

We use email/list serve to email meeting notice reminders, share meeting minutes and communicate between meetings if needed.

Section 4: Orientation and Continuing Education

38. The PFAC had 7 new members this year and 1 member death.

39. Our PFAC orientation program this year was provided by _X_ staff and __ PFAC members

40. The content included (check all that apply):

   X A general hospital orientation
       Information on concepts of patient- and family-centered care (PFCC)
   X PFAC policies, member roles and responsibilities
   X Information on health care quality and safety
   X History of the PFAC
   X How PFAC fits within the organization’s structure

41. If other, describe (in 3000 characters or fewer): ______________

42. PFAC members are considered hospital volunteers and therefore (check all that apply):

   X Other

43. If other, describe: Complete the Orientation & Annual Review of Policies statement of understanding and Confidentiality Statement. We do have some of our PFAC members who are also part of our Volunteer Program who have undergone the appropriate immunization, CORI and hospital wide orientation process. [3]

44. Our PFAC provides education to our members on the topic patient-centered outcomes research

   X Yes
Section 5: FY 2015 PFAC Impact and Accomplishments

45-50. The three greatest accomplishments of our PFAC were:

<table>
<thead>
<tr>
<th>Accomplishment (describe each in 3000 characters or fewer)</th>
<th>Idea originated from PFAC</th>
<th>Idea originated from Department/Committee/Unit that requested PFAC input</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accomplishment 1</td>
<td>☐</td>
<td>X</td>
</tr>
<tr>
<td>ESTABLISHED BY-LAWS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accomplishment 2</td>
<td>X</td>
<td>☐</td>
</tr>
<tr>
<td>EXPANDED RECRUITMENT EFFORTS SEEKING OUT ENTIRE CATCHMENT AREA AND REFLECTING COMMUNITY SERVED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accomplishment 3</td>
<td>X</td>
<td>☐</td>
</tr>
<tr>
<td>MEMBERSHIP SOUGHT OUT TO EXPAND PARTICIPATION IN COMMITTEES, ACTIVITIES ETC</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Our PFAC’s three greatest accomplishments in relation to quality of care initiatives in FY 2015 include:

<table>
<thead>
<tr>
<th>Quality of Care Accomplishment (describe each in 3000 characters or fewer)</th>
<th>Idea originated from PFAC</th>
<th>Idea originated from Department/Committee/Unit that requested PFAC input</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Accomplishment 1</strong>&lt;br&gt; Increase PFAC Member involvement on hospital wide committees.&lt;br&gt; Members of PFAC now sit on multiple committees such Workplace Violence Task Force; Medical Ethics &amp; IRB Committee, Montachusett Suicide Prevention Program hospital lead initiative—we have some of the highest rates in the State}, Multicultural Task Force {Diversity Committee}, Patient Portal Project; Patient Satisfaction Subgroup, Perinatal &amp; Pediatric Advisory Committee; Diabetes Excellence Program; Quality Committee; Human Resources Committee; Complaints Committee.</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Accomplishment 2</strong>&lt;br&gt; Increase the knowledge of our PFAC Members around Hospital quality, satisfaction and safety through providing data and presentations.</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Accomplishment 3</strong>&lt;br&gt; Through their endorsement of quality initiatives, such as those in the ER after a presentation and solicitation for their feedback, the ER has decreased their “door to bed” time by 50%.</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

The greatest three challenges our PFAC had (describe each in 3000 characters or fewer):

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>57. Challenge 1</td>
<td>Recruitment</td>
</tr>
<tr>
<td>58. Challenge 2</td>
<td>Consistent attendance and participation of some members.</td>
</tr>
<tr>
<td>59. Challenge 3</td>
<td>Providing information and projects which resonate with each member while balancing this with sharing qualitative and quantitative data.</td>
</tr>
</tbody>
</table>
60. Our PFAC provided advice or recommendations to the hospital on the following areas mentioned in the law (check all that apply):

- Quality improvement initiatives
- Patient education on safety and quality matters
- Patient and provider relationships
- Institutional Review Boards

61. If other, describe (in 1500 characters or fewer): ___N/A________

62-63. PFAC members participated in the following activities mentioned in the law (check all that apply):

- Serve as members of task forces; number of people serving see below
- Serve as members of advisory boards/groups or panels see below
- Serve as members of standing hospital committees that address quality (List) names of each group and number serving on each see below

- Membership Subcommittee Assignments
  New 2015
  a. Patient Care Portal Project 2 members
  b. Patient Satisfaction 2 members
  c. Perinatal/Pediatric Advisory Committee 1 member
  d. Diabetes Excellence Program 1 member
  e. Human Resources 1 member
  f. Quality 1 member
  g. Human Resources 1 member

- Current Membership Committees
  a. Work Place Violence Task Force 1 member
  b. Medical Ethics & IRB Committee 3 members
  c. Montachusett Suicide Prevention Task Force 1 member
  d. Multicultural Task Force 2 members

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

- Patient experience/satisfaction scores
- Patient complaints
- Patient Care Link
- Joint Commission surveys,
- Family satisfaction surveys

65. If other, describe (in 1500 characters or fewer): _____N/A________

66. The process by which this public hospital performance information was shared (describe in 1500 characters or fewer):
Distributed in meetings and through presentations.
67. Our PFAC activities related to the following state or national quality of care initiatives (check all that apply):

- Informed decision making/informed consent
- Improving information for patients and families
- Health care proxies/substituted decision making
- Care transitions (e.g., discharge planning, passports, care coordination & follow up between care settings)

68. If other, describe (in 1500 characters or fewer): N/A

Section 6: PFAC Annual Report

69. The hospital shares the PFAC annual reports with PFAC members:

- Yes

70. Massachusetts law requires that the PFAC report be available to the public. Our hospital:

- Posts the report online

71. If other, describe (in 1500 characters or fewer): N/A

Front left to right: Bruce Rome, Janet Latour, Robert Juma, Lorrie Glovins, Sally Hartshorn, Neil Erickson
Back left to right: Barbara Nealon[staff] Lara Greene, Michelle Arsenault, Anthony Krasowskas, Tina Santos [staff], Emi Azar, Gina Kelley, Nancy Boucher; missing from picture: Mary Blanchard, Andrew Boucher, Karen Culkeen, Irene Hernandez, Miguel Rodriguez
Patient Family Advisory Council

Orientation and Annual Education Review Packet

The following information is meant to orient you with the safety and risk policies of Heywood Hospital. Since you may be present in the hospital when safety issues arise, it is to your benefit and those in your care, to be familiar with the actions taken by hospital personnel regarding safety issues.

**Patient’s Rights**
Each patient is given a copy of “Patient’s Rights” on admission. It is the responsibility of each employee to advocate for his/her patient rights.

**Confidentiality**

*Policy:*
When a patient enters the hospital, we assume an obligation to keep in confidence all that pertains to that patient and his/her affairs. This responsibility is shared by every person employed in any capacity in the hospital. Reasons for admission and information about diagnosis and treatment are absolutely confidential and must be respected as such.

Employees are obligated to refrain from discussing any information about patients.

**Right to Know Law**

*Policy:*
The "Right to Know" is an OSHA standard under: "OSHA 1910.1200, Hazard Communication Standard". Chapter 111F of the Massachusetts General Laws, more commonly known as the right to know law, provides certain rights to employees regarding the communication of information on toxic and hazardous substances. The Right to Know is the right of an employee to request in writing, from the hospital, particular information on such substances.

*Procedure:*
1) If you are exposed to a toxic or hazardous substance, contact the supervisor or department head who should be able to provide specific information on the substance in question.
2) If you want to review or have a copy of the material safety data sheet (MSDS) on the substance; that request should be made in writing on the MSDS request form and forwarded to the Human Resource Department.

**Heywood Hospital Code System**

The Emergency telephone number for all Hospital “CODES” is “6300”

This Emergency telephone number by-passes all others and is received and immediately acted upon by the hospital switchboard operator.

Please give the switchboard operator the exact type of code you are calling and detailed location of the emergency.

(Example: "Code Blue, Watkins 2, Room 216..."


**Telephone Codes Used Throughout the Hospital**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code Red</td>
<td>Fire</td>
</tr>
<tr>
<td>Dial &quot;6300&quot;</td>
<td></td>
</tr>
</tbody>
</table>
**Code Blue** = Adult Cardiac Arrest / Respiratory Arrest  Dial "6300"

**Code Purple** = Pedi Cardiac Arrest/ Respiratory Arrest  Dial “6300”

**Code Pink** = Infant Cardiac Arrest/ Respiratory Arrest  Dial “6300”

**Code 100** = Disruptive Patient or Situation  Dial "6300"

**Code Yellow** = Bomb Threat  Dial "6300"

**Code "Adam”** = Infant / Child Abduction  Dial "6300"

**Code “Silver”** = Person with a Weapon  Dial “6300”

**Code “Walker”** = Elopement (missing patient)  Dial “6300”

**Code 10** = Outpatient/Visitor/Employee Medical Emergency  Dial “6300”

**Rapid Response** = Inpatient Medical Emergency  Dial “6300”

**Code E** = Evacuation

**Code I** = Disaster

**Code II** = Mini Disaster

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**On your arrival to the Patient Care Unit** -

a. Locate Fire Exits
b. Locate Fire Pull Boxes
c. Locate Nearest Extinguishers
d. Locate Phones available to you

**Code RED: Fire**

*Policy & Procedure*

All Employees are expected to follow the Code RED procedure in the event of an actual or simulated fire. Heywood Hospital has elected to institute (2) easy to remember acronyms as fire safety procedures:

1. **"RACE"**
   
   R = Rescue
   A = Alarm
   C = Contain
   E = Extinguish

   a. In the event of a fire, (CODE RED) discover must announce "CODE RED". The first person to discover it should "Rescue" anyone in immediate danger.
   
   b. Inform others nearby by announcing "CODE RED" immediately activate the nearest fire "Alarm" box. (Red box pull switch) Call switchboard operator by dialing "6300" and inform the operator of a "code red" and its exact location in department.
   
   c. "Contain" the fire, closing off any doors or windows nearby, turn off lights and as much electrical equipment as possible.
   
   d. Use fire extinguishers to "Extinguish" the fire.
   
   e. Stay in or return to your department and await further instructions from the fire department or immediate supervisor.

2. Use and procedure for fire extinguishers

   **"PASS"**
   
   P = Pull the Pin
   A = Aim the fire extinguisher nozzle
   S = Squeeze the handle
   S = Sweep back and forth from the base of fire

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**Code BLUE , Code Purple & Code Pink: Medical Emergency**

*Policy & Procedure*
"Code Blue" is the code designation to activate the five member response team with the proper equipment to a patient in a state of apparent cardiopulmonary arrest and/or airway obstruction. Anytime that the patient is experiencing difficulties with breathing, chest pain, or becomes unresponsive, notify the nurse immediately. Code Pink involves newborns and Code Purple involves children.

**Code 100: Patient/Visitor Out of Control**  
*Policy & Procedure*  
To summon a team of hospital personnel, any employee may call for emergency assistance through the main switchboard operator by dialing 6300 and stating: CODE 100” and announcing your location. This emergency procedure is used when an individual becomes a danger or there is a substantial threat of a danger to self or others.  

- a. Call a Code 100 when use of verbal intervention and / or one-on-one counseling is ineffective and there is a risk that the person will harm self or others.  
- b. Call a Code 100 when a person becomes assaultive or threatens assault.

**Code Yellow: Bomb Threat**  
*Policy & Procedure*  
In the event of a Bomb Threat, the hospital will follow the instructions of the public safety officials. Evacuation of patients will only be considered after evaluation of the situation by Public Safety officials indicates that it poses a risk to patients and staff.

The person who receives or discovers the Bomb Threat is to immediately notify Administration. If it is after hours or if there is no Executive Manager on the premises, the Nursing Administrative Supervisor is to be notified.

**Code “ADAM”: Infant / Child Abduction**  
*Policy & Procedure*  
A “CODE ADAM” will be called whenever there is a known or suspected infant or child abduction.

1. Primary Search (department)  

   Immediately upon the suspicion that an infant/child is missing, all exits should be monitored/secured and a swift and thorough search of the unit /department and surrounding areas should be conducted. If the infant /child are not found, a CODE ADAM should be initiated...

   - a. Nursing staff on the unit will perform an immediate head count of all infants/children.  
   - b. The mother of the infant /child suspected to be missing will be questioned as to the other possible locations of the child within the facility.

2. To initiate a CODE ADAM:

   - a. Dial hospital extension “6300” and ask the operator to page a CODE ADAM and provide the operator with the age and sex of the missing child.  
   - b. The operator will page a CODE ADAM overhead, followed by the age and sex of the child (example: CODE ADAM, 5, Female would indicate that everyone should be on the lookout for a 5 year-old female)

   3. Follow the directions of the person in charge in your designated area.

**Code “Walker”**  
*Policy & Procedure*  
A CODE Walker will be called whenever there is a known or suspected patient elopement.

Patients who leave the hospital without notice will have every attempt made to be provided with follow-up care to ensure that they are safe, not in imminent danger to self/others, and/or gravely disabled.

   - a.
Immediately upon the suspicion that a patient is missing, a Code Walker will be called through the switchboard. All exits should be monitored/secured and with a swift and thorough search of the unit/department and surrounding areas should be conducted. Staff search efforts will be restricted to hospital grounds.

b.

Hospital staff will monitor their designated exits until the Code Walker is cancelled by switchboard. The code will be cancelled when either the patient is located or following a complete search of the building has been conducted and the patient has not been located.

To Initiate a CODE Walker:

A. Dial hospital extension 6300 and ask the operator to page a CODE Walker and provide the operator with the age, sex and shirt color (if known) of the missing patient.

B. The operator will page a CODE Walker three times with information regarding the patient's age, sex and shirt color (if known). (E.g. CODE Walker, 35, FEMALE, BLUE that would indicate that all staff should be on the lookout for a 35-year-old female wearing a blue shirt.)

C. The operator will also notify the security guard by radio and administrator on-call immediately. The Security Guard will initially report to the switchboard.

When a CODE Walker is initiated, the following steps will be taken:

1. All available staff on the unit with the suspected or known elopement will perform an immediate head count of all patients.

2. Staff will notify the attending Physician, Manager, Coordinator, Charge Nurse and/or Nursing Supervisor immediately when the patient is discovered to be missing.

3. Staff will notify the patient's family/guardian/significant other if a release of information has been signed. In the event that a release has not been signed, staff may only notify the patient's family/guardian/significant other if it is believed that the patient is a risk to themselves or others, or if the patient is believed to be high risk of suicide.

4. In the event that the attending physician feels that the patient is in imminent danger of harming himself, herself or others, or is gravely disabled, the attending physician may order that the police department be notified and a Section issued. In addition, the attending physician may order that other area hospital emergency departments be notified. The nursing staff will provide them with a description and a photograph, if available, of the patient for identification purposes.

5. If the patient is on an involuntary status, the police department must be notified immediately and a photograph of the patient will be provided if available.

6. Should the patient be located / returned to the unit, notify the attending physician and other persons previously informed of the patient's elopement. Notify the switchboard to cancel the Code Walker.

Other hospital employees:
1. All hospital employees will immediately stop their current task (if safe to do so), and locate the nearest exit door. An employee needs to be posted at all exits, directing visitors that they may only exit the building through either the main lobby door or the emergency room door.

2. If the patient is found page Security STAT and detain the patient until Security and appropriate unit staff arrive. If the patient becomes violent or flees a Code 100 will be called.

**Code “Silver”**

*Policy & Procedure*

1. Heywood Hospital is committed to maintaining a safe and secure environment. Heywood Hospital strives to eliminate the occurrence of all workplace violence incidents. All suspicious activity, threats, battery or any other workplace violence occurrence will be reported to the Heywood Hospital Administration and Security Department for appropriate follow up activity.

2. In the event of an individual on the Heywood Hospital’s campus using or displaying a weapon, Heywood Hospital will institute procedures to minimize the risk to our patients, visitors and employees.

**Person Displaying or Using Weapon inside Heywood Hospital:**

1. Upon observing an individual(s) displaying or using a weapon within the facility; go to a safe location and report to Heywood Hospital Switchboard Operator and/or Security immediately.

2. Provide Heywood Hospital Security with the following:
   - Location
   - Type of weapon displayed or using
   - Any casualties
   - Direction of Travel
   - Physical Description of the Suspect (include clothing description)

**Heywood Hospital Security Department**

- Security Officer will immediately lock down all exterior doors to the facility to minimize the number of people coming into the building.
- Security Officer will immediately close all interior fire doors in an attempt to put up barriers to protect innocent persons and to contain the suspect.
- Security Officers will respond to the general vicinity (at a safe distance) but not in an area of danger (Security Officers discretion) and divert foot traffic away from the area.
- Security Officers will observe and report suspect information to the hospital Switchboard Operator.
- Security Officers will communicate with as many people as possible to alert them of the potential danger and instruct them not to leave the facility.

**Heywood Hospital Employees**

- Upon hearing a “Code Silver Location” overhead page; employees located in the affected department(s) or on the same floor adjacent to the “Code Silver Location” shall evacuate using their department specific fire evacuation route. **Employees shall make every reasonable attempt to assist patients and visitors in department evacuation.** In some cases it may be necessary to close or close and lock doors to patient areas or rooms when possible to allow for them to “Shelter in Place.”
- A designated member of the department (employee with a key) shall lock department door (when possible) and initiate the “Shelter in Place” procedure.
- Employees shall remain calm. Confidently and calmly assure staff to stay within the secured area/department.
- Listen for additional overhead page announcements and follow procedures after announcements are made.
- Wait for all “Code Silver all clear” overhead page before resuming normal operations.
- Contact switchboard and/or Medical Command Center (MCC) or dial 911 if possible.

**Heywood Hospital Switchboard Operator**
- Upon being notified of a “Code Silver”, the Telephone Operator will overhead page “Code Silver- Location” three times.
- Switchboard Operator will overhead page “Code Silver” every ten minutes until Security pages a “Code Silver all clear.”
- Switchboard Operator will immediately contact the Police and provide them with as much information as possible. Refer to Response Site Plan if possible.
- Switchboard Operator will communicate via radio all details of incident to on duty Security Officers.
- Switchboard Operator will contact the Administrative on Duty (AOD) as soon as possible to advise them of the incident.
- Switchboard Operator will send a house wide page “Code Silver” alerting employees of the threat.
- Switchboard Operator will attempt to track the suspect via telephone notifications and will provide continuous information to Security via radio and police via 911.
- After announcing a “Code Silver” overhead page, the Switchboard Operator will overhead page “Code Silver” every ten minutes until Police, Security or AOD instructs the Operator to overhead page a “Code Silver all clear.”

**Heywood Hospital Administration**
- Institute the Hospital Incident Command System (HICS) as soon as possible.
- HICS team to alert Emergency Department on possible number of inbound patients.

**Local Law Enforcement**
- Will respond and neutralize the offender.

**Codes E, I & II refer:** Please follow the directions of the Hospital Staff.

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**Reporting Mechanisms**

**Incident Reports**

**Policy:**
An Incident is defined as any event or occurrence involving a patient, visitor, member of the medical staff or employee which is inconsistent with good patient care, or with the customary routine of hospital operations. Incidents to be reported may include: Falls, procedure deviation, oversights of omission or commission in patient care, infractions of hospital or medical staff by-laws, rules and regulations, policies and procedures, inoperable equipment, unsafe environment, or behavior which is perceived to be potentially harmful to good patient care.

**Procedure:**
If you want to report an Incident, contact the Manager, Coordinator, Charge Nurse or Administrative Supervisor on the unit.

**Accident Reporting**
Contact the Manager, Coordinator, Charge Nurse or Administrative Supervisor if you are injured while you are here at Heywood.

**Restraints**

**Policy:**
Heywood Hospital has a specific Restraint policy which includes the following:

- Restraints are used only as an unusual and temporary measure
• Restraints are used only after alternative measures have proven unsuccessful and are clinically justified
• Non use of seclusion
• Least restrictive means of restraint are utilized
• Restraints will be discontinued as soon as possible

The use of handcuffs and shackles for security purposes is not included in this policy and is the responsibility of the attending officer.

Should treatment and/or the behavior of the patient necessitate the implementation of the hospital's restraint policy, the nurse and/or physician caring for the patient will direct the attending officer in this process to assure the health, well being and safety of all.

**Infection Control**
Hand Washing is the single-most important means of preventing illnesses. Occasionally patients are placed in isolation to contain the threat of transmitting an infection. Isolation signs are posted on the outside of the patient's door indicating what apparel needs to be worn when entering a room.

Personal Protective Equipment (i.e. gloves, masks, gowns, etc.) are available on patient care units for your personal protection.

Please check with a Staff Member if you need assistance.

**Telephones**
All hospital extension numbers are four digits beginning with "6".
Patient extension numbers are four digits beginning with "5".

If you are calling from outside the hospital, dial "630" and the extension.
Pay phones are located in the lobby, outside the double elevators on each floor, and in the Outpatient Department.

**To Contact a Security Officer**
To contact a Hospital Security Officer, please call the Hospital Switchboard by dialing "0" and they will page the Security Officer or page @ 978-366-3214

**Smoking**
It is the responsibility and Practice of Heywood Hospital to ensure the safety and comfort of our patients, and to promote positive health habits and respect for others on the part of employees, physicians, visitors and patients.

In light of this philosophy, and in accordance with compelling evidence that smoking presents a fire, safety, health and comfort hazard to smokers and non-smokers, the hospital has adopted a No Smoking Policy.

**Parking**
PFAC members may park in visitor parking.

**Meeting Attendance**
As a member Heywood Hospital's Patient, Family Advisory Council, membership expectation to attend at a minimum of 75% of the meetings per year. Failure to meet this expectation may result in removal from the council.

**Meetings**
Meetings are held every other month in January, March, May September and November at 5:30pm in the Heywood Hospital Dining Room Conference Room A. No meetings held in July and August due to vacations.

Est.9.4.13
Revised 7.8.14
CONFIDENTIALITY STATEMENT OF UNDERSTANDING

As a member Heywood Hospital's Patient, Family Advisory Council, I hereby agree to abide by the hospital's Confidentiality Policies and Procedures. Statement of Understanding shall be completed annually and as part of new member’s orientation process.

I have been provided, read and understand the Confidentiality Policies as they pertain to my role as a member of the Patient Family Advisory Council.

____________________________________
Council Member Signature

__________________________________________
Date

ATTENDANCE STATEMENT OF UNDERSTANDING

As a member Heywood Hospital's Patient, Family Advisory Council, I hereby agree to abide by the PFAC membership expectation to attend at a minimum of 75% of the meetings per year. Failure to meet this expectation may result in removal from this committee. Statement of Understanding shall be completed annually and as part of new member’s orientation process.

____________________________________
Council Member Signature

__________________________________________
Date
Patient/Family Advisory Council

Membership Demographics

Name: ___________________________ Date: __________________________

Address: _______________________________________________________

Email: ____________________________ Telephone: ___________________

Age Group: (Check age group) Sex: [ ] Male [ ] Female

[ ] 0-18  [ ] 19-39  [ ] 40-50  [ ] 51-64  [ ] 65-79  [ ] 80+

Employment Status: [ ] Employed [ ] Unemployed [ ] Retired [ ] Other: __________

Education Level: [ ] Grade School [ ] High School/GED [ ] College [ ] Other: __________

Race: (Check all that apply) Sex: [ ] Male [ ] Female

[ ] Caucasian or White  [ ] African American or Black

[ ] Asian  [ ] American Indian or Alaskan Native

[ ] Pacific Islander or Hawaiian Native

[ ] Other_________________________

Hispanic/Latino Indicator: (Check one box)

Hispanic or Latino [ ]  Non-Hispanic or Non-Latino [ ]

Language Spoken:

Primary Language [ ] English [ ] Other_________________________

Secondary Language [ ] None [ ] Other_________________________

Ethnicity: __________________________________________

Relating to large groups of people classed according to common racial, national, tribal, religious, linguistic, or cultural origin or background.

Examples of Ethnicity:

If your father came from France and your mother came from Ireland your ethnicity will be French and Irish. If your parents were both born in the United States but your great maternal grandparents were from Italy and paternal grandparents were from Poland; your ethnicity would be Italian and Polish.

Have you and/or your family been a patient at Heywood Hospital? [ ] Yes [ ] No

Please describe your experience: Positive [ ] Negative [ ]
Membership by City/Town

- Ashburnham: 12 members
- Baldwinville: 2 members
- Gardner: 1 member
- Hubbardston: 1 member
- Templeton: 1 member
- Westminster: 1 member
- Winchendon: 8 members
- Fitchburg: 1 member
- Holden: 2 members
- Phillipston: 1 member
- Pelham: 1 member

Membership by Age

- 0-18: 7 members
- 19-39: 1 member
- 40-50: 6 members
- 51-64: 7 members
- 65-79: 2 members
- 80+: 2 members
Membership by Ethnicity

- French
- Canadian
- African
- Japanese
- German
- English
- Irish
- Lithuanian
- United States
- Swedish
- Finnish
- Belgian
- Italian

Members
Patient and Family Advisory Council (PFAC) Plan

May 2015
In accordance with 105 CMR 130.1800 and 130.1801, Heywood Hospital (the “Hospital”) has established a Patient and Family Advisory Council (PFAC). To fulfill the obligations set forth by the Massachusetts Department of Public Health’s regulatory requirements, the Hospital’s Board of Trustees, Medical Staff, and administrative leadership have established this PFAC Plan in a manner consistent with the Hospital’s mission, vision, values, and strategic goals/objectives.

Goals and Values

The goal of the PFAC is to facilitate patient and family participation in hospital care and decision making, information sharing, and policy and program development. The PFAC values include patient dignity, respect, information sharing, participation and collaboration.

Purpose

The purpose of the PFAC is to advise and make recommendations concerning:

- Improved relationships between patients, families and Hospital staff
- Quality improvement initiatives
- Patient education on safety and quality matters

Membership

A. Committee Structure

The PFAC will have a minimum of eight (8) members with 75% of the membership being current/former patients of the Hospital or family members (community members) and 25% being Hospital staff members. Hospital members will include: Chief Nursing Officer, VP of Operations, Director of Social Service and use Ad Hoc members Director of Risk Management and Quality and Director of Behavioral Health as needed.

In an attempt to represent the community at large membership recruitment should attempt to secure membership by city/town, age, sex, education, employment status, race, ethnicity and language.

Co-Chairs: Patient/Family and Hospital Representative {VP of Operations & CNO}

Secretary: Hospital Representative {Director of Social Service}

B. Member Qualifications

PFAC members should possess the following qualifications:

- Good communication skills (speaking and listening)
- The ability to collaborate with diverse individuals in a group setting
- Respect for the perspectives of others
- Commitment to improving patient safety and the relationships between patients, families and staff
- Be representative of the community served
C. Member Recruitment and Selection
PFAC members will identify and recruit potential members and submit submissions to the PFAC Secretary for processing to the Nomination Committee using the Patient & Family Advisory Council Application form.

The Nomination Committee will review the application and make their determination for acceptance taking into consideration, representation that reflects the community served such as race, ethnicity, language, city/town, age group etc. to assure all groups are equally represented. (Referencing CLAS -Cultural, Linguistic Appropriate Standards as best practice)

Once approved, the secretary will contact the candidate and forward the orientation packet for completion, welcome the new member and provide a copy of the meeting schedule. Annually after that, the secretary will forward the education packet with confidentiality statement and statement of understanding of their requirements as a PFAC member to reviewed and signed off and dated and returned for the PFAC records.

D. Term Limits - None

E. Member Orientation and Education

All members of the PFAC will need to complete the Orientation and Annual Education Review Packet which includes such topics as:

- Patient Rights
- Confidentiality and HIPAA
- Right to Know
- Hospital Code System
- Incident Reports
- Infection Control
- Telephones
- Security
- Smoking
- Parking
- Meeting attendance (requirement attend minimum of 75% of meetings expectation)
- Meeting schedule (every other month)
- The Hospital’s mission, vision, and values
- The PFAC’s mission, vision and values
- The role, responsibilities and duties of the PFAC
- Policies and procedures of the PFAC

Memberships participation in other capacities within the hospital
Membership will be encouraged to participate in and serve on other activities within the hospital in conjunction with their PFAC membership such as:

- Participate on hospital committees, task forces and/or advisory boards
- Review of publicly-reported quality information
- Participation on committees addressing patient safety issues
- Participation on search committees and in the hiring of new hospital staff
- Participation in reward and recognition programs
- As co-trainers for clinical and nonclinical staff, in-service programs, and health professional trainees
- Any role in accordance with hospital’s policies and procedures

PFAC Requirements
The PFAC will:

- Meet on an every other month basis
- Maintain meeting minutes for 5 years
- Meeting minutes including Council accomplishments shall be transmitted to the hospital’s governing body and other committees as identified.
• Report annually to the PFAC required designee.
• Post the Annual Report of the PFAC on the Hospital’s website

Policies and Procedures
The PFAC will define the following in policy:
• Mission, vision, and scope
• Goals and objectives
• Member orientation and annual education
• Review hospital wide policies as they relate to confidentiality and other pertinent patient care policies.

Role and Responsibilities
Advise the hospital on matters including, but not limited to, patient and provider relationships, institutional review board, quality improvement initiatives, and patient education on safety and quality matters to the extent allowed by state and federal law.

example
• Patient satisfaction surveys and customer service
  – HCAHPS and internal surveys
  – Patient Care Excellence Awards
• Staff satisfaction surveys
• Patient safety surveys and patient safety issues referred by other committees
• Patient Handbook, patient information dissemination, etc.
• Quality Scorecard
• Recommendations for Help Improve the Process and Corrective Action Teams, policy changes, and patient and staff education/information.

Adoption
This PFAC Plan has been reviewed and adopted by the Chief Operating Officer, the Medical Staff and the Board of Trustees as attested to by the signatures below.

________________________________    _________________
Chief Nursing Officer/VP of Operations   Date

________________________________    _________________
President of Medical Staff               Date

________________________________    _________________
Board of Trustees Representative/CEO    Date

Established 5.6.15
Patient & Family Advisory Council Application

1. Contact Information: {please print}

Name: __________________________ Telephone: __________________________
Address: __________________________ Email: __________________________
City/Town/Zip: __________________________

Age Group: [ ]0-18  [ ]19-39  [ ]40-50  [ ]51-64  [ ]65-79  [ ]80+

Race: [ ] Caucasian  [ ] Asian  [ ] Black or African American  [ ] Pacific Islander/Hawaiian Native
[ ] American Indian/Alaskan Native  [ ] Other: __________________________

Hispanic/Latino Origin: [ ] yes  [ ] no  Other Languages Spoken: __________________________

2. Within the past two years have you used any of the following services at Heywood Hospital? {Check those that apply}

[ ] Emergency Room  [ ] Inpatient Care  [ ] Outpatient Clinic  [ ] Surgery
[ ] Lab  [ ] X-Ray  [ ] Other: __________________________

3. Have you used other community-based services within the past two years?

[ ] Specialty Clinics  [ ] Hospice  [ ] Home Health Care  [ ] Other: __________________________

4. References: {If any}

If you were referred by employee or PFAC council member, please include name below

_________________________________  __________________________
Name  Contact Information

_________________________________  __________________________
Name  Contact Information

5. I give permission to the Patient/Family Advisory Council [or their designee] to discuss my application.

Name/Signature: ___________________________  Date: ___________________________

Submit application to: Barbara Nealon, Director of Social Service by mail or Fax: 978-630-5047 or email: Barbara.Nealon@heywood.org

Est. 10.28.14