



**BETSY
LEHMAN
CENTER**
for Patient Safety

PFAC
MASSACHUSETTS
PATIENT & FAMILY ADVISORY COUNCILS
Making a Difference in Care

PFAC Annual Report Form

Annual reports are an opportunity for Patient and Family Advisory Councils to summarize their work in the prior year, track progress toward goals, and share successes as well as challenges with the broader community.

Why complete an annual report for my PFAC?

In Massachusetts, hospital-wide PFACs are required to produce annual reports by October 1 of each year. These reports must be made available to members of the public upon request. In past years, Health Care For All (HCFA) has collected and aggregated hospital reports to share with the wider community.

This template was designed by HCFA to assist with information collection, as well as the reporting of key activities and milestones. As of 2023, the responsibility for collecting and sharing PFAC reports with the broader community has been assumed by the Betsy Lehman Center for Patient Safety. The Center is also planning to revitalize efforts to support PFAC work across the state and will have more information in the coming months on those efforts.

What will happen with my report?

PFAC reports submitted will be available online in early November at:
BetsyLehmanCenterMA.gov/PFAC

Who can I contact with questions?

Please contact Janell.Wilkinson@BetsyLehmanCenterMA.gov or call 617-701-8271.

Please email this completed form to
PFAC@BetsyLehmanCenterMA.gov by October 1, 2023.

2023 Patient and Family Advisory Council Annual Report Form

The survey questions concern PFAC activities in fiscal year 2022 only: (July 1, 2022 – June 30, 2023).

Section 1: General Information

1. Hospital Name:

NOTE: Massachusetts law requires every hospital to make a report about its PFAC publicly available. The Center strongly encourages the completion of an individual report for each hospital-wide PFAC.

1a. Which best describes your PFAC?

- We are the only PFAC at a single hospital – skip to #3 below
- We are a PFAC for a system with several hospitals – skip to #2C below
- We are one of multiple PFACs at a single hospital
- We are one of several PFACs for a system with several hospitals – skip to #2C below
- Other (Please describe):

1b. Will another PFAC at your hospital also submit a report?

- Yes
- No
- Don't know

1c. Will another hospital within your system also submit a report?

- Yes
- No
- Don't know

3. Staff PFAC Co-Chair Contact:

- 2a. Name and Title: Melissa Tuomi
- 2b. Email: mtuomi@healthalliance.com
- 2c. Phone:
- Not applicable

4. Patient/Family PFAC Co-Chair Contact:

- 3a. Name and Title: Mary Lotze
- 3b. Email: Frederick.lotze@verizon.net
- 3c. Phone:
- Not applicable

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

- Yes – skip to #7 (Section 1) below
- No – describe below in #6

6. Staff PFAC Liaison/Coordinator Contact:

- 6a. Name and Title: Therese LaRose (through 8/1/23)
- 6b. Email: n/a
- 6c. Phone: n/a
- Not applicable

Section 2: PFAC Organization

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

- Case managers/care coordinators
- Community based organizations
- Community events
- Facebook, Twitter, and other social media
- Hospital banners and posters
- Hospital publications
- Houses of worship/religious organizations
- Patient satisfaction surveys
- Promotional efforts within institution to patients or families
- Promotional efforts within institution to providers or staff
- Recruitment brochures
- Word of mouth/through existing members
- Other (Please describe):
- N/A

8. Total number of staff members on the PFAC:

3

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

9

10. The name of the hospital department supporting the PFAC is:

PFAC is supported by two departments: Quality & Regulatory and External Affairs

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

Currently there is no coordinator of PFAC. The position was supported by the Community Impact Coordinator. As that position is vacant, the Sr. Director of Quality serves as the staff liaison in her role as co-chair.

12. The hospital provides the following for PFAC members to encourage their participation in meetings (check all that apply):

- Annual gifts of appreciation
- Assistive services for those with disabilities
- Conference call phone numbers or "virtual meeting" options
- Meetings outside 9am-5pm office hours
- Parking, mileage, or meals
- Payment for attendance at annual PFAC conference
- Payment for attendance at other conferences or trainings
- Provision/reimbursement for childcare or elder care
- Stipends
- Translator or interpreter services
- Other (Please describe):
- N/A

Section 3: Community Representation

The PFAC regulations require that patient and family members in your PFAC be “representative of the community served by the hospital.” If you are not sure how to answer the following questions, contact your community relations office or check “don’t know.”

13. Our hospital’s catchment area is geographically defined as: The hospital’s catchment areas include:
 Primary towns: Ashburnham, Ashby, Clinton, Fitchburg, Gardner, Leominster, Lunenburg, Townsend,
 Westminster Secondary towns: Ayer, Bolton, Groton, Harvard, Hubbardston, Lancaster, Pepperell, Princeton,
 Shirley, Sterling, Templeton, and Winchendon.

Don’t know

14. The racial and ethnic groups in these areas include (please provide percentages; if you are unsure of the percentages check “don’t know”):

	RACE						ETHNICITY	
	% American Indian or Alaska Native	% Asian	% Black or African American	% Native Hawaiian or other Pacific Islander	% White	% Other	% Hispanic, Latino, or Spanish origin	
14a. Our defined catchment area	0.2%	1.9%	2.6%	<1%	91.5%	1.6%	8.0%	<input type="checkbox"/> Don’t know
14b. Patients the hospital provided care to in FY 2023	0.27%	2.06%	5.46%	0.18%	76.78%	12.01%	18.68%	<input type="checkbox"/> Don’t know
14c. The PFAC patient and family advisors in FY 2023	0%	0	0	0	85%	0	15%	<input type="checkbox"/> Don’t know

15. The languages spoken in these areas include (please provide percentages; if you are unsure of the percentages select “don’t know”):

	Limited English Proficiency (LEP) %	
15a. Patients the hospital provided care to in FY 2023		<input checked="" type="checkbox"/> Don’t know

15b. PFAC patient and family advisors in FY 2023	<1%	<input type="checkbox"/> Don't know
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15c. What percentage of patients that the hospital provided care to in FY 2023 spoke the following as their primary language?

	%
Spanish	5.47%
Portuguese	1.56%
Chinese	<0.1%
Haitian Creole	0.27%
Vietnamese	0.11%
Russian	<0.01%
French	0.08%
Mon-Khmer/Cambodian	0.04%
Italian	0.03%
Arabic	0.12%
Albanian	0.2%
Cape Verdean	<1%

Don't know

15d. In FY 2023, what percentage of PFAC patient and family advisors spoke the following as their primary language?

	%
Spanish	Less than 1%
Portuguese	0
Chinese	0
Haitian Creole	0
Vietnamese	0
Russian	0
French	0
Mon-Khmer/Cambodian	0
Italian	0
Arabic	0
Albanian	0
Cape Verdean	0

Don't know

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

Post COVID restrictions, we are intensively and actively recruiting through our existing relationships with community organizations, word of mouth one-on-one recruiting, and putting advertisements in the offices of local primary care providers. We have invited those who reach out via the patient feedback line to participate and we have created a QR Code/Application process and will be hanging posters around key areas from where we hope to draw additional patients/families within the HA-C sites.

Section 4: PFAC Operations

17. Our process for developing and distributing agendas for the PFAC meetings (choose):

- Staff develops the agenda and sends it out prior to the meeting
- Staff develops the agenda and distributes it at the meeting
- PFAC members develop the agenda and send it out prior to the meeting
- PFAC members develop the agenda and distribute it at the meeting
- PFAC members and staff develop agenda together and send it out prior to the meeting. (Please describe below in #17a)
- PFAC members and staff develop agenda together and distribute it at the meeting. (Please describe below in #17a)
- Other process (Please describe below in #17b)
- N/A – the PFAC does not use agendas

17a. If staff and PFAC members develop the agenda together, please describe the process: Any member can add agenda items throughout the month. At the end of each meeting, a plan is made for the next meeting. If there are proposed changes, the PFAC group is notified via email to provide feedback.

17b. If other process, please describe: In addition to minutes, the PFAC maintains an action log that is reviewed at every meeting to ensure that all items are discussed until closure

18. The PFAC goals and objectives for 2023 were: (check the best choice):

- Developed by staff alone
- Developed by staff and reviewed by PFAC members
- Developed by PFAC members and staff
- N/A – we did not have goals for FY 2022– **Skip to #20**

19. The PFAC had the following goals and objectives for 2023:

1. Increase the presence of PFAC community members on major hospital committees and boards so that direct patient and family input is heard at every level of the hospital.
2. Update PFAC Bylaws, membership recruitment and onboarding
3. Provide insight and direction to HA-C staff regarding key patient experience strategies, ED workflows and inpatient maternity closure (9/23/23)
4. Identify ways to increase the diversity of PFAC membership to ensure that it reflects the diverse community we serve.
5. Provide feedback on strategies to address the identification and care of patients with Alzheimer’s and other age-related dementias.

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

N/A

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

- PFAC submits annual report to Board
- PFAC submits meeting minutes to Board
- Action items or concerns are part of an ongoing "Feedback Loop" to the Board
- PFAC member(s) attend(s) Board meetings
- Board member(s) attend(s) PFAC meetings
- PFAC member(s) are on board-level committee(s)
- Other (Please describe):
- N/A – the PFAC does not interact with the Hospital Board of Directors

22. Describe the PFAC's use of email, listservs, or social media for communication: Historically, the PFAC has used e-mail to send out reminders, agenda and minutes of monthly meetings to all members. Due to the Covid, PFAC began holding all meetings virtual. While there has been efforts to return to in-person, virtual meetings continue to reduce barriers for attendees. We have considered hybrid approaches to meetings and will test during FY24.

- N/A – We don't communicate through these approaches

Section 5: Orientation and Continuing Education

23. Number of new PFAC members this year: We recruited one new member.

24. Orientation content included (check all that apply):

- "Buddy program" with experienced members
- Check-in or follow-up after the orientation
- Concepts of patient- and family-centered care (PFCC)
- General hospital orientation
- Health care quality and safety
- History of the PFAC
- Hospital performance information
- Immediate "assignments" to participate in PFAC work
- Information on how PFAC fits within the organization's structure
- In-person training
- Massachusetts law and PFACs
- Meeting with hospital staff
- Patient engagement in research
- PFAC policies, member roles and responsibilities
- Skills training on communication, technology, and meeting preparation
- Other (Please describe below in #24a)
- N/A – the PFAC members do not go through a formal orientation process

24a. If other, describe: As by-laws and committee structure changes are underway, PFAC members must now go through the volunteer process that includes a formal onboarding- including overview of hospital, etc.

25. The PFAC received training on the following topics:

- Concepts of patient- and family-centered care (PFCC)
- Health care quality and safety measurement
- Health literacy
- A high-profile quality issue in the news in relation to the hospital (e.g., simultaneous surgeries, treatment of VIP patients, mental/behavioral health patient discharge, etc.)
- Hospital performance information
- Patient engagement in research
- Types of research conducted in the hospital
- Other (Please describe below in #25a)
- N/A – the PFAC did not receive training

25a. If other, describe: Regulatory and Public Reporting initiatives related to patient safety or experience (such as Laura’s law and Alzheimer’s/Age-related Dementias).

Section 6: FY 2023 PFAC Impact and Accomplishments

The following information concerns PFAC activities in the fiscal year 2023.

26. Please share the following information on the PFACs accomplishments and impacts:

26a. What were the three greatest accomplishments/impacts of the PFAC related to providing feedback or perspective?

Accomplishment/Impact	Idea came from (choose one)
Accomplishment/Impact 1: Participation in Quality and Safety Committees as well as Patient Innovation (A3) Committee	<input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input
Accomplishment/Impact 2: Membership of two PFAC community members on the Ethics Committee	<input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input
Accomplishment/Impact 3: Committee engagement and direction to HA-C staff pertaining to areas of critical focus: patient experience, ED workflow and inpatient maternity center closure	<input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input

26b. What were the three greatest accomplishments/impacts of the PFAC related to influencing the institution's financial and programmatic decisions?

1. Participation on Hospital Grant program, identifying community groups that have put forth programs for grant consideration that have a strong base in equity, healthcare disparity and enhancing outcome.
2. Participation in focused groups regarding healthcare needs as related to their specific community
3. Work with community-based substance abuse groups to enhance coordinated referral to available services.

26c. What were the three greatest accomplishments/impacts of the PFAC related leading/co-leading programs and initiatives?

Accomplishment/Impact	Idea came from (choose one)
Accomplishment/Impact 1: PFAC community member participation on other existing hospital committees and boards to broaden their perspective on patient/family centered care.	<input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input
Accomplishment/Impact 2: Through PFAC oversight of ongoing activities on hospital committees and boards, there is added incentive to ensure action items are brought through to completion	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input
Accomplishment/Impact 3: Continue to question senior administrative and clinical management why certain things can't be accomplished and strategize to ensure that decisions are always moving forward in a positive direction	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input

27. The five greatest challenges the PFAC had in FY 2023:

Challenge 1: Recruitment of new PFAC members representative of patient population

Challenge 2: Staff capacity to participate due to changes in staffing

Challenge 3: Ability to return to in-patient meetings

Challenge 4: Onboarding of PFAC as volunteers of Hospital- benefits to sharing data, etc. but additional work on both staff and members

Challenge 5: Closure of Maternal and Neonatal unit

N/A – we did not encounter any challenges in FY 2023

28. The PFAC members serve on the following hospital-wide committees, projects, task forces, work groups, or Board committees:

- Behavioral Health/Substance Use
- Bereavement
- Board of Directors
- Care Transitions
- Code of Conduct
- Community Benefits
- Critical Care
- Culturally Competent Care
- Discharge Delays
- Diversity & Inclusion
- Drug Shortage
- Eliminating Preventable Harm
- Emergency Department Patient/Family Experience Improvement
- Ethics
- Institutional Review Board (IRB)
- Lesbian, Gay, Bisexual, and Transgender (LGBT) – Sensitive Care
- Patient Care Assessment
- Patient Education
- Patient and Family Experience Improvement
- Pharmacy Discharge Script Program
- Quality and Safety
- Quality/Performance Improvement
- Surgical Home
- Other (Please describe):
- N/A – the PFAC members do not serve on these – **Skip to #30**

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

PFAC members who are also members of subcommittees report back to the PFAC, or members of hospital-wide committees are invited to discuss topics of concern.

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

- Institutional Review Boards
- Patient and provider relationships
- Patient education on safety and quality matters
- Quality improvement initiatives
- N/A – the PFAC did not provide advice or recommendations to the hospital on these areas in FY 2023

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

- Advisory boards/groups or panels
- Award committees
- Co-trainers for clinical and nonclinical staff, in-service programs, and health professional trainees
- Search committees and in the hiring of new staff

- Selection of reward and recognition programs
- Standing hospital committees that address quality
- Task forces
- N/A – the PFAC members did not participate in any of these activities

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

32a. Complaints and serious events

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

32b. Quality of care

- High-risk surgeries (such as aortic valve replacement, pancreatic resection)
- Joint Commission Accreditation Quality Report (such as asthma care, immunization, stroke care)
- Medicare Hospital Compare (such as complications, readmissions, medical imaging)
- Maternity care (such as C-sections, high risk deliveries)

32c. Resource use, patient satisfaction, and other

- Inpatient care management (such as electronically ordering medicine, specially trained doctors for ICU patients)
- Patient experience/satisfaction scores (e.g. HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems)
- Resource use (such as length of stay, readmissions)
- Other (Please describe):
- N/A – the hospital did not share performance information with the PFAC – **Skip to #35**

33. Please explain why the hospital shared only the data you checked in Q 32 above: Our hospital does not do high risk surgeries.

34. Please describe how the PFAC was engaged in discussions around these data in #32 above and any resulting quality improvement initiatives:

-Committee members on hospital quality committees participate in discussions related to complaints, serious reportable events, and HAIs. Committee members on patient experience and ethics participate in conversations at that meeting. As we were re-accredited this year by Joint Commission, our PFAC members received a updates on our findings and workplans to improve compliance. Additionally, they participated in discussions about our Health Equity initiatives, as we were one of the early hospitals to be surveyed under the new JC Health Equity standards.

35. The PFAC participated in activities related to the following state or national quality of care initiatives (check all that apply):

35a. National Patient Safety Hospital Goals

- Identifying patient safety risks
- Identifying patients correctly
- Preventing infection
- Preventing mistakes in surgery
- Using medicines safely
- Using alarms safely

35b. Prevention and errors

- Care transitions (e.g., discharge planning, passports, care coordination, and follow up between care settings)
- Checklists
- Electronic Health Records –related errors
- Hand-washing initiatives
- Human Factors Engineering
- Fall prevention
- Team training
- Safety

35c. Decision-making and advanced planning

- End of life planning (e.g., hospice, palliative, advanced directives)
- Health care proxies
- Improving information for patients and families
- Informed decision making/informed consent

35d. Other quality initiatives

- Disclosure of harm and apology
- Integration of behavioral health care
- Rapid response teams
- Other (Please describe):
- N/A – the PFAC did not work in quality of care initiatives

36. Were any members of your PFAC engaged in advising on research studies?

- Yes
- No – **Skip to #40 (Section 6)**

37. In what ways are members of your PFAC engaged in advising on research studies? Are they:

- Educated about the types of research being conducted
- Involved in study planning and design
- Involved in conducting and implementing studies
- Involved in advising on plans to disseminate study findings and to ensure that findings are communicated in understandable, usable ways
- Involved in policy decisions about how hospital researchers engage with the PFAC (e.g. they work on a policy that says researchers have to include the PFAC in planning and design for every study)

38. How are members of your PFAC approached about advising on research studies?

- Researchers contact the PFAC
- Researchers contact individual members, who report back to the PFAC
- Other (Please describe below in #38a)
- None of our members are involved in research studies

38a. If other, describe:

39. About how many studies have your PFAC members advised on?

- 1 or 2
- 3-5
- More than 5
- None of our members are involved in research studies

Section 7: PFAC Annual Report

We strongly suggest that all PFAC members approve reports prior to submission.

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

Mary Laitila-Rice, community
Betty G. Bjurling, community
Patricia (Tricia) Normandin, community
Michelle Dunn, community
Garry Gleckel, community
Mary Lotze, community
Marie Cloutier, community
Rosa Fernandez, community
Melissa Tuomi, staff
Paul MacKinnon, staff
Tricia Pistone, staff
Therese LaRose, staff (through 8/1/23)

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

- Collaborative process: staff and PFAC members both wrote and/or edited the report
- Staff wrote report and PFAC members reviewed it
- Staff wrote report
- Other (Please describe):

Massachusetts law requires that each hospital's annual PFAC report be made available to the public upon request. Answer the following questions about the report: Community and Hospital Co Chairs collaborated on completing this report and it was shared with all PFAC members at the September meeting to receive input and approval.

42. We post the report online.

- Yes, link: [PFAC-Annual-Report-2022 HAC-report-v3.pdf \(ummhealth.org\)](#)
- No

43. We provide a phone number or e-mail address on our website to use for requesting the report.

- Yes, phone number/e-mail address:
- No- report available online

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

- Yes, link: [PFAC-Annual-Report-2022 HAC-report-v3.pdf \(ummhealth.org\)](#)
- No, we don't have such a section on our website