Patient and Family Advisory Council (PFAC) Annual Report Form

Patient and Family Advisory Councils (PFACs) are an integral part of health care organizations. All licensed hospitals, as well as accountable care organizations devoted to MassHealth members, are required to convene a PFAC on a regular basis and tap its members' expertise and lived experience to help the health care organization better meet the needs of its patients.

The Betsy Lehman Center for Patient Safety oversees PFAC work in Massachusetts. Read more on the Center's website.

Use this form to capture the essential activities of your PFAC during the past fiscal year (July 1 – June 30) and submit to the Betsy Lehman Center by October 1. If your hospital has multiple PFACs, please fill it out for the work of your hospital-wide PFAC, and use the last section to describe the work of any additional PFAC groups. The Center will generate a report from the information submitted and return it to you to distribute throughout the organization and post to your organization's website. The Center will also aggregate information and share an annual report of all PFAC activities in the state.

SECTION I: GENERAL INFORMATION

1. Hospital name: Lowell General Hospital

2. How many PFACs does your hospital have in total? 1

3. The information on this form reflects the work of a PFAC that serves as:
   - (•) The sole PFAC at our hospital, ACO, or organization
   - ( ) A hospital-wide PFAC, but there are additional department, unit, population-specific or specialty PFACs as well
   - ( ) A hospital department, unit, or specialty PFAC
   - ( ) A hospital-based PFAC that also serves an ACO
   - ( ) A system-wide PFAC

4. Patient/family co-chair:
   a. Name: Allan Marsh
   b. Email address: a marsh@comcast.net

5. Hospital co-chair:
   a. Name: Diane Regan, DNP, RN, NEA-BC, CEN
   b. Title: Associate Chief Nurse
   c. Email address: Diane.Regan@tuftsmedicine.org
   d. Phone number: 978 788 7219

6. PFAC membership [as of June 30]:
   a. Total number of members: 11 to 15
   b. Total number of patient/family advisers: 6 to 10
   c. Total number of staff advisers: 1 to 5

7. Preferred PFAC membership:

   a. Total number of members: 16 to 20

   b. Total number of patient/family advisers: 11 to 15

   c. Total number of staff advisers: 1 to 5

8. If patient/family members of the PFAC are subject to term limits, please select the length of terms: n/a

9. Which recruiting efforts does your hospital use to identify and attract new PFAC members from the community? (select all that apply)

   - ☐ After visit summary or survey messages
   - ☐ Clinicians' recommendations
   - ☐ Discussions with people in the clinic
   - ☑ Hospital website
   - ☐ Grievances
   - ☑ Pamphlets
   - ☐ Patient/family feedback
   - ☑ Social media
   - ☐ Tables at hospital entrances
   - ☐ Visits to the units
   - ☑ Word of mouth
   - Other: Volunteer Services

10. How often does your PFAC meet? Every other month

    If other, please specify:

11. How do you typically convene your PFAC? A mix of both in-person and virtually

    If a mix, please describe: Typically every other meeting is in person

12. How often do PFAC members engage in these ways with initiatives presented to them? (Please respond to each.)

    a. Approval: The department asks for approval from the PFAC on a completed initiative Never

    b. Feedback: The department asks the PFAC for input on a project in progress Often

    c. Codesign: The PFAC is involved at the inception of the project Sometimes

    d. Other, please specify:

SECTION II: ABOUT THE COMMUNITY

13. State regulations call for hospital PFAC membership to be reflective of the community it serves. Two sets of data can help better understand the racial/ethnic makeup of the community and primary languages spoken.

    a. Race/Ethnicity: Use the links in the table below to find data about the race and ethnicity of the community served by your hospital. If your hospital gathers this information differently, please enter it here.

	Percentage of population	
	Catchment area	Patients served
White	66.29	59.97
Black	4.95	4.85
Hispanic	10.22	14.10
Asian	13.36	10.86
Native Hawaiian and Pacific Islander (NHPI)	.025	.031
American Indian or Alaska Native (AIAN)	.088	.201
Other	5.04	2.89
Multi	18.52	14.00

    b. Languages spoken: The best source will be within your hospital. You may need to ask colleagues in community relations, patient experience, informatics or other record-keepers for this information.

	Percentage of patient population
Spanish	
Portuguese	
Chinese	
Haitian Creole	
Vietnamese	
Russian	
French	
Mon-Khmer/Cambodian	
Italian	
Arabic	
Albanian	
Cape Verdean	
Limited English proficiency (LEP)	

    c. How well do the demographics of your PFAC match the demographics of your hospital's patient population? Poor

14. There are many ways to describe the array of perspectives in a community, including age, income, gender, sexual orientation, gender identity, disability, veteran status, career, chronic or rare disease status, religion, etc. How would you describe your PFAC membership's representation of the community it serves more broadly?

We have a range of ages and different career fields among our PFAC membership, as well as a mix of gender. Each of these elements could be more robust and this is something we are working on as we identify new potential members.

15. Describe any strategies and activities during the last year to align PFAC membership with the diversity of the community served by your organization.

We have started working with our Volunteers program to try to identify new members from that pool. Our PFAC members have started attending community events, especially ones that may allow for meeting community members from all backgrounds.
We have also considered adding a question to our patient experience survey to attract new members but this is not something we have formally moved forward with.

SECTION III: KEY ACCOMPLISHMENTS AND IMPACT

16. How often do you measure the impact of the PFAC on initiatives? Often

17. How often do you track outcome metrics related to PFAC advice? (e.g., improvement in patient experience scores, reduction in falls, etc.) Often

18. How often do you track process metrics? (e.g., number of meetings, number of initiatives, etc.) Often

19. Describe key work accomplished by the PFAC last year. For example, in what ways did the PFAC provide feedback/ perspective, lead or co-lead programs and initiatives, or influence the institution's financial and programmatic decisions? Include at least three accomplishments.

Continue to provide input related to the care of patients with Dementia.
Educated on priority health equity topics. Provided valuable feedback from members to system leadership.
Recruited new member to PFAC and revised the orientation/on boarding process for members.
Provided feedback and input for consideration related to health equity screening questions and processes.
Some members participated in the Magnet re-designation visit and provided input from the perspective of a PFAC member.
Piloted initiatives for recruiting new members through attendance at community sponsored LGH events.
PFAC Member participation on LGH Experience Advisory Group.

20. How do you promote the accomplishments of your PFAC? (Select all that apply)

- ☐ Newsletter
- ☑ Presentation
- ☑ Report
- ☑ Word of mouth
- ☐ We currently do not promote

Other:

21. Did the hospital/organization leadership share its goals for the year with the PFAC membership? Yes

22. Did the work accomplished by your PFAC help advance the organization's goals? Yes

Please describe:

Educated on priority health equity topics. Provided valuable feedback from members to system leadership.
Provided feedback and input for consideration related to health equity screening questions and processes.
Some members participated in the Magnet re-designation visit and provided input from the perspective of a PFAC member.

23. What were the greatest challenges your PFAC faced?

New member recruitment continues to be an area of focus.
Diversity in methods of communications within the system and community.
Larger community awareness of the PFAC members

SECTION IV: SAFETY

Patient safety is the prevention of harm to patients while receiving health care. It's a fundamental principle of health care, and it's considered the foundation of high-quality care. Patient and family input and insight about safety considerations and risks is an essential component of safety improvement work.

24. For each of the following items, indicate your PFAC's level of involvement.

    a. Patient/family advisers were represented at board meetings: Occasionally

    b. Patient/family advisers were consulted on safety goal-setting and metrics: Regularly

    c. Patient/family advisers participated in safety improvement initiatives: Regularly

25. Summarize your PFAC's contributions to patient safety work at your organization.

Continue to provide input related to the care of patients with Dementia.
Transitioning our lab services to Labcorp--patient/ community feedback.

SECTION V: ADDITIONAL INFORMATION

26. Indicate the committees within your organization on which a PFAC member serves:

- ☐ Behavioral Health/ Substance Use
- ☐ Bereavement
- ☐ Board of Directors
- ☐ Care Transitions
- ☐ Code of Conduct
- ☐ Community Benefits
- ☐ Critical Care
- ☐ Culturally Competent Care
- ☐ Discharge Delays
- ☐ Diversity and Inclusion
- ☐ Drug Shortage
- ☐ Eliminating Preventable Harm
- ☐ Emergency Department Patient/ Family Experience Improvement
- ☐ Ethics
- ☐ Institutional Review Board (IRB)
- ☐ Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ+)
- ☑ Patient Care Assessment
- ☐ Patient Education
- ☑ Patient and Family Experience Improvement
- ☐ Pharmacy Discharge Script Program
- ☑ Quality and Safety
- ☐ Quality/Performance Improvement
- ☐ Surgical Home

Other: Strategic planning

27. Are there any PFAC-led workgroups or projects you would like to highlight?

Dementia care initiatives

SECTION VI: LOOKING AHEAD

28. Does your PFAC have goals for the current year? Yes

a. If yes, what are your PFAC's goals for the year?

Recruitment/Diversity among committee members.
Help hospital staff carry out changes and improvements in the experiences of care.
Review and provide input that will help improve access to care and advance diversity, equity and belonging.
Promoting more community outreach and reciprocal communication.
Review and provide input on the hospital/community role in improving the hospital readmission rate.

29. Do these goals support the organization's goals and priorities for the year? Yes, the goals directly relate

    a. If yes, in what ways do these goals support the organization's goals and priorities?

    Lowering our Readmission rate is an organizational goal.
    Health Equity is also a focus.

30. Is there anything else your hospital would like to highlight that has not been captured above?

    We have strong longevity among our members. Some being on the committee since its inception.

31. This report was prepared and reviewed by:

    a. Name: Diane Regan, DNP, RN, NEA-BC, CEN

    b. Title: Associate Chief Nurse

    c. List additional people's names and titles as needed below:

    Franchesca Adams, Program Manager Experience (PFAC Coordinator)
    Christine Wagner, Executive Assistant (PFAC Coordinator)
    Allan Marsh, Patient/family PFAC Co-Chair

32. This report is for the state's fiscal year ending June 30, 2025.

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