

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: **UMass Memorial Health - Marlborough 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: **Luiz Thomaz**
 - b. Email address: **lhthomaz@cleanwith.us**
5. Hospital co-chair:
 - a. Name: **Ellen Carlucci**
 - b. Title: **Vice President**
 - c. Email address: **ellen.carlucci@umassmemorial.org**
 - d. Phone number: **508-486-5807**
6. PFAC membership [as of June 30]:
 - a. Total number of members: **6 to 10**
 - b. Total number of patient/family advisers: **1 to 5**
 - c. Total number of staff advisers: **1 to 5**

7. Preferred PFAC membership:
- Total number of members: 16 to 20 ☐
 - Total number of patient/family advisers: 6 to 10 ☐
 - Total number of staff advisers: 6 to 10 ☐
8. If patient/family members of the PFAC are subject to term limits, please select the length of terms:
9. Which recruiting efforts does your hospital use to identify and attract new PFAC members from the community? (select all that apply)
- | | |
|---|---|
| <input type="checkbox"/> After visit summary or survey messages | <input checked="" type="checkbox"/> Patient/family feedback |
| <input type="checkbox"/> Clinicians' recommendations | <input checked="" type="checkbox"/> Social media |
| <input type="checkbox"/> Discussions with people in the clinic | <input type="checkbox"/> Tables at hospital entrances |
| <input checked="" type="checkbox"/> Hospital website | <input type="checkbox"/> Visits to the units |
| <input checked="" type="checkbox"/> Grievances | <input checked="" type="checkbox"/> Word of mouth |
| <input checked="" type="checkbox"/> Pamphlets | Other: <input type="text"/> |
10. How often does your PFAC meet? Monthly ☐
- If other, please specify: Excluding July and August
11. How do you typically convene your PFAC? In-person ☐
- If a mix, please describe:
12. How often do PFAC members engage in these ways with initiatives presented to them? (Please respond to each.)
- Approval: The department asks for approval from the PFAC on a completed initiative Often ☐
 - Feedback: The department asks the PFAC for input on a project in progress Often ☐
 - Codesign: The PFAC is involved at the inception of the project Sometimes ☐
 - Other, please specify:
- Leadership from each department rotate through each PFAC meeting so that the hospital department leader may educate the PFAC members on hospital initiatives (such as Health Equity, the Patient Complaints and Grievance Process, Regulatory and Joint Commission Survey preparation and report out post-survey, Quality and Patient Safety initiatives, Discharge Planning, Emergency Department processes, Hospital Expansion and Renovation Projects, Determination of Need Applications to the DPH, Patient Experience, hospital quality and safety metrics, Interpreter Services, etc.)

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	73%	84.5%
Black	2.43	2.7
Hispanic	6.7	8.3
Asian	10	2.7
Native Hawaiian and Pacific Islander (NHPI)		.2
American Indian or Alaska Native (AIAN)		
Other		2.0
Multi	5.39	

- 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	3.7
Portuguese	3.0
Chinese	.3
Haitian Creole	.3
Vietnamese	
Russian	.1
French	
Mon-Khmer/Cambodian	
Italian	
Arabic	.1
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? **Well**

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 staff, patients and family members who vary in age, socioeconomic status, education, currently working members and retired members, some grew up in our service area, others relocated to this region from another part of the state or another part of the country. We have several from Brazil and the Azores (Countries/Regions represented in our patient and employee population).

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

Our PFAC does reflect our patient and caregiver population. We are actively trying to recruit members that have different perspectives and represent other groups. We are very inclusive and respectful of diversity in thought.

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.) **Sometimes**
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.

At each of our meetings, our PFAC has the opportunity to engage and provide feedback (both positive and negative) to hospital leaders. The unit managers get terrific feedback from the PFAC members on specific issues and concerns such as wait times in the emergency department or communication during an ED visit. The PFAC members were extremely interested in the Discharge Planning Process (it is so confusing, frustrating and often, overwhelming) and the PFAC members provided questions in advance to the Director of Case Management as to what they didn't understand and provided areas for opportunity for improvement. The PFAC was also highly engaged in a meeting in which we discussed Health Equity Initiatives and have asked for a follow-up to that meeting. The PFAC is very interested in Caregiver Engagement Recognition programs and have volunteered in hospital events during Nurses Week and Hospital Week so that they could personally thank staff for the care they provide to patients.

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: The PFAC Co-Chair serves as a hospital trustee

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? No

Please describe:

The hospital's goals include financial sustainability, mortality, various other quality metrics, patient experience and caregiver engagement. At each meeting we share the dashboard. The PFAC is a small group that provides the valuable voice of the patient, however, the group has minimal impact.

23. What were the greatest challenges your PFAC faced?

Recruitment of new members has always been a challenge for us. We continue to promote internally and externally to patients, community members, caregivers but many potential members we have approached have competing priorities from home, work and personal obligations.

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: Regularly

b. Patient/family advisers were consulted on safety goal-setting and metrics: Never

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

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

The hospital's patient safety and quality goals are set by UMass Memorial Health (UMMH) and are rolled out to each hospital entity. The goals are approved by the UMMH's Board of Trustees each year and new goals are based upon the previous year's performance.

Hospital Leadership's role is to continuously share our goals, performance metrics and initiatives with all of our stakeholders including the PFAC.

SECTION V: ADDITIONAL INFORMATION

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

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

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

Each year, the PFAC reviews, updates and approves the Patient and Family Advisory Council Charter.

SECTION VI: LOOKING AHEAD

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

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

29. Do these goals support the organization’s goals and priorities for the year?

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

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

Through the Department of Public Health's Determination of Need application process, the transfer of ownership of Marlborough Hospital to the UMass Memorial Medical Center was approved on July 9, 2025 by the Public Health Council. On January 1, 2026, Marlborough Hospital will become a campus of the UMass Memorial Medical Center. The PFAC was involved in the Community Engagement of the application process and is fully aware of the upcoming merger. The PFAC will continue to have a presence on the hospital campus and may be involved in some of the integration initiatives. The planning process is just beginning. Although Marlborough Hospital has been part of UMass Memorial Health since 1998, there will be changes when the hospital changes its license to the medical center. This is an exciting time. There is also an extensive renovation and expansion project taking place on the Campus. The Emergency Department is being renovated and expanded and we are building a new multidisciplinary clinic as part of the project. We will continue to share the project plans with the PFAC and seek their feedback on our ideas for patient-centered care and improved patient and family experience.

31. This report was prepared and reviewed by:

a. Name: Ellen Carlucci

b. Title: Vice President

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

Members:	
Georgina Chamberlain	Patient/Family Member
Cindy Felipe	Patient/Family Member
Lisa Casillo	Patient/Family Member
Luiz Thomaz	Community Member, Business Owner, Trustee
Estrela Paulino	Caregiver/patient/family member (Cancer Center)
Vanessa DeCuhna	Caregiver/patient/family member/Interpreter Services
Elbin Hernandez	Caregiver (outpatient and ED registration manager)
Kellie Malo	Caregiver (Performance Improvement, Patient Experience)
Max Grechi	Caregiver (Interpreter Services)
Yvonne Perry	Caregiver (Registration Services)
Ellen Carlucci	Hospital Administration/patient/family member

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