

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: **Signature Healthcare Brockton Hospital**
2. How many PFACs does your hospital have in total? **2 to 4**
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: **Rainer Asse**
 - b. Email address: **Rainer.Asse@gmail.com**
5. Hospital co-chair:
 - a. Name: **Chris Rowan, LICSW**
 - b. Title: **Director of Social Work**
 - c. Email address: **crowan@signature-healthcare.org**
 - d. Phone number: **508-941-7129**
6. PFAC membership [as of June 30]:
 - a. Total number of members: **6 to 10**
 - 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: **11 to 15**
 - 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: **2 years**
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 checked="" type="checkbox"/> Clinicians' recommendations | <input 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 type="checkbox"/> Grievances | <input checked="" type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Pamphlets | Other: Messaging on invoices mailed to patients |
10. How often does your PFAC meet? **Quarterly**
- 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: **In-person with a link to accommodate members**
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 **Rarely**
 - b. Feedback: The department asks the PFAC for input on a project in progress **Sometimes**
 - c. Codesign: The PFAC is involved at the inception of the project **Rarely**
 - 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	46.7419	42.04
Black	24.4023	45.83
Hispanic	9.0996	13.59
Asian	2.8983	0.89
Native Hawaiian and Pacific Islander (NHPI)	0.022456	0.02
American Indian or Alaska Native (AIAN)	.018212	0.18
Other	16.6803	9.81
Multi	19.7831	

- 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	5.28
Portuguese	3.36
Chinese	
Haitian Creole	6.87
Vietnamese	
Russian	
French	0.09
Mon-Khmer/Cambodian	
Italian	
Arabic	0.06
Albanian	
Cape Verdean	7.96
Limited English proficiency (LEP)	

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

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?

Our PFAC includes a mix of patients and family members who bring a range of perspectives from both professional and personal experiences. Membership reflects gender diversity and a balance of patient and family voices and includes both working professionals and retirees. Currently, the PFAC includes one member who identifies as a person of color, with the remaining members identifying as white. While our group benefits from a wide range of experiences across age, career background, and health system engagement, we recognize the importance of more fully reflecting the racial, ethnic, and cultural diversity of the community we serve. We remain committed to expanding recruitment efforts to increase representation from underrepresented racial and ethnic groups and to include additional perspectives such as those of individuals with disabilities, veterans, and members of the LGBTQ+ community.

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

Over the past year, the PFAC has focused on broadening member recruitment to better reflect the diversity of the community we serve. Efforts included collaborating with hospital departments to identify potential members from a wider range of racial, ethnic, and cultural backgrounds. Information about PFAC membership opportunities was shared more broadly through hospital communication channels, including the website and patient materials, to reach individuals who may not have previously been aware of the council. Looking ahead, the PFAC plans to strengthen connections with community organizations and faith-based groups to identify and invite individuals who can bring additional perspectives that mirror the community's full range of backgrounds and experiences.

SECTION III: KEY ACCOMPLISHMENTS AND IMPACT

16. How often do you measure the impact of the PFAC on initiatives? **Sometimes**
17. How often do you track outcome metrics related to PFAC advice? (e.g., improvement in patient experience scores, reduction in falls, etc.) **Never**
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.

During the re-opening of the hospital and over the past year, the PFAC contributed to important initiatives that strengthened the hospital's connection with the community and advanced patient-centered care.

1. PFAC members actively participated in a focus group supporting the hospital's Community Health Needs Assessment. Members provided firsthand perspectives on the community's most pressing health concerns, barriers to care, and the social determinants influencing health outcomes—such as housing, employment, and education. Their input helped identify community priorities.
2. The PFAC welcomed representation from the hospital's Patient Experience department to enhance collaboration around patient satisfaction and quality improvement initiatives. Discussions focused on metrics being tracked including provider and nursing communication, staff responsiveness, and likelihood to recommend the hospital. The council provided feedback on new initiatives such as Nobl rounding and Pet Therapy.
3. The PFAC was consulted for feedback related to implementation of Laura's Law, specifically regarding the placement of emergency call stations, signage, and lighting throughout the facility. Members' observations contributed to decisions about accessibility, visibility, and patient safety.

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?

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

Please describe:

23. What were the greatest challenges your PFAC faced?

The past year presented both challenges and opportunities for the PFAC. The hospital's reopening in August 2024 following a 10-alarm fire in February 2023 required substantial organizational focus on safety and operational readiness. During this time, many hospital resources and staff efforts were necessarily directed toward recovery and reopening planning, which temporarily limited PFAC recruitment efforts. While the council continues to benefit from a dedicated and engaged core group of members, expanding representation to more fully reflect the community's diversity has been difficult amid competing demands and recovery priorities. As hospital operations stabilize post-reopening, the PFAC is renewing its focus on outreach and recruitment to strengthen membership and broaden the range of voices represented in its work.

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: **Never**

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

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

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

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 type="checkbox"/> Patient and Family Experience
Improvement |
| <input 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 type="checkbox"/> Quality and Safety |
| <input type="checkbox"/> Code of Conduct | <input type="checkbox"/> Ethics | <input type="checkbox"/> Quality/Performance
Improvement |
| <input 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"/> Discharge Delays | <input type="checkbox"/> Patient Care Assessment | |

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

A key PFAC-led initiative this year was participation in the hospital's Community Health Needs Assessment (CHNA) process. PFAC members served as a dedicated focus group, providing valuable insights into community health priorities, barriers to care, and social determinants of health such as housing, employment, and education. Their feedback helped shape the hospital's understanding of local needs and informed strategies for future community health planning and outreach.

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?

PFAC goal development for the upcoming year is currently in progress. The council plans to review organizational priorities with senior leadership at an upcoming meeting to ensure alignment between hospital goals and PFAC initiatives. This collaborative discussion will guide the identification of focus areas for the coming year, with anticipated emphasis on enhancing patient experience, expanding membership diversity, and deepening community engagement.

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?

31. This report was prepared and reviewed by:

a. Name: Chris Rowan

b. Title: Director of Social Work

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

Rainer Asse, Co Chair
Council members

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