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: Athol Hospital-Critical Access 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: Rev. John Pastor
   b. Email address: pastoruu@yahoo.com

5. Hospital co-chair:
   a. Name: Jody Langlois (reporting period-Barbara Nealon)
   b. Title: System Director of Risk Management & Patient Safety
   c. Email address: Jody.Langlois@Heywood.Org
   d. Phone number: 978-630-5765

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:

   b. Total number of patient/family advisers:

   c. Total number of staff advisers:

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: No recruiting efforts at present

10. How often does your PFAC meet? Other

    If other, please specify: ad-hoc

11. How do you typically convene your PFAC? Virtually

    If a mix, please describe:

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 Rarely

    c. Codesign: The PFAC is involved at the inception of the project Never

    d. Other, please specify:

    After discussing with the members of PFAC, they have not been engaged in in these ways with the exception of perhaps providing feedback on an initiative presented to them.

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	88.5855	95.5036
Black	.9037	.8993
Hispanic	4.5187	.8993
Asian	.7662	.0000
Native Hawaiian and Pacific Islander (NHPI)	.015717	.00000
American Indian or Alaska Native (AIAN)	.14931	.17986
Other	5.0609	2.518
Multi	5.9921	2.698

    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	0.6037
Portuguese	0.0710
Chinese	0.0177
Haitian Creole	0.0059
Vietnamese	0
Russian	0.0118
French	0.0236
Mon-Khmer/Cambodian	0.0059
Italian	0.0059
Arabic	0.0355
Albanian	0
Cape Verdean	0
Limited English proficiency (LEP)	Unknown

    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?

Based on the information available, most PFAC members are 40 or older, White, and English-speaking. While members bring different personal and professional backgrounds, the current data suggest limited diversity relative to broader community demographics. Additional work is needed to fully capture the diversity of the committee, as some members have not yet completed their demographic information. Moving forward, efforts will focus on broadening and documenting membership diversity to ensure the PFAC reflects the full spectrum of the community and can meaningfully engage in patient-centered initiatives

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

To the best of my knowledge, there were no strategies/activities to align PFAC membership with the diversity of the community served by this organization

SECTION III: KEY ACCOMPLISHMENTS AND IMPACT

16. How often do you measure the impact of the PFAC on initiatives? Never

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.) Never

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 reporting period, the PFAC had limited activity, meeting only once. As a result, there were no major initiatives completed during this time frame. Moving forward, efforts are underway to revitalize the committee, increase engagement, and focus on patient-centered initiatives that will have meaningful impact on the organization and the communities we serve.

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? No

22. Did the work accomplished by your PFAC help advance the organization's goals? No

Please describe:

The PFAC meeting did not directly advance organizational goals, as the session was primarily structured as informational rather than a working meeting. Moving forward, we plan to re-structure future meetings to encourage active engagement and collaboration so that the council's input can be more directly tied to advancing key priorities.

23. What were the greatest challenges your PFAC faced?

During the reporting period, the PFAC faced challenges related to limited engagement and infrequent meetings, which constrained the committee's ability to advance initiatives.

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: Never

    c. Patient/family advisers participated in safety improvement initiatives: Never

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

During the reporting period, the PFAC did not make contributions to patient safety work.

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: None

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

No

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?

Yes, the PFAC has goals for the current year focused on reinvigorating the committee and clarifying its purpose. Efforts are underway to develop a PFAC charter that outlines roles, responsibilities, and priorities. Additionally, a key goal is to have PFAC representatives attend Patient Experience team meetings, which will be an important step toward increased engagement and meaningful participation

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?

Our mission is to be our region's first choice for quality, compassionate, patient-centered care. Reinvigorating PFAC and involving this council in various initiatives aligns with our mission.

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

In addition to the goals mentioned above, as part of reinvigorating the PFAC, we plan to review and enhance recruitment efforts for new members, establish membership terms, and schedule regular meetings, with the frequency to be determined. These steps will help strengthen engagement and ensure the committee can contribute meaningfully to patient-centered initiatives.

31. This report was prepared and reviewed by:

a. Name: Jody Langlois, CRHCP, CPPS

b. Title: System Director of Risk Management & Patient Safety

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

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

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