

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: **Boston Children's Hospital**
2. How many PFACs does your hospital have in total? **>8**
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: **Erin Poirier**
 - b. Email address: **erinmpoirier@gmail.com**
5. Hospital co-chair:
 - a. Name: **Jon Whiting DNP, RN, NE-BC, CCRN-K**
 - b. Title: **Vice President & Associate Chief Nurse, Nursing/Patient Care & Clinical Ops**
 - c. Email address: **Jon.Whiting@childrens.harvard.edu**
 - d. Phone number: **617-355-8564**
6. PFAC membership [as of June 30]:
 - a. Total number of members: **>30**
 - b. Total number of patient/family advisers: **>30**
 - c. Total number of staff advisers: **1 to 5**

7. Preferred PFAC membership:

- a. Total number of members: **26 to 30**
- b. Total number of patient/family advisers: **21 to 25**
- 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: **> 5 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: Networking with key hospital stakeholders

10. How often does your PFAC meet? **Monthly**

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: **2-3 hybrid meeting opportunities annually**

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 **Often**
- 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	
	<u>Catchment area</u>	<u>Patients served</u>
White	68.7%	61.2%
Black	6.8%	9.4%
Hispanic	12.5%	14.9%
Asian	7.3%	5.6%
Native Hawaiian and Pacific Islander (NHPI)	0.03%	0.1%
American Indian or Alaska Native (AIAN)	0.14%	0.1%
Other	NA	6.4%
Multi	4.6%	2.3%

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	6.21%
Portuguese	1.60%
Chinese	0.54%
Haitian Creole	0.66%
Vietnamese	0.16%
Russian	0.09%
French	0.05%
Mon-Khmer/Cambodian	0.04%
Italian	0.01%
Arabic	0.41%
Albanian	0.02%
Cape Verdean	0.28%
Limited English proficiency (LEP)	8.96%

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?

Hospital-Wide FAC members provide robust demographic data, helping us celebrate diversity and identify gaps in representation. Members live in rural, suburban, and urban areas; represent varied household types; speak multiple languages; and travel from near and far for care. They've experienced care across BCH locations and specialties, both in-person and virtually. Our membership includes individuals and families who are neurodiverse, live with disabilities, represent diverse racial, ethnic, and religious backgrounds, and use a mix of public and private insurance. We value the lived experiences and unique perspectives each member brings to our work.

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 actively participated in a 9-month PFAC Learning Community hosted by the Institute for Patient and Family Centered Care where we focused heavily on driving our diversity and inclusion efforts. We created an action plan which drives both short term deliverables and a long-term project to develop a visionary partnership model for advisorship at BCH. Timelines and accountability measures are attached to each action. We tailored a detailed demographic survey specifically for the Hospital-Wide FAC, a group we know intimately, to gather data about our membership that will guide our FAC-specific EDI plan and our 3-year FAC strategic plan - due for refresh effective 1/1/2026. As always, FAC EDI and strategic goals directly align with organizational values and strategic priorities.

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.

The FAC contributed meaningfully to several initiatives this year:

1. Disability Competent Care: Provided personal insights to shape a new system for screening and delivering accommodations across the care continuum.
2. Inpatient Adaptive Equipment: Advised on equipment needs and selection following safety concerns, leading to new purchases and a centralized management system.
3. Nurse Education: Shared lived experiences with newly licensed nurses in the Transition to Nursing Practice program, enhancing understanding of therapeutic relationships and family-centered care.

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: Annual report posted to external website

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:

Yes, the FAC actively advanced organizational goals through several key initiatives:

1. Best in Care Recognition: A 100% patient- and family-nominated program honoring staff and volunteers. FAC members serve as keynote speakers, vote on winners, and participate in finalist selection.
2. Care Bundles Program: Managed entirely by the FAC, this initiative provides staff with care and comfort items to support patients and families throughout their care journey.
3. Strategic Engagement: FAC members contribute to safety and quality initiatives, digital health innovation, workforce education, and facilities planning—ensuring family perspectives inform decisions that shape care today and in the future.

23. What were the greatest challenges your PFAC faced?

How to engage a new generation of FAC members effectively: As our FAC becomes more representative, members have less discretionary time, making engagement more complex. We're challenged to meet members where they are while maintaining strong partnerships and our reputation for saying "yes" to collaboration. This requires ongoing creativity and flexibility in how we work—an evolving effort we've seen success with, but expect to remain a long-term challenge.

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

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

FAC members actively contribute to patient safety efforts at BCH. A family advisor serves on the Patient Care Assessment Committee, the hospital's highest-level safety body. Advisors also participate in teams addressing hospital-acquired conditions (HACs) and have been core contributors to BCH's High Reliability Organization work since 2015, continuing to advise on its evolution.

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 checked="" type="checkbox"/> Diversity and Inclusion	<input checked="" type="checkbox"/> Patient Education
<input checked="" type="checkbox"/> Bereavement	<input type="checkbox"/> Drug Shortage	<input checked="" type="checkbox"/> Patient and Family Experience Improvement
<input type="checkbox"/> Board of Directors	<input checked="" type="checkbox"/> Eliminating Preventable Harm	<input type="checkbox"/> Pharmacy Discharge Script Program
<input checked="" type="checkbox"/> Care Transitions	<input checked="" type="checkbox"/> Emergency Department Patient/ Family Experience Improvement	<input checked="" type="checkbox"/> Quality and Safety
<input checked="" type="checkbox"/> Code of Conduct	<input checked="" type="checkbox"/> Ethics	<input checked="" 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 checked="" type="checkbox"/> Culturally Competent Care	<input checked="" type="checkbox"/> Patient Care Assessment	
<input checked="" type="checkbox"/> Discharge Delays		

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

The FAC participated in a 9-month PFAC Learning Community hosted by the Institute for Patient- and Family-Centered Care (IPFCC), alongside 30 hospitals from the U.S. and Canada. Our 7-member BCH team—including FAC members and a BCH diversity and inclusion leader—is now developing a visionary partnership model to strengthen enterprise-level impact. Key goals include:

1. Building a PFAC membership reflective of the populations served
2. Embedding patient and family voices in strategic decision-making
3. Reaching more patients and families in creative, responsive ways

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?

As the FAC concludes year three of its 2023–2025 plan, efforts remain focused on member-driven priorities aligned with enterprise goals:

1. Member Experience: Strengthen member connections, diversify engagement opportunities, and support Disability Competent Care.
2. Patient & Family Experience: Educate workforce members and expand the Care Bundles Program to enhance comfort and care.
3. Workforce Experience: Support recognition through the Best in Care celebration and broaden the FAC Partnership Seal across all PFACs.

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?

FAC goals are grounded in Boston Children's enterprise priorities:

1. Serve Children & Families of Today: FAC members bring authentic, diverse family perspectives to improvement efforts across BCH.
2. Support Our People: We foster a member-driven culture that elevates family voices and support staff through recognition programs like Best in Care, the Partnership Seal, and Care Bundles.
3. Strengthen Our Systems: Annual member assessments help ensure FAC remains a cohesive, effective partner to BCH stakeholders.
4. Serve Children & Families of Tomorrow: FAC members collaborate with BCH teams to shape future care through family-centered improvement initiatives.

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

Each month, the Hospital-WideFAC reports to the Experience Oversight Committee, a group of senior level executives at BCH who guide all patient and family experience strategy and workstreams. We benefit from their validation and feedback, ensuring that we are consistently aligned with organizational strategic priorities.

For question 13b: About 15% of our patient population has a language other than 'English' in the preferred language field of Epic (not all languages are captured in the table above, which is over 80 languages). 8.96% of our patient population identified as 'needing an interpreter' and have a preferred language set to a language other than English. The percentages shown next to each language above display the % of patients with that preferred language set in Epic and does not imply they need an interpreter. The LEP % (8.96%) considers both the interpreter needs and those that do not have English set as the preferred language.

31. This report was prepared and reviewed by:

- a. Name: **Katie Litterer**
- b. Title: **Program Manager, Family Partnerships**
- c. List additional people's names and titles as needed below:

Jon Whiting DNP, RN, NE-BC, CCRN-K; Vice President & Associate Chief Nurse, Nursing/Patient Care & Clinical Ops; Senior Leadership Co-Chair, Boston Children's Hospital-Wide FAC

Erin Poirier, Parent Co-Chair, Boston Children's Hospital-Wide FAC

Sara Toomey, MD, MPhil, MPH, MSc, Senior Vice President and Chief Safety and Quality Officer, Chief Experience Officer

Lisa Rubino MBA, Administrative Director, Office of Experience

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