

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 Medical Center**
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: **Vacant - N/A**
 - b. Email address: **Vacant -N/A**
5. Hospital co-chair:
 - a. Name: **Sophie Wilson**
 - b. Title: **Patient Insights Manager**
 - c. Email address: **Sophie.Wilson@bmc.org**
 - d. Phone number: **6174145903**
6. PFAC membership [as of June 30]:
 - 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**

7. Preferred PFAC membership:
- 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**
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 type="checkbox"/> Patient/family feedback |
| <input checked="" type="checkbox"/> Clinicians' recommendations | <input type="checkbox"/> Social media |
| <input checked="" 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: Community Insights Survey |
10. How often does your PFAC meet? **Other**
- If other, please specify: **2 times weekly**
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 **Often**
 - 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	47.0847	81,515
Black	14.1801	119,300
Hispanic	21.6021	98,264
Asian	11.3538	22,086
Native Hawaiian and Pacific Islander (NHPI)	.034293	644
American Indian or Alaska Native (AIAN)	.12928	634
Other	5.6156	64,242
Multi	17.1330	2,427

- 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	17.61 %
Portuguese	3.07%
Chinese	
Haitian Creole	7.09 %
Vietnamese	2.39 %
Russian	
French	
Mon-Khmer/Cambodian	
Italian	
Arabic	0.52 %
Albanian	
Cape Verdean	2.04 %
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?

PFAC reflects the rich diversity of the Boston Medical Center community. Members bring a wide range of experiences across race, culture, socioeconomic status, caregiving roles, and health conditions. The group includes lifelong Boston residents, caregivers for aging parents, people living with chronic illness and disabilities, as well as those who have experienced homelessness and addiction recovery. Many members come from immigrant communities and speak multiple languages, including English, French, and Haitian Creole, highlighting the importance of culturally sensitive care. One member from Nigeria shared their early-stage leukemia diagnosis, advocating for proactive health screenings and cancer awareness. While PFAC represents many voices, there are gaps. Families using maternity and pediatric services and those relying on emergency care often cannot participate. Efforts continue to include formerly incarcerated and non-English-speaking populations to ensure every community member feels heard. Together, the diversity of age, income, gender identity, health status, career, and religion strengthens PFAC's commitment to representing and serving the entire Boston Medical Center 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, PFAC has made intentional efforts to better reflect the diversity of Boston Medical Center's patients. We've partnered with hospital departments and community groups to recruit members from underrepresented backgrounds such as caregivers, immigrants, and people affected by incarceration. New members are selected based on the unique perspectives they bring from different parts of the medical center and community. To increase accessibility, meetings are offered virtually. Outreach materials have been redesigned to be culturally responsive and multilingual. Storytelling is used to encourage people who may not see themselves in traditional advisory roles to join. PFAC members also engage in outreach and advocate for under served populations, including economically disadvantaged Black communities. Collaboration with programs like Boston HEALS, Patient Advocacy, THRIVE, and the Perinatal Advisory Board helps deepen our impact. These steps are essential for promoting equitable care and ensuring all community voices are heard.

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.

Over the past year, PFAC members have played an important role in improving the patient and family experience at Boston Medical Center. They helped create Family Rooms on every unit to provide private, accessible spaces for families supporting critically ill loved ones. PFAC also reviewed public safety screening processes to ensure they are respectful and trauma-informed, especially for vulnerable groups like people with mental health conditions or those formerly incarcerated. Members guided the AI Perceptions Survey to address patient concerns about surveillance, trust, and bias, focusing on communities historically mistreated by healthcare. During Patient Experience Week, PFAC engaged with patients to raise awareness about the council and recognize staff who made a positive impact. They also worked closely with Patient Advocacy to help patients share their stories. PFAC contributed to many initiatives including Patient Safety, Boston HEALS, Cancer and Ambulatory QPS, the Perinatal Advisory Board, and THRIVE, always centering patient and family voices.

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:

23. What were the greatest challenges your PFAC faced?

A major challenge is balancing member capacity with the increasing demand for feedback and collaboration, as many members manage care giving, health issues, and other commitments. The growing number of issues has led to more meetings, making it difficult to stay within allotted times an indicator of active engagement but also a logistical challenge. Ensuring feedback is not only heard but visibly implemented remains crucial. While consultation is appreciated, PFAC input must continue to shape policies and programming. Recruiting members from underrepresented groups, such as incarcerated/formerly incarcerated individuals and non-English speakers, also remains difficult. Other challenges include defining clear goals and strategies, building member capacity, and securing a consistent co-chair to maintain steady communication with the Patient Experience Team an issue expected to be resolved soon. Through dedication, these challenges have been managed, with ongoing efforts to increase diversity and better represent the patient community.

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.

The PFAC has strengthened its role in patient safety work by focusing on the Patient Safety Structural Measure (PSSM). Members received education on PSSM requirements and related patient safety activities at BMC. Additionally, the PFAC participated in internal webinar sessions on PSSM and discussed these topics in two meetings. The Director of Patient Quality also contributed through active participation in the webinars

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 checked="" 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: Family Room, BACO |
| <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?

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?

31. This report was prepared and reviewed by:

a. Name:

b. Title:

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

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