

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: Brigham and Women's 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: Vacant- General PFAC; Rose Kamsler - ED PFAC; Lisa Pizzi - NICU PFAC
 - b. Email address: n/a; rosekamsler@gmail.com; lisa@thelisapizzi.com
5. Hospital co-chair:
 - a. Name: Elizabeth Dorisca, General; Andrew Dundin, ED; Dr. Carmina Erdei, NICU
 - b. Title: Program Manager, Prof. Dev. Manager, Physician
 - c. Email address: edorisca@bwh.harvard.edu;adundin@bwh.harvard.edu;cerdei@bwh.harvard.edu
 - d. Phone number:
6. PFAC membership [as of June 30]:
 - a. Total number of members: 11 to 15
 - b. Total number of patient/family advisers: 1 to 5
 - c. Total number of staff advisers: 11 to 15

7. Preferred PFAC membership:

- a. Total number of members: **21 to 25**
- b. Total number of patient/family advisers: **11 to 15**
- c. Total number of staff advisers: **11 to 15**

8. If patient/family members of the PFAC are subject to term limits, please select the length of terms: **3 years**

9. Which recruiting efforts does your hospital use to identify and attract new PFAC members from the community? (select all that apply)

<input checked="" 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 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 type="checkbox"/> Grievances	<input type="checkbox"/> Word of mouth
<input type="checkbox"/> Pamphlets	Other: <input type="text"/>

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

If other, please specify: **General/NICU: Quartlery; ED: Monthly**

11. How do you typically convene your PFAC? **A mix of both in-person and 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 **Rarely**
- 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 **Sometimes**
- d. Other, please specify:

Answers above are in reference to the General PFAC, which is new and has conducted two meetings so far this year.

- 12a: ED PFAC - Often; NICU PFAC - Rarely
- 12b: ED PFAC - Often; NICU PFAC - Often
- 12c: ED PFAC - Sometimes; NICU PFAC - Sometimes

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	47.0847	60.1362
Black	14.1801	10.1776
Hispanic	21.6021	9.8318
Asian	11.3538	4.6104
Native Hawaiian and Pacific Islander (NHPI)	.034293	.03607
American Indian or Alaska Native (AIAN)	.12928	.16973
Other	5.6156	2.179
Multi	17.1330	6.995

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	3.23
Portuguese	0.26
Chinese	0.31
Haitian Creole	0.34
Vietnamese	0.08
Russian	
French	0.04
Mon-Khmer/Cambodian	0.01
Italian	0.03
Arabic	
Albanian	
Cape Verdean	0.09
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?

General: Our PFAC membership reflects a diverse range of patient and family experiences, perspectives, and voices within our community. While we do not require members to provide demographic data, we prioritize recruiting individuals with varied backgrounds, lived experiences, and healthcare journeys to ensure broad representation. This approach allows us to capture meaningful insights and foster discussions that are inclusive, while also respecting members' privacy and personal choice.

ED: Our PFAC has self-declared it's need for a more representative councils based on our membership of late. We recognize the need for greater representation of our vulnerable populations and have had multiple discussion on how to improve this. We are looking forward to new MGB recruitment support to help.

NICU: The NICU PFAC members bring a variety of lived experiences that reflect the families we serve. Our group includes a bereaved parent, both father and mother representation, a parent of NICU twins, and a parent from different religious beliefs and demographic background.

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

General: To support alignment of PFAC membership with the diversity of the community we serve, our Health Equity Department presented the hospital's system-wide strategy to improve equity. This provided our council with a clearer understanding of the organization's goals, current initiatives, and areas of focus. Using this framework, we are better positioned to consider how PFAC membership can reflect and support these priorities, and we will continue to explore ways to engage members whose lived experiences align with the diverse needs of our community.

ED: Meet with our DEI leadership (still named this at the time) to discuss with them the ways in which we could recruit and support advisors from groups that represent our full patient population. Our discussions were fruitful but had yet to yield a plan with interventions concretely. We then were told to pause recruitment. We are eager to reinvigorate these discussion with Patient Experience leadership and their support.

NICU: Over the past year, the BWH NICU PFAC has accomplished several key initiatives that have supported NICU families:

-Parent Engagement and Support: PFAC members host monthly in-person lunches for current NICU parents, creating space for conversation and sharing. The most recent lunch was hosted by a dad advisor to provide support for other NICU dads.

-Program Feedback and Participation: Advisors sit on the DEI Task Force, Research Executive Committee, the Bereavement committee and Social Media team where they provided parent feedback that helped shape programs that we are using today.

Community Outreach: One parent advisor participated in the Bridges to Mom Beauty Day event, which she volunteered her time connecting with former NICU parents from underserved communities. Lastly, a few PFAC members was able to participate in the annual March of Dimes walk and the Walk for Babies to help raise funds

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.) Sometimes

18. How often do you track process metrics? (e.g., number of meetings, number of initiatives, etc.) Sometimes

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.

Answers 16-18 reflect ED PFAC

General: Presentation given on Healthy Equity in preparation for Joint Commission Health Equity Certification
ED: Developed messaging for triage, care initiation and the internal waiting room to assist patients and families in understanding the throughput in the ED (driven by patient experience survey feedback)

Led staff educational discussions around therapeutic communication and patient experience to aid in staff professional development with advisor contribution.

NICU: Q16: Sometimes, Q17: Not sure, Q18: Not sure. Bereavement Support: A parent advisor sits on the Bereavement Committee to help with providing input to projects and also helped plan the annual Service of Remembrance Day event that is hosted by the NICU in collaboration with OB-GYN team

Research and Program Feedback: A parent advisor sits on the Research Executive Committee (REC) to provide input to support a patient- and family-centered approach in a proposed research project, ensuring that parent perspectives were incorporated into the study design such as the BREATHE study.

Social Media Team: A parent advisor has joined our social media team to help shape different strategies for outreach and engagement

Neurocritical Care Team: A parent advisor is engaged with the Neurocritical Care Team to offer a parent perspective.

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: Answer encompasses all PFACs

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:

General: Our PFAC is newly established and will continue to align our work with the organization's goals and priorities. We are committed to growing our council in a way that meaningfully contributes to advancing these goals and ensuring the patient and family perspective is integrated into improvement efforts.

23. What were the greatest challenges your PFAC faced?

Recruitment; Identifying topics for discussion; Attendance (applies to all 3 PFACs)

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: Occasionally
- 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.

General: Discussion with healthy equity team regarding impacts on equitable care and patient experience. MGB goal to gather baseline data so we can set targets.

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 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 type="checkbox"/> Eliminating Preventable Harm	<input type="checkbox"/> Pharmacy Discharge Script Program
<input type="checkbox"/> Care Transitions	<input checked="" 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: <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?

General: As a newly established PFAC, we have not yet initiated PFAC-led projects. However, we are eager to begin and are focused on building the structure and relationships needed to successfully launch meaningful initiatives that support the organization's goals.

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?

Generate new opportunities for the PFAC to review and provide input on hospital initiatives or data related to patient care, safety, quality, and experience.

Use new resources and strategies for PFAC recruitment, with a focus on recruiting diverse and representative patients and family members to the PFAC.

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 hospital is a part of a larger hospital system that has focused on a system-wide quality strategy led by the Office of the Chief Medical Officer. The hospital system is developing a unified vision to enhance the patient experience and ensure care that is effective, safe, and equitable. PFAC input is vital to this work, as patient and family perspectives help guide improvements that advance the patient experience and support achievement of system-wide goals.

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

We are eager to initiate PFAC-led projects that will help elevate and advance the system-wide goals. Since we held our first meeting this past spring, our council is still in the early stages of development, and we anticipate having more progress and outcomes to report in the coming year.

31. This report was prepared and reviewed by:

- a. Name: **Elizabeth Dorisca**
- b. Title: **Program Manager, Patient and Family Relations**
- c. List additional people's names and titles as needed below:

Andrew Dundin, ED Staff Co-Chair
Sophia Desir, NICU Program Manager
Lisa Pizzi, NICU Patient/Family Co-Chair
Dr. Carmina Erdei, NICU Staff Co-Chair

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