

# 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: Cambridge Health Alliance (CHA)
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: Andrea Taylor Dunkley
  - b. Email address: arjtaylor@gmail.com
5. Hospital co-chair:
  - a. Name: Aideen Snell
  - b. Title: Director of Patient Experience
  - c. Email address: aisnell@challiance.org
  - d. Phone number: 617-665-1397
6. PFAC membership [as of June 30]:
  - a. Total number of members: >30
  - b. Total number of patient/family advisers: 26 to 30
  - c. Total number of staff advisers: 6 to 10

7. Preferred PFAC membership:

- a. Total number of members: **>30**
- b. Total number of patient/family advisers: **>30**
- c. Total number of staff advisers: **6 to 10**

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)

<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 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: <input type="text"/>

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

If other, please specify: **8 times per year**

11. How do you typically convene your PFAC? **A mix of both in-person and virtually**

If a mix, please describe: **Virtual with one annual inperson meeting**

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 **Sometimes**
- 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	
	<u>Catchment area</u>	<u>Patients served</u>
White	56%	31%
Black	9%	16%
Hispanic	19%	23%
Asian	12%	7%
Native Hawaiian and Pacific Islander (NHPI)		
American Indian or Alaska Native (AIAN)		
Other		
Multi		

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	10%
Portuguese	18%
Chinese	
Haitian Creole	4%
Vietnamese	
Russian	
French	
Mon-Khmer/Cambodian	
Italian	
Arabic	
Albanian	
Cape Verdean	
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?

We have an ongoing effort to diversify our PFAC, but also our Advisory program as a whole with placement of patient advisors on committees, in project work and on smaller impactful initiatives to elevate the voices of those with lived experience to help drive us towards our goals. This includes our RELD SOGI patients and those who have experienced emotional harm.

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

The PFAC has increased our efforts for diversified member through our MassHealth partnership. We are partnering with our interpreter services team to utilize best practices in having non-English speaking members join the committee. We have had some successful recruitment efforts and anticipate growth in 2026.

### 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.) **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 Patient and Family Advisory Council (PFAC) demonstrated exceptional dedication and impact over the past year, significantly contributing to numerous initiatives that enhanced patient care, improved operational efficiency, and fostered a culture of safety and inclusivity. Through a combination of direct feedback, co-leadership of critical projects, and strategic input, PFAC members provided invaluable patient and family perspectives that directly influenced institutional decisions and programmatic development. Including but not limited to key deliverables in the FY26 strategic plan to Focus on Patients. First through renewed attention to patient engagement with formalized processes to ensure patient and family input in key improvement initiatives and a data driven approach to improving patient experience disparities. A significant accomplishment for our PFAC this year was our support in the training and curriculum development at CHA, aligning with our goal to become a highly reliable organization (HRO). In our journey to zero harm, we engaged our members multiple times on curriculum development to reduce emotional harm. This included developing training to create awareness for staff and leaders on the impact of emotional harm, identifying who is at risk, and understanding its potential to lead to future physical harm. This year, we also provided an insightful update on our HRO journey, highlighting the significant strides made in embedding HRO principles across various departments. We presented our progress to the council, initiating a valuable discussion on strategies to empower patients to comfortably voice their concerns and feedback. Key insights emerged regarding integrating feedback mechanisms directly into patient portals like MyChart, improving clarity around survey requests, and ensuring a safe environment for patients to speak up without fear of negative repercussions, especially concerning sensitive issues like immigration status impacting care access. We also discussed the ongoing challenges of staffing and its impact on the compassionate delivery of care, and the importance of proactive communication to reach out to patients who might be hesitant to seek care. Cambridge Health Alliance (CHA) is launching a hypertension improvement initiative, integrating clinical and community efforts to address high blood pressure and advance health equity. Key aspects include a multifaceted program offering one-on-one education and workshops in multiple languages, community events, and media campaigns, all bolstered by strong community partnerships. Patient advisors have provided crucial feedback, emphasizing direct provider communication for referrals and guidance, the importance of "community cheerleaders" who have successfully managed their hypertension, and diverse communication avenues like WhatsApp groups, grocery store partnerships, and community cookbooks. They also suggested incentives like discounted gym memberships and highlighted the need to address alcohol consumption in educational materials, underscoring the initiative's commitment to patient engagement in its design and implementation. The Patient and Family Advisory Council (PFAC) played a crucial role in a quality improvement project focused on enhancing the clarity and effectiveness of the outpatient psychiatry intake packet. Through their invaluable feedback, PFAC members provided insightful suggestions on the intake letter, map, and code of conduct. Their input led to concrete recommendations for improvement in areas such as clarity, length, format, and map detail, including adding specific time information and exploring more visual formats. Patient advisors also offered critical perspectives on handling guardianship information, advocating for improved clarity, accessible resources, and earlier notification of guardianship issues. Furthermore, they initiated discussions on MyChart access for children and families, suggesting alternatives like QR codes or in-person discussions during the first appointment. The emphasis on clear and concise wording, particularly for refill requests, further highlights the PAC's commitment to improving patient and family experience. This project exemplifies the significant impact of patient and family insights in driving meaningful improvements in care delivery. PFAC also played a significant role in providing feedback to Keeping Patients Informed in Surgical Specialties; Response to Patient Calls in Primary Care by Transforming Care: Central Scheduling and Nurse Advise; Monitoring telehealth wait times; Disability Screening Questions; and ongoing updates to Technology in Healthcare at CHA

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:

The strategic plan is built on a foundation of our Mission, Vision and Values. Our commitment to our communities, and our focus on primary care/behavioral health, differentiate us from other organizations. We have a renewed focus on Patients First/patient engagement/Patient Experience of Care in FY26, there will also be additional formalized mechanisms to elevate the voice of the patient and incorporate learning into improvement projects. We are making an impact and our patients are seeing it, as evidence by our improved PEOC scores.

23. What were the greatest challenges your PFAC faced?

The greatest challenges our Patient and Family Advisory Council (PFAC) faced primarily revolved around limited resources, which directly impacted our ability to foster the level of advisor engagement we aimed for. This limitation extended to several key areas:  
Limited Resources for Advisor Engagement: Lean budget and staffing make it difficult to provide adequate support for our advisors. Our ability to dedicate staff time to proactive outreach, training, and ongoing communication with advisors is constrained.  
Ensuring Comprehensive Voice Representation: Another significant challenge is ensuring that all voices within our patient and family community were genuinely represented on the council. This was particularly difficult in reaching and integrating voices from underserved populations and those who do not speak English as their primary language. This limits participation of non-English speaking patients and families, preventing their valuable perspectives from being fully incorporated into our discussions and decision-making processes. It makes it challenging to recruit and retain advisors from these communities, as they often felt less connected or understood within the existing framework.

## 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: Regularly

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

This year, our PFAC has significantly contributed to Patient Safety, with members serving as key partners on our Patient Safety Council, Restraints Committee, and Health Equity Committee. We have invited key stakeholders to come to PFAC to solicit feedback on our disrupting bias and Diversity, Equity and Inclusion work, Health Equity report identifying disparities in patient experience and access and all inclusive care of the Elderly. As mentioned earlier in our key accomplishments, our advisors have played a key role in our high reliability journey, as well as improving communication in Labor and Delivery around unplanned c-sections.

## SECTION V: ADDITIONAL INFORMATION

26. Indicate the committees within your organization on which a PFAC member serves:

<input checked="" 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 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 type="checkbox"/> Emergency Department Patient/ Family Experience Improvement	<input checked="" 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: <b>Health Equity Steering, Rest</b>
<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?

PFAC Co-Led project

A key accomplishment by PFAC this year was a member co-leading a project focused on enhancing the experience of patients undergoing unplanned C-sections, with a particular emphasis on the distinct experiences of non-English speaking patients. A dedicated PFAC member spearheaded this initiative, conducting patient interviews to gather valuable insights into their C-section journeys. The project identified several areas for improvement, including: prenatal education, where many patients, especially non-English speakers, reported not recalling C-section discussions; intrapartum care/OR environment, where clear communication about the C-section reason and patient preferences for clear drapes, skin-to-skin contact, and music were crucial; anesthesia, where issues with pain control, misunderstood side effects, or lack of awareness about losing consciousness were noted; and communication after delivery, where one patient expressed dissatisfaction about not speaking with the surgeon post-delivery. Based on these findings, the PFAC-led project developed planned solutions, such as reminding outpatient providers and doulas to emphasize C-section discussions during maternity consent; adding prompts to the pre-op huddle checklist to confirm the reason for C-section and patient preferences; the Chief discussing standardized anesthesia counseling and a handout being developed; and adding a question to the postpartum daily rounding note template to prompt providers to inquire about birth experience questions. This initiative, driven by the commitment of our PFAC member, has significantly contributed to understanding and improving the maternity patient experience at our institution.

## 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?

Enhance patient-centered care: Embed patient advisors on improvement initiatives to enhance the patient and family experience, improving communication and reducing emotional harm.

Advocate for patients and families: Ensure the diverse perspectives of patients and their families are represented in decision-making and that the voices of those with language or cultural barriers are heard.

Strengthen partnerships: Foster effective, respectful collaboration between patients, families, clinicians, and administrative staff. Including the addition of a Patient Advisor to Co-Chair our PFAC this year. Create more visibility of PFAC members, as well as other advisors at CHA Community initiatives.

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?

The PFAC (Patient and Family Advisory Council) goals directly support the CHA (Cambridge Health Alliance) organizational goals and priorities in several key ways:

Enhance patient-centered care aligns with CHA's "Focus on Patients First" strategic deliverable, particularly through embedding patient advisors on improvement initiatives and improving communication to reduce emotional harm. This is further reinforced by the tactic to "Formalize processes to ensure patient and family input in key improvement initiatives."

Advocate for patients and families directly supports CHA's "Focus on Patients First" by ensuring diverse perspectives, including those with language or cultural barriers, are represented in decision-making. This resonates with the tactic to "Elevate patient voice and experience data effectively to all staff" and "Leverage data to understand subpopulation experience and commission at least one improvement effort to reduce experience disparities." Strengthen partnerships aligns with CHA's broader strategic goal of improving "long-term sustainability of our mission" and "Focus on Patients First." By fostering collaboration between patients, families, clinicians, and administrative staff, PFAC contributes to a more cohesive and patient-centered environment, which is essential for achieving improved patient experience and responsiveness to feedback, as outlined in CHA's deliverables and tactics. This also implicitly supports the "Hardwire One CHA HRO Behaviors" through promoting effective communication and shared accountability.

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

CHA prioritizes improving patient safety and reducing emotional harm by actively incorporating the voices of individuals with lived experiences. Their commitment to enhancing the patient experience is foundational to their mission. By including patients and families as integral members of their healthcare teams, CHA fosters greater trust and loyalty. This approach is evident in their evolving patient experience program, which transforms constructive feedback from patient complaints into positive changes and often leads to the recruitment of new advisors. Beyond the Patient and Family Advisory Council (PFAC), CHA engages patient advisors through an eAdvisors program, who provide feedback via online surveys on topics such as patient care and improvement ideas, Advisor Focus Groups, which are one-time commitments to gather information on specific issues and representation on key internal committees to ensure the patients voice is elevated in decision making related to quality, patient safety and patient centered care.

Our PFAC members and patient & family advisors have the opportunity to attend various CHA events such as Art Of Healing, Golf Invitational, Roundtable w/Congresswoman Katherine Clark, as well as community events that CHA Sponsors. This year our Patient Co-Chair attended the the 2025 Health Equity Trends Summit (JFK Library & Museum), along with the N.A.H.S.E Greater Boston Healthcare Leadership Dinner and Fireside Chat. We hope to expand this exposure and highlight our patient partnerships.

31. This report was prepared and reviewed by:

a. Name: Aideen Snell

b. Title: Director of Patient Experience

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

Andrea Taylor Dunkley, PFAC Patient Co-Chair, Taruna Banerjee, Associate Chief Quality & Patient Safety, Maren Batalden, Chief Quality Officer, All PFAC Members.

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