

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: **MGB Cooley Dickinson 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: **a. Lisa Ekus b. Gina Wall**
 - b. Email address: **a. licecooks@ekusgroup.com b. gina.wall@outlook.com**
5. Hospital co-chair:
 - a. Name: **Catherine Reed, MBA, MT(ASCP)**
 - b. Title: **Executive Director, Operations**
 - c. Email address: **creed9@mgb.org**
 - d. Phone number: **413-582-2174**
6. PFAC membership [as of June 30]:
 - a. Total number of members: **21 to 25**
 - b. Total number of patient/family advisers: **11 to 15**
 - c. Total number of staff advisers: **6 to 10**

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: **6 to 10**

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 type="checkbox"/> After visit summary or survey messages	<input checked="" type="checkbox"/> Patient/family feedback
<input type="checkbox"/> Clinicians' recommendations	<input checked="" 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 checked="" type="checkbox"/> Pamphlets	Other: PFAC member recommendations

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

If other, please specify: **Monthly except Jul, Aug, Dec**

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

If a mix, please describe: **Zoom and occasionally a hybrid with in person**

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 **Sometimes**
- d. Other, please specify:

When asked PFAC has always offered help and participation with new hospital and department initiatives. When PFAC has suggested initiatives the administration and leadership has been receptive. PFAC leaders involve the entire PFAC membership.

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	78.6	77.9
Black	2.6	2.7
Hispanic	7.1	5.1
Asian	6.6	1.8
Native Hawaiian and Pacific Islander (NHPI)	0.03	0.038
American Indian or Alaska Native (AIAN)	0.12	0.324
Other	0.44	10.22
Multi	4.32	2.11

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	1.1
Portuguese	0.061
Chinese	0.12
Haitian Creole	0
Vietnamese	0.065
Russian	0.029
French	0.005
Mon-Khmer/Cambodian	0.077
Italian	0
Arabic	0.061
Albanian	0
Cape Verdean	0.016
Limited English proficiency (LEP)	.99

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?

Our PFAC has been diverse in all of the categories mentioned in this question.

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

Presentation to Northampton Neighbors
Volunteer Fair at Senior Center
Pride Parade in Northampton
Bike Ride for Cancer Center
Friends of Cooley Dickinson Art Auction

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.) **Always**

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.

Relaunch of shuttle between CDH and MGH/MEE/BWH
Child-friendly mural in the new ED
Ongoing updates and feedback on new ED expansion project
Organized and ran 3 staff appreciation events
Involvement with staff nursing awards (i.e. Daisy Awards)
Recruitment of several new PFAC members
Several meetings of hospital leadership with PFAC co-chairs around new and ongoing initiatives
Produced the PFAC recruitment brochure in English and Spanish
PFAC member led project to produce many hospital patient-facing materials in English and Spanish
Every PFAC meeting includes presentations by department leaders to enhance understanding and improvement of services, patient education, and quality and safety.

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: PFAC monthly meetings
Regular email updates to membership

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:

More community outreach and involvement
More PFAC members for staff appreciation events and staff award programs
Increased input from PFAC members with senior leadership

23. What were the greatest challenges your PFAC faced?

Lengthy and onerous process of vetting and onboarding new PFAC members from the community. This process appears to be very long and complicated and resulted in at least one very interested and qualified person withdrawing their application.

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.

PFAC members sit on the PCAC

Participation of entire membership during monthly meetings via presentations and reports given by department heads

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 checked="" type="checkbox"/> Patient and Family Experience Improvement
<input checked="" 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 checked="" type="checkbox"/> Quality and Safety
<input 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 type="checkbox"/> Culturally Competent Care	<input checked="" type="checkbox"/> Patient Care Assessment	
<input type="checkbox"/> Discharge Delays		

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

Staff recognition and Awards

We helped leadership present and educate a large community organization (eg Northampton Neighbors

Review and begin the process to enhance signage and wayfinding in the hospital
Relaunch of shuttle service

Assisted Director of Community Health with Community Health Needs Survey and also many PFAC members completed the survey

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?

These goals are aligned with our PFAC goals across our system for FY2026

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

Not at this time.

31. This report was prepared and reviewed by:

a. Name: Lisa Ekus, Gina Wall

b. Title: CDH PFAC Co-Chairs

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

Katie Dodge, PT
PFR Manager, MGB Community Division

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