

# 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: Emerson 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: Cheri Carey & Carole Greenfield
  - b. Email address: [nursespike@yahoo.com](mailto:nursespike@yahoo.com) & [carolegreenfield3@gmail.com](mailto:carolegreenfield3@gmail.com)
5. Hospital co-chair:
  - a. Name: Christi Barney & Mark Mahnfeldt
  - b. Title: Vice President Quality and Patient Safety & Chief Nursing Officer
  - c. Email address: [cbarney@emersonhosp.org](mailto:cbarney@emersonhosp.org) & [mmahnfeldt@emersonhosp.org](mailto:mmahnfeldt@emersonhosp.org)
  - d. Phone number: 978-287-3260
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: **16 to 20**
- b. Total number of patient/family advisers: **16 to 20**
- 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: **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 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: <b>Patient Experience recruiting</b>

10. How often does your PFAC meet? **Every other month**

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: **We always have a virtual option (zoom)**

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 **Sometimes**
- c. Codesign: The PFAC is involved at the inception of the project **Rarely**
- d. Other, please specify:

Our current design supports groups within the organization coming to the PFAC team for input/feedback on projects in various stages. PFAC does not currently have an approval role but instead is a valued partner.

## 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	75.653	86.255
Black	2.065	2.640
Hispanic	4.260	4.662
Asian	12.629	4.651
Native Hawaiian and Pacific Islander (NHPI)	0.026	0.000
American Indian or Alaska Native (AIAN)	0.052	0.054
Other	5.315	1.391
Multi	18.022	6.096

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	0.205
Portuguese	0.179
Chinese	0.112
Haitian Creole	0.071
Vietnamese	0.003
Russian	0.037
French	0.006
Mon-Khmer/Cambodian	0.004
Italian	0.001
Arabic	0.015
Albanian	0.001
Cape Verdean	0.000
Limited English proficiency (LEP)	0.718

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?

The PFAC group has done a great deal of self reflection on this issue noting that many members are retired, well educated and primarily white. There is representation of different genders, careers, disease states, family configurations and faith backgrounds. Within the group there are members who have previous work experience within disability communities and expertise as well with behavioral health/addiction recovery and social justice. This appears to reflect many of the communities served by Emerson and the sensitivity of the group to potential bias is notable in our discussions.

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

There has been outreach to patients/families in effort to recruit some younger members, members with young children and members with different disabilities. We have not traditionally thought in terms of insurance diversity as we recruit, and thus far, we have not had success with attempts to directly recruit Mass Health members as encouraged by the current Mass Health Equity 1115 waiver program.

### 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.

- Review of Equity data and input into equity frameworks as the organization worked toward TJC Equity Certification.
- Feedback regarding the Press Ganey patient experience surveys (HCAHPS) led to changes in methodology (use of email) and design changes within the surveys to include specific location and date of service for ease in response. Response rate increased.
- Annual review of external signage for ED wayfinding (Laura's Law)
- Annual review of the Patient Safety, Workplace Violence and Hospital strategic goals

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: **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:

The group was instrumental in providing feedback and input prior to the TJC Equity Survey that helped shape presentations. Feedback from members improved our HCAHPS survey design and increased response rates. PFAC members sit on committees that determine organization Quality, Safety, Violence Prevention, Stroke, Equity and Shared Governance goals.

23. What were the greatest challenges your PFAC faced?

We continue to reflect on the difficulty reflecting more diversity within the group and recruiting members from different cohorts (different age groups, language, disabilities).

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

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

The PFAC presents annually to the Board of Directors through the Board Quality Committee. Additionally the work of the group is reflected in President Reports to the Board each month. There is a standing member of PFAC on the Patient Safety Committee and Quality Council. During PFAC meetings, key safety initiatives are reviewed with the group for feedback and input. Many of the issues in Section V are covered in organization committees where a PFAC member is present.

## 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 type="checkbox"/> Bereavement	<input type="checkbox"/> Drug Shortage	<input 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 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 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 type="checkbox"/> Patient Care Assessment	
<input type="checkbox"/> Discharge Delays		

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

The major PFAC project this year was an update to the external website to promote, celebrate and transparently communicate the work of the group. A PFAC workgroup also began to revise onboarding materials and clarify the process for PFAC membership.

## 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?

Our goals for CY 2025 focused on enhancing membership and increasing awareness of the PFAC committee.

1. Increase PFAC membership and diversity.
  - a. Identify ways to engage new members.
  - b. Develop a new standard onboarding process
2. Increase hospital membership on PFAC.
  - a. Develop a recruitment strategy to engage new council membership
3. Increase awareness of the PFAC committee and its accomplishments.
  - a. Develop a PFAC landing page on the new website

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 Patient and Family Advisory Council (PFAC) goals directly support the organization's mission and priorities by strengthening community awareness and partnership. Through active collaboration between patients, families, and staff, the PFAC ensures that community voices shape care delivery, communication strategies, and outreach initiatives. This engagement fosters transparency, builds trust, and enhances the organization's reputation as a responsive and inclusive healthcare provider. By aligning its efforts with organizational objectives—such as improving patient experience, promoting health education, and encouraging community participation—the PFAC helps create meaningful connections that advance both quality care and public engagement

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

With the arrival of a new Patient Experience Coordinator, we have opportunities to expand the activities of the PFAC. The PFAC group will be invited on a building tour with the Subcommittee on Equity, Access and Quality in October/November to provide patient perspective for wayfinding with a particular focus on disability access. The PFAC group will also provide input into the draft patient handout on Good Faith Estimate/No Surprises Act processes in October.

31. This report was prepared and reviewed by:

a. Name: Christi Barney

b. Title: Vice President Patient Safety

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

Mark Mahnfeldt, Chief Nursing Officer  
Juan Luna, Patient Experience Coordinator  
Cheri Carey, PFAC Co-Chair  
Carole Greenfield, PFAC Co-Chair

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