

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: **Lahey Hospital & 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: **Evelyn Comeau**
 - b. Email address: **ecomeau@comcast.net**
5. Hospital co-chair:
 - a. Name: **Scott James**
 - b. Title: **Senior Vice President, Chief Nursing Officer**
 - c. Email address: **Scott.James@lahey.org**
 - d. Phone number: **781-744-2424**
6. PFAC membership [as of June 30]:
 - a. Total number of members: **16 to 20**
 - b. Total number of patient/family advisers: **6 to 10**
 - 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: **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 type="checkbox"/> Grievances | <input checked="" type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Pamphlets | Other: QR code application, flyers and table tents |

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: **In person and via Teams 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 **Often**
- c. Codesign: The PFAC is involved at the inception of the project **Often**
- 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	70.1810	66.5762
Black	4.6138	2.6956
Hispanic	3.8467	4.4673
Asian	17.6728	3.2624
Native Hawaiian and Pacific Islander (NHPI)	.007670	.04763
American Indian or Alaska Native (AIAN)	.05753	.09525
Other	3.6205	22.413
Multi	21.3584	25.818

- 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	32.42
Portuguese	13.01
Chinese	10.33
Haitian Creole	7.03
Vietnamese	1.56
Russian	2.12
French	0.37
Mon-Khmer/Cambodian	2.12
Italian	1.23
Arabic	3.68
Albanian	2.01
Cape Verdean	0.15
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?

Based on the demographic stratification, the LHMC PFAC demonstrates appropriate representation of the community it serves.

Race: The community served by Lahey Hospital and Medical Center(LHMC) 's is primarily white (>70%).

Language: Majority of patients' preferred language of communication is English. Spanish, Portuguese and other languages are represented in a smaller proportion (<=5%).

Age: Over 65% of LHMC patients are over the age of 65 or older.

Gender identification: A small proportion of patients identify as a member of LGBTQ+ community.

The hospital continuously strives to ensure diverse perspectives are considered through offering patient experience surveys in multiple languages, conducting focus group interviews during its community health needs assessment(e.g. individuals with disability, LGBTQ+) and data stratification (e.g. falls with injury rates for patients > 65).

During the last LHMC community health needs assessment, one of the priority conditions was identified as diabetes. This has resulted in several clinical interventions to bridge the gap in management of chronic diabetes. PFAC representation at the diabetes subcommittee ensures that patient voice is at the center of these initiatives.

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

In 2024, Lahey Hospital and Medical Center launched multiple strategic activities to ensure representation at PFAC is closely aligned with the diverse community it serves.

Data: To ensure the organization is able to capture appropriate patient demographics, several enhancements were made to the Electronic Health Records (EHR). Staff were trained to ensure appropriate capturing of patients' race, ethnicity, disability status and language needs. Regular data stratification of the captured patient demographics was conducted to ensure the hospital is providing care and services that meet the patient population it serves.

Language: For patients whose preferred language is other than English, the hospital offers interpreter services. However, evidence suggests that patients prefer to receive their care from a provider who speaks in their preferred language. Based on this, the hospital has launched a language competency certification for providers who are bilingual. Providers can take a one-time language proficiency test and once successfully completed, they can provide care to patients in their language.

Auxiliary Aids: The Interpreter services department deployed an auxiliary aids toolkit on all inpatient units to ensure patients with disability (e.g. Hearing loss, vision loss) have appropriate tools such as voice amplifiers, writing board available to them.

Recruitment: Recruitment efforts to PFAC included Online campaign through the hospital website, digital display at various waiting rooms, and other public locations.

Additionally, paper brochures and table tents were made available to patients and family members in the waiting rooms and cafeteria.

To reduce burden on interested PFAC members, an abbreviated application was created. This was aimed at reducing time and effort it takes to apply for the PFAC membership.

Potential PFAC members were offered a call with existing members to answer questions and resolve any doubts. Additionally, potential members were offered an opportunity to observe the PFAC meetings.

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.) **Never**
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.

See attached supporting documentation.

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:

PFAC members contribute to key organizational goals by serving on the Ethics Committee, leading patient experience initiatives in the ED, and participating monthly in the Diabetes Champion Committee. They also provide education at the annual Diabetes Symposium hosted by the Endocrinology Department. Additionally, one member supports the surgical department by preparing stretchers to improve workflow.

23. What were the greatest challenges your PFAC faced?

While membership and project co-development were challenges, PFAC successfully increased membership by four new members in the final quarter of FY 2025 through outreach efforts such as written materials and table tents. In FY 2026, the focus will expand to strengthening co-creation on projects, ensuring deeper collaboration between PFAC members and hospital teams.

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 have contributed meaningfully to patient safety and quality improvement efforts across the organization. Their involvement includes participation in the Diabetes Champion Committee, reviewing educational materials for DVT prevention and diabetic retinopathy, and providing feedback on the Joint Commission Health Equity Survey. Members also receive regular updates from the Quality and Safety team, including review of the Quality and Safety Scorecard. Additionally, PFAC members were invited to participate in the CMS Age-Friendly Measures initiative to help shape care for older adults. They also received updates from senior leadership on institutional finances and major programmatic decisions, ensuring the patient and family voice is considered in organizational planning and strategy.

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 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 checked="" 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?

As detailed in the response to Question #19, our PFAC stands out as an exceptional partner in advancing patient safety and quality. Members are actively embedded in hospital committees and workgroups, where they make meaningful, ongoing contributions that truly amplify the patient and family voice. Their involvement includes participation in the Diabetes Champion Committee, reviewing educational materials for DVT prevention and diabetic retinopathy, and offering thoughtful feedback on the Joint Commission Health Equity Survey. PFAC members also receive regular updates from the Quality and Safety team, including reviews of the Quality and Safety Scorecard, allowing for informed dialogue and input. In addition, members have been invited to engage in the CMS Age-Friendly Measures initiative, further supporting age-inclusive care. They are also kept informed by senior leadership on key institutional matters such as finances and major programmatic decisions—ensuring that the patient perspective is integrated into strategic planning at every level.

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 Council Engagement & Representation

-Recruit diverse new members to better reflect the patient population.

-Set goals for meeting attendance, active participation

Evaluate Council Impact

-Present annual accomplishments to hospital leadership or board.

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 committee's efforts directly advance the organization's strategic goals by fostering inclusive representation, strengthening community engagement, and promoting accountability. By ensuring diverse voices are actively involved and evaluating our impact regularly, we help build trust, improve responsiveness, and ensure our work reflects the needs and values of those we serve.

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

None

31. This report was prepared and reviewed by:

a. Name: Karen Schoonmaker

b. Title: Executive Director, Quality and Safety

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

Natalie Melendez, Administrative Office Supervisor

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