

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: **Massachusetts General Hospital**
2. How many PFACs does your hospital have in total? **>8**
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: **Julie DeCosta**
 - b. Email address: **juliemdecosta@gmail.com**
5. Hospital co-chair:
 - a. Name: **Helen Scarr**
 - b. Title: **Sr. Manager, Patient and Family Relations**
 - c. Email address: **hscarr@mgb.org**
 - d. Phone number: **6177243312**
6. PFAC membership [as of June 30]:
 - 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** ☐

7. Preferred PFAC membership:
- Total number of members: 16 to 20
 - Total number of patient/family advisers: 16 to 20
 - 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: 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 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 checked="" type="checkbox"/> Pamphlets | Other: brochure/flyer |
10. How often does your PFAC meet? Monthly
- If other, please specify: n/a
11. How do you typically convene your PFAC? A mix of both in-person and virtually
- If a mix, please describe: Joint PFAC (All MGH+MEE) in person 2x/year
12. How often do PFAC members engage in these ways with initiatives presented to them? (Please respond to each.)
- Approval: The department asks for approval from the PFAC on a completed initiative Often
 - Feedback: The department asks the PFAC for input on a project in progress Often
 - Codesign: The PFAC is involved at the inception of the project Often
 - 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	
	Catchment area	Patients served
White	47.0847	64.4488
Black	14.1801	7.3739
Hispanic	21.6021	12.4395
Asian	11.3538	4.7799
Native Hawaiian and Pacific Islander (NHPI)	0.034293	0.02449
American Indian or Alaska Native (AIAN)	0.12928	0.26736
Other	5.6156	2.835
Multi	17.1330	7.907

- 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	4.56%
Portuguese	0.76%
Chinese	0.41%
Haitian Creole	0.38%
Vietnamese	0.13%
Russian	0.00%
French	0.05%
Mon-Khmer/Cambodian	0.10%
Italian	0.07%
Arabic	0.00%
Albanian	0.00%
Cape Verdean	0.07%
Limited English proficiency (LEP)	0.00%

- 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?

Mass General Hospital's General Patient and Family Advisory Council (MGH General PFAC) reflects a spectrum of patients served by MGH. The membership brings diverse life experiences and perspectives. We have PFAs with varied professional backgrounds including healthcare, advocacy, full time caregivers and some that are retired. PFAs bring their lived experience, some with disabilities, varied income levels, and different racial and ethnic backgrounds. Our PFAC is committed to showcasing the lived experience of the community, ensuring that their voices are heard in guiding patient centered care.

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 the last half of the year, the MGH General PFAC began reviewing the current roster after a few members stepped down. We are reviewing the demographics of the current membership to determine our recruiting strategy for the Fall. Our goal is to find candidates who will be actively engaged and maintain a positive outlook. We look to find candidates whose voices may no longer be "at the table," given resignations over the past year. We look for those willing to share their insights and experiences in a way that fosters learning for others. Having respect for diverse perspectives is essential as we aim to represent the rich diversity of our patient and family population. Spanish-speaking families are encouraged to apply.

SECTION III: KEY ACCOMPLISHMENTS AND IMPACT

16. How often do you measure the impact of the PFAC on initiatives? **Rarely** ☒
17. How often do you track outcome metrics related to PFAC advice? (e.g., improvement in patient experience scores, reduction in falls, etc.) **Rarely** ☒
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.

The MGH General PFAC was most proud of assisting the Director of Chaplaincy in completing a proposal and securing funding to add a .5 FTE to support the Cancer Center ambulatory clinics. This allowed MGH to expand its spiritual support to patients in the oncology outpatient setting, which had been a significant gap in services. It also has PFAs who are integrally involved with the Blum Center Education Sub-Committee. They reviewed and approved multiple patient-facing documents. The General PFAC emblem was updated by the MGB branding team and is now being used as a "PFAC Seal of Approval" for all patient facing documents and other projects where PFAs have had input/approval. MGB is now tracking use of the emblem across the system.

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:

Chaplaincy: Being able to add a chaplain to support patients in the Cancer Center ambulatory clinics advanced MGH's goal of providing compassionate, patient-centered care. IRB: One of our PFAs is the "non-scientist" member of the IRB, reviewing proposals for Human Subjects Research, ensuring the patient lens and voice is part of IRB reviews for MGH research activities. Blum Patient and Family Learning Center Education Sub-Committee advances the education component of our mission, focusing on both patient and staff education.

23. What were the greatest challenges your PFAC faced?

One of the greatest challenges the MGH General PFAC faced in FY2025 was a pause in some activities while we aligned PFACs across all MGB hospitals. All our PFACs have struggled with getting back to the level of PFAC engagements that we were at prior to COVID and staffing shortages.

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: Occasionally ☐

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

Three PFAs from the MGH General PFAC serve on the Hospital Quality Improvement Committee (HQIC).

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 checked="" 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 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 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?

The Blum Patient and Family Learning Center Education Sub-committee has been one of the longest running PFAC-led workgroups for the MGH General PFAC. Through COVID this group pivoted quickly, turning around ever-changing patient-facing documents related to masking and other COVID precautions. It has proven to be a reliable partnership to advance the core mission of MGH.

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 MGH G-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?

Mass General Brigham's unified patient care strategy is called "For Every Patient." It is designed to guide our work to become the nation's leading health system for quality. Through For Every Patient, we aim to deliver safe, efficient, highly effective and personalized care, rooted in equity. The goals of each MGB PFAC directly supports this work by focusing on improving safety and centering the patient and their loved ones in all our work.

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

In addition to the General PFAC, MGH has the following specialty PFACs, with key accomplishments highlighted:
Mass General Brigham for Children: This year featured two parent/provider teams that each won the Ether Dome Challenge. Creation of new discharge template for children with complex needs in the PICU (Now in use). Development of a resource app for MGBfC families (Donor has agreed to help build). Parent-provider publication describing the partnership is process in Pediatrics.
Cancer Center
Heart and Vascular Institute: The HV PFAC has members serve on a variety of committee contributing to the organizational mission and goals, including Diversity and Inclusion, IRB, Patient Education, and Quality and Safety.
Emergency Dept: The ED PFAC has successful engaged patients in conversations and activities surrounding experience/improvements in Emergency Department for patients/families.
Pediatric Oncology: Provide guidance to clinical staff for program initiatives to support parents during their child's cancer treatment. Identify ways to engage parents for mutual support through groups, networking, and events. Parents of the Family Advisory Committee developing staff appreciation program to recognize the work of the clinical staff.
Dementia Care Collaborative
Substance Use Disorder: Work accomplished by the SUD-PFAC includes an "Addiction 101" lesson , an overview of MGH's SUD programs, and including an in-person visit to the MGH Bridge Clinic in hopes of receiving more funding for life saving programs surrounding SUD.

31. This report was prepared and reviewed by:

a. Name: **Jillian DeMaria**

b. Title: **Patient Family Relations Specialist**

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

Helen Scarr, Sr Manager of Patient and Family Relations

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