

# 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: **Martha's Vineyard 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: **Cindra Trish**
  - b. Email address: **ctrish@hamv.org**
5. Hospital co-chair:
  - a. Name: **Amy Houghton**
  - b. Title: **Director of Contracts and Community Projects**
  - c. Email address: **abhoughton@mgb.org**
  - d. Phone number: **508-684-4571**
6. PFAC membership [as of June 30]:
  - a. Total number of members: **6 to 10**
  - b. Total number of patient/family advisers: **6 to 10**
  - c. Total number of staff advisers: **1 to 5**

7. Preferred PFAC membership:
- Total number of members: **6 to 10**
  - Total number of patient/family advisers: **6 to 10**
  - 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 checked="" 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: <b>Community Based Organizations</b>                 |
10. How often does your PFAC meet? **Monthly**
- If other, please specify: **We do not meet in November and July and Aug**
11. How do you typically convene your PFAC? **A mix of both in-person and virtually**
- If a mix, please describe: **Most attend in person but Teams is offered**
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 **Rarely**
  - Feedback: The department asks the PFAC for input on a project in progress **Sometimes**
  - Codesign: The PFAC is involved at the inception of the project **Sometimes**
  - Other, please specify:  
**The PFAC directed an initiative about patient communication called the 4M's**

## 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	
	<a href="#">Catchment area</a>	<a href="#">Patients served</a>
White	79.1443	77.9528
Black	3.6608	6.651
Hispanic	2.5968	7.3729
Asian	.8836	.8590
Native Hawaiian and Pacific Islander (NHPI)	.040575	.00000
American Indian or Alaska Native (AIAN)	1.35702	.50107
Other	12.3168	1.145
Multi	14.4981	2.505

- 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	0.42
Portuguese	9.84
Chinese	0.06
Haitian Creole	0
Vietnamese	0.01
Russian	
French	0.03
Mon-Khmer/Cambodian	
Italian	0
Arabic	
Albanian	
Cape Verdean	0.01
Limited English proficiency (LEP)	

- 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?

The PFAC membership includes individuals who have lived experience and/or represent community organizations that represent a variety of perspectives, including: Older adults, parents, BIPOC, veterans, housing insecure, disability, religion, Tribal ethnicity and careers. We currently do not have a member who is Portuguese speaking, but we are actively looking.

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

We added a member who has young children, a veteran, a member with Tribal ethnicity and a caregiver of spouse with Alzheimer's disease.

### 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.

PFAC was actively involved in our completion of the Community Health Needs Assessment and the Joint Commission Health Equity certification process. Specifically, the members were informed about the process for completion of both, solicited for opinions about the topics covered and the process for completion of both initiatives. The PFAC members participated in a focus group about the CHNA and provided feedback that was incorporated into the final report. PFAC members also played an important role in new directional signage installed throughout the Hospital.

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:

Insight into the CHNA was important.

23. What were the greatest challenges your PFAC faced?

MGB changes and directives put some of the progress on hold as we were directed to not add new members and not set new goals.

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

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

Input on directional signage and recommendations for improved safety for the disabled within the Hospital campus.

## SECTION V: ADDITIONAL INFORMATION

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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Behavioral Health/<br>Substance Use | <input 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<br>Improvement |
| <input type="checkbox"/> Board of Directors                  | <input type="checkbox"/> Eliminating Preventable Harm                                   | <input type="checkbox"/> Pharmacy Discharge Script<br>Program         |
| <input type="checkbox"/> Care Transitions                    | <input type="checkbox"/> Emergency Department Patient/<br>Family Experience Improvement | <input type="checkbox"/> Quality and Safety                           |
| <input type="checkbox"/> Code of Conduct                     | <input type="checkbox"/> Ethics   | <input type="checkbox"/> Quality/Performance<br>Improvement           |
| <input checked="" 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,<br>Transgender and Queer<br>(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?

PFAC led the effort to create a communications tool "The 4 M's" to provide a rubric for patients to speak to providers at appointments and for providers to ensure patient priorities are being considered in planning care.

## 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?

1. Generate new opportunities for the PFAC to review and provide input on hospital initiatives or data related to patient care, safety, quality, and experience.

2. 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?

2026 PFAC goals are intended to span across MGB PFACs

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

31. This report was prepared and reviewed by:

a. Name: **Amy Houghton**

b. Title: **Director of Contracts and Community**

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

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