

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: **MelroseWakefield Healthcare**
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: **Bob Cecere**
 - b. Email address: **bobcecere@msn.com**
5. Hospital co-chair:
 - a. Name: **Elisa Scher MSN RN**
 - b. Title: **Executive Director**
 - c. Email address: **elisa.scher@tuftsmedicine.org**
 - d. Phone number: **781-224-5877**
6. PFAC membership [as of June 30]:
 - a. Total number of members: **11 to 15**
 - b. Total number of patient/family advisers: **1 to 5**
 - c. Total number of staff advisers: **6 to 10**

7. Preferred PFAC membership:
- Total number of members: **11 to 15**
 - Total number of patient/family advisers: **1 to 5**
 - 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 type="checkbox"/> Social media |
| <input checked="" type="checkbox"/> Discussions with people in the clinic | <input type="checkbox"/> Tables at hospital entrances |
| <input type="checkbox"/> Hospital website | <input type="checkbox"/> Visits to the units |
| <input checked="" type="checkbox"/> Grievances | <input checked="" type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Pamphlets | Other: <input type="text"/> |
10. How often does your PFAC meet? **Every other month**
- If other, please specify:
11. How do you typically convene your PFAC? **Virtually**
- If a mix, please describe:
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 **Sometimes**
 - 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	70.1	
Black	8.6	
Hispanic		
Asian	9.5	
Native Hawaiian and Pacific Islander (NHPI)		
American Indian or Alaska Native (AIAN)		
Other	2.8	
Multi		

- 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	2
Portuguese	1
Chinese	1
Haitian Creole	1
Vietnamese	1
Russian	0
French	0
Mon-Khmer/Cambodian	0
Italian	0
Arabic	0
Albanian	0
Cape Verdean	0
Limited English proficiency (LEP)	0

- 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 is a mix of different genders, different age groups. All have accessed different points of service at MWH both inpatient and outpatient as well as our ED services.

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 continue to work with our community based partners to expand membership by attempting recruitment in different clinics and hospital based programs they run.

SECTION III: KEY ACCOMPLISHMENTS AND IMPACT

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

PFAC provided key feedback to the group related to the ED project/construction that was underway at LMH.

Their insight from accessing that service line was valuable in discussion related to layout of the rooms and how patients would flow thru the space.

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? **Somewhat**

Please describe:

There are system and local goals that are developed by the Board and executive leadership but we do share the with PFAC members so they understand the priorities of the organization they represent but the larger system.

23. What were the greatest challenges your PFAC faced?

We continue to have some challenges recruiting new members. We are going to try some new initiatives with Patient Advocate and Quality Department and Maternal Newborn Services to try to build our PFAC team.

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: **Occasionally**

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

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

We have shared initiatives that we are working on in inpatient (falls) and outpatient (documentation in EPIC) so we have received feedback in those categories.

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 checked="" 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 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?

SECTION VI: LOOKING AHEAD

28. Does your PFAC have goals for the current year?

a. If yes, what are your PFAC's goals for the year?

Assessment of organizational projects such as the ED construction, growth of our breast/oncoplastics program and bringing new services such as new offerings in cardiovascular to the PFAC membership.
Recruitment of new PFAC members with a focus on ethnicity and gender.
Ongoing work with SOGI initiatives

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?

Assuring with PFAC feedback that we are working on projects that will be most impactful for the patients that we serve in our broad catchment area.

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: **Elisa Scher MSN RN**

b. Title: **Executive Director**

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

Barbara Viens, SVP and CNO Melrose Wakefield Healthcare

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

