

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: **Newton Wellesley 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:
 - b. Email address:
5. Hospital co-chair:
 - a. Name: **Jonathan Sonis, MD**
 - b. Title: **Associate Chief Medical Officer**
 - c. Email address: **jsonis@mgb.org**
 - d. Phone number:
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:
- a. Total number of members: **11 to 15**
 - b. Total number of patient/family advisers: **6 to 10**
 - 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: **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 type="checkbox"/> Grievances | <input checked="" type="checkbox"/> Word of mouth |
| <input checked="" type="checkbox"/> Pamphlets | Other: |
10. How often does your PFAC meet? **Quarterly**
- 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: **3 virtual meetings and 1 in-person 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 **Never**
 - 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 **Never**
 - d. Other, please specify:
- Due to staff transitions in early 2025, PFAC activities were paused temporarily. This limited the opportunities to engage in initiatives outlined above. NWH PFAC aims to improve upon these initiatives in FY2026.**

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	70.9255	74.5690
Black	2.3182	4.6965
Hispanic	5.5351	6.5194
Asian	15.5805	7.8035
Native Hawaiian and Pacific Islander (NHPI)	.020360	.07184
American Indian or Alaska Native (AIAN)	.05526	.20205
Other	5.5651	4.454
Multi	21.2212	12.531

- 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	1.51
Portuguese	.41
Chinese	.49
Haitian Creole	0.21
Vietnamese	0.03
Russian	
French	0.03
Mon-Khmer/Cambodian	0.01
Italian	0.04
Arabic	
Albanian	
Cape Verdean	0.02
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?

We continue to explore ways to enhance recruitment and ensure the NWH PFAC more accurately reflects the communities we serve. The current members acknowledge the importance of inclusion in order to have an accurate reflection of the perspectives and voices NWH hospital aim to serve.

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

Due to staff transitions in early 2025, PFAC activities were paused temporarily, limiting recruitment opportunities. NWH PFAC aims to improve upon these initiatives in FY2026.

SECTION III: KEY ACCOMPLISHMENTS AND IMPACT

16. How often do you measure the impact of the PFAC on initiatives? **Never**
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.

Due to staff transitions in early 2025, PFAC activities were paused temporarily, limiting recruitment opportunities. The transitions impacted a significant number of NWH PFAC staff members. Focus has been to recruit and rebuild the team. NWH PFAC aims to improve upon these initiatives in FY2026.

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? **Don't know**

22. Did the work accomplished by your PFAC help advance the organization's goals? **No**

Please describe:

Due to staff transitions in early 2025, PFAC activities were paused temporarily. The transitions impacted a significant number of NWH PFAC staff members. Focus has been to recruit and rebuild the team. NWH PFAC aims to improve upon these initiatives in FY2026.

23. What were the greatest challenges your PFAC faced?

Significant loss of PFAC staff members following transitions of staff in early 2025. These losses greatly impacted NWH PFAC and it's ability to focus on it's goals and initiatives.

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: **Unsure**

b. Patient/family advisers were consulted on safety goal-setting and metrics: **Never**

c. Patient/family advisers participated in safety improvement initiatives: **Never**

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

None at this time

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 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 type="checkbox"/> Quality and Safety |
| <input type="checkbox"/> Code of Conduct | <input type="checkbox"/> Ethics | <input 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?

Not at this time

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 and create a foundation for how PFAC across the system can meaningfully contribute to each hospital's patient-centered mission.

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

Not at this time

31. This report was prepared and reviewed by:

a. Name: **Katherine Dodge**

b. Title: **Patient Family Relations Manager, MGB Community Division**

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**.

