

# 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: **Shriners Children's Boston**
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: **Jackie Madrid**
  - b. Email address: **bos-pfac@shrinenet.org**
5. Hospital co-chair:
  - a. Name: **Sandra Barrett**
  - b. Title: **Nurse Care Manager**
  - c. Email address: **sbarrett@shrinenet.org**
  - d. Phone number: **617-371-4733**
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: 16 to 20
  - Total number of patient/family advisers: 11 to 15
  - 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: n/a
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 type="checkbox"/> Pamphlets   | Other: Clinic lobby & inpatient family wait area posted     |
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: Will have inperson pending interest
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 Rarely
  - 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	
	<a href="#">Catchment area</a>	<a href="#">Patients served</a>
White		57
Black		14
Hispanic		23
Asian		6
Native Hawaiian and Pacific Islander (NHPI)		unknown
American Indian or Alaska Native (AIAN)		unknown
Other		unknown
Multi		unknown

- 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	23
Portuguese	less than 5
Chinese	less than 3
Haitian Creole	less than 5
Vietnamese	less than 3
Russian	less than 2
French	less than 1
Mon-Khmer/Cambodian	less than 1
Italian	less than 1
Arabic	less than 2
Albanian	none noted
Cape Verdean	none noted
Limited English proficiency (LEP)	less than 1

- c. How well do the demographics of your PFAC match the demographics of your hospital's patient population? **Very 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?

Our PFAC council represents both domestic and international patients that are treated at the hospital very well. Reflecting both ages, genders, patient population types for patients coming from many different and diverse US states including New England and multiple international countries.

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

PFAC initiated a separate PFAC Council to address the cleft and craniofacial patient population. Prior, the PFAC Council was focused on the burn and burn reconstructive patient population which has been the majority of the patient population.

### 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.) Sometimes ☒
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.

First, new recruitment of 2 new PFAC family members.  
Second, a medical staff member joining PFAC to connect PFAC with the hospital medical staff.  
Third, the PFAC Cleft Council initiated in Spring 2025.

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:

Yes, for promoting and improving the patient and family hospital experience.

23. What were the greatest challenges your PFAC faced?

Engagement with current PFAC family members for council attendance along with recruitment for new members to join PFAC.

## 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: Never ☐

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

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

Currently no PFAC contribution to patient safety work at our hospital.

## 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 checked="" 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 checked="" type="checkbox"/> Quality/Performance<br>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,<br>Transgender and Queer<br>(LGBTQ+)   | Other: <input type="text"/>  |
| <input type="checkbox"/> Culturally Competent Care           |   |  |
| <input type="checkbox"/> Discharge Delays                    | <input type="checkbox"/> Patient Care Assessment  |  |

27. Are there any PFAC-led workgroups or projects you would like to highlight?

Future 2026 goal will be to improve the patient and family experience on the 6th floor clinic lobby to reflect and represent all patient service lines based on family feedback.

Initiate quarterly PFAC Cleft Support and Educational Meeting starting in fall 2025.

## 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?

Improving the patient and family experience on the 6th floor clinic lobby to reflect and represent all patient service line based on family feedback.

Increase PFAC family membership by at least 2 new members.

Have consistent PFAC Council Meetings at least 50% each year between both councils.

Update and display all PFAC (bilingual) recruitment posters in public common hospital areas

Update PFAC Bylaws

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?

Focus on improving the overall patient care experience, promoting the partnership between patients and families with hospital staff and to encourage the patient and their families voice in delivery of care at the hospital.

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

PFAC offers both a young adult group, ages 13 and older, for both mental health support and focused projects throughout the year along with a children support group for younger patients, ages 8-12. Both are held in English and Spanish.

31. This report was prepared and reviewed by:

a. Name: **Sandra Barrett BSN RN CCM**

b. Title: **Nurse Care Manager**

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**.