

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: **South Shore Hospital, part of South Shore Health**
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: **Nadine Shweiri**
 - b. Email address: **dinishweiri@gmail.com**
5. Hospital co-chair:
 - a. Name: **Carol Keohane, MS, RN**
 - b. Title: **SVP, Chief Quality and Safety Officer**
 - c. Email address: **ckeohane@southshorehealth.org**
 - d. Phone number: **781-624-8475**
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: **1 to 5**

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: 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 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 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: <input type="text"/> |
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: We encourage in person
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 Often
 - Codesign: The PFAC is involved at the inception of the project Sometimes
 - Other, please specify:
- Over the past year, we have involved PFAC for their input and feedback as we have considered changes to existing programs and new program development. Examples of these include a focus on our Health Care Equity Strategic Plan which addressed issues such as Disability Screening and Accommodations, and programs that are uniquely person- centric such as our Comfort Focused Care and Sensory Informed Care programs. With each of these initiatives, our PFAC was asked to review the program elements, questionnaires, and offer their input and perspective on how we are meeting the unique needs of our community. One example of this collaboration included review of our Incoming Call language offerings. In this fiscal period, we expanded our hospital main phone line to include a Portuguese and Spanish translation line for inbound calls. This effort went live on August 5th of 2024 and by the end of the month, there were 71 Portuguese and 56 Spanish interpreted calls. Thus, the addition of this service is meeting a defined need of our diverse community.

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	74.2%	80.6%
Black	10.6%	7.9%
Hispanic	4.8%	4.8%
Asian	7.3%	2.8%
Native Hawaiian and Pacific Islander (NHPI)	0	0.1%
American Indian or Alaska Native (AIAN)	0.1%	0
Other	7.8%	6.6%
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	0.60
Portuguese	1.70
Chinese	0.05
Haitian Creole	0.44
Vietnamese	0.35
Russian	0.05
French	0.04
Mon-Khmer/Cambodian	0.00
Italian	0.03
Arabic	0.31
Albanian	0.13
Cape Verdean	0.10
Limited English proficiency (LEP)	not tracked

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

South Shore Health's PFAC's membership is a broad representation of the community we serve. We have worked hard over the past year to expand our membership to ensure that the diversity of race, ethnicity and age within our Council is closely reflective of our patient population. PFAC member's background and interests are also aligned with many of the South Shore Health's strategic goals and initiatives. We continue to look to recruit members to represent all race, ethnicity and ages so we have a diverse perspective across the care continuum.

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

Over the past year, we examined the care provided to our patients with sensory informed care needs. One of our new PFAC members provided feedback and assisted in guiding our team in the development of a sensory informed care plan template which has been shared with community member organizations so that individuals and families with disabilities or sensory dysregulation can complete these forms and bring the completed forms to the hospital or their healthcare provider's office, to assist the care team in meeting these individualized needs.

SECTION III: KEY ACCOMPLISHMENTS AND IMPACT

16. How often do you measure the impact of the PFAC on initiatives? **Sometimes**
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.

Our PFAC Committee provided feedback and perspective to our Palliative Care team as we worked to transition from a traditional philosophy of Comfort Measures Only (CMO) status for terminally ill patients to creating a "Comfort Focused Care" (CFC) status for patients at the end of life.

Ethics Advisory Committee – Chairs of our Ethics Advisory Committee shared with PFAC the role of this Committee at South Shore Health which aims to help patients, families and members of the healthcare delivery team navigate difficult, potentially life-changing situations by providing stakeholders an ethical framework to assist in their decision making regarding the appropriate or preferred course of action for the patient. The Committee Chairs explained that the Ethics Advisory Committee functions in an advisory role and does not make decisions or participate in healthcare delivery; however provides education on ethical principles and advises on relevant policies. Furthermore, the Chairs shared with PFAC that members of the Ethics Advisory Committee who have completed an approved clinical ethics training course provide ethics consultations. These consults support informed, deliberative decision making on the part of patients, families, and the healthcare delivery team and help ensure all voices are heard, assists in value clarification, and facilitates building morally acceptable shared commitments and understandings. The physician chair of the Committee, presented a de-identified case example and engaged PFAC in a discussion on the ethical questions raised. The Committee Chairs also asked PFAC to provide their input on how to best promote this consult service to patients and families.

SSH Health Equity Strategic Plan: PFAC reviewed and provided input on South Shore Health's Health Equity Strategic Plan. SSH plan includes a performance improvement project surrounding hypertension where we are looking to decrease health disparities in blood pressure control. In meeting the diverse needs of our community we have been focusing on the Black and African American and/or Hispanic populations with hypertension at South Shore Medical Center. One element of this quality improvement effort involved the development of outreach education materials that would be mailed to this focused population in which the importance of follow up care, medication adherence, home BP education are discussed. We asked our PFAC members to review these education and outreach materials and provide feedback to the following questions: Does identifying our focus population in the title make it feel more personal (positive), or more targeted (negative)? If you received this mailer, how would you feel about it? Is it useful? Do you like the question/answer format. Is it too much/too little info? How long should the mailer be to make sure it gets the necessary attention from patients who are receiving it? Keeping health literacy in mind, Is there too much text? Is the text at the appropriate reading level? Are there enough visuals? Feedback from the Council informed the refinement of these materials.

Understanding Annual Visit Costs – SSH PFAC reviewed the draft of notice that was developed to be placed outside SSMC treatment rooms or waiting areas that aims to explain annual visit costs, what is included in an annual physical or wellness visit and what is not included. PFAC members provided feedback on the draft – they felt the notice could flip to a positive message "In an effort to care for you, there may be additional costs" etc; there was discussion around this effort to ensure transparency and continuing to build trust with our patients.

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: Internal reporting at Quality Council

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:

The input from PFAC directly impacted our Health Care Equity Strategic Plan, providing guidance on the strength of our efforts and areas needing additional focus. PFAC's feedback was instrumental in informing the various workstreams comprised within this plan. This input and engagement was an important factor that helped enable SSH achieve its goal of Health Care Equity Certification from the Joint Commission.

23. What were the greatest challenges your PFAC faced?

Continued recruitment of Council members to represent our diverse community.

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: Regularly

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

Our PFAC members were oriented to our Collaborative Just Culture and High Reliability program efforts. Upon being oriented to our focus on educating all members of the organization to the Sequence of Reliability, the Council members expressed an interest in also being trained on this methodology. PFAC members were invited to our leader training in October. Additionally, we have a PFAC member that serves on our Patient Care Assessment Committee and a member that serves on our Quality Service and Value Committee, both of these are South Shore Hospital Board SubCommittees. These PFAC members regularly attend these meetings, review materials, and advocate for our community by bringing the voice of the patient to these discussions. The PFAC Committee was also instrumental in reviewing and providing input on our Health Equity programmatic efforts as we worked towards Health Care Equity Certification. We achieved this Certification from the Joint Commission in June of this year.

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

SSH PFAC will continue to review and provide input on our Health Care Equity Strategic plan and review ongoing quality improvement efforts. Additionally, the Council will be updated and provide feedback on South Shore Health's focused efforts on improving access to Breast Cancer Screening. PFAC will also partner with SSH in the review of our Patient Experience results and provide feedback and input on areas of focus as we continue to work to ensure we are meeting the diverse needs of the community we serve.

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?

These goals are directly aligned with South Shore Health's strategic goals that are purpose-driven, forward-focused, and reflect our long-term vision for South Shore Health. These goals are guided by our core principles: Quality & Safety; Diversity, Equity, & Inclusion; and Culture and supports our aims to improve the health of our community and the overall patient experience, develop high-value partnerships to improve care coordination and enhance the level of care provided to our community.

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

We have a very engaged PFAC group who are responsive, engaging and always carry the patient and family voice forward. They have provided input in a variety of programs including our Ethics Committee and our Health Care Equity Strategic plan aimed at advancing health care equity for our patients and delivering more patient centered, culturally competent care. As an organization, we are committed to providing all patients equitable access to quality care regardless of race, ethnicity, preferred language, interpreter needs, gender identity or sexual orientation.

31. This report was prepared and reviewed by:

a. Name: **Carol Keohane**

b. Title: **SVP, Chief Quality and Safety Officer**

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

Nadine Shweiri, Co-Chair South Shore Health, Patient and Family Advisory Council

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