

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: **Sturdy Memorial 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: **Susan Dowling**
 - b. Title: **Patient Advocate & Patient Excellence Coordinator**
 - c. Email address: **SDowling@Sturdyhealth.org**
 - d. Phone number: **508-236-8472**
6. PFAC membership [as of June 30]:
 - a. Total number of members: **11 to 15**
 - b. Total number of patient/family advisers: **6 to 10**
 - 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: 6 to 10
 - 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: 2 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 type="checkbox"/> Discussions with people in the clinic | <input type="checkbox"/> Tables at hospital entrances |
| <input type="checkbox"/> Hospital website | <input checked="" 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? 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: TEAMS
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 Sometimes
 - 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 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	
	Catchment area	Patients served
White	89.2%	86.8%
Black	5.7%	6.1%
Hispanic	4.7%	6%
Asian	5.8%	3.8%
Native Hawaiian and Pacific Islander (NHPI)	0.1%	0.14%
American Indian or Alaska Native (AIAN)		.005%
Other	5.5%	1.3%
Multi		0.59%

- 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	1.12%
Portuguese	0.38%
Chinese	.003%
Haitian Creole	0.68%
Vietnamese	0.058%
Russian	.03%
French	.03%
Mon-Khmer/Cambodian	
Italian	86.8%
Arabic	0.28%
Albanian	.003%
Cape Verdean	N/A
Limited English proficiency (LEP)	4.59%

- 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?

Our PFAC is primarily English speaking, Female, and over 55-60 years old. As noted in table 13a, 89.2% of the total service area population is Non-Hispanic White, the median age is 42, 50% of the community is identified as female, and less than 5% have limited English proficiency. We do not directly ask our PFAC members their race, ethnicity, disability, veteran, employment and disease status prior to joining, though we could access patient information in our EMR as our members have either had an inpatient admission or use ambulatory services. Additionally, as not all conversations relate to health care, quite a few members will share experiences based on treatment related to their specific disease status. Our PFAC members are active in our community, often seen at local events and related gatherings, and are viewed as trusted messengers within their groups.

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

To reach more broadly into the community we increased our presence, both physically by attending and verbally by sharing updates, at collaborative meetings between local organizations and community members. One such success comes from our efforts within an aging support services network. In spring 2025 we hosted a meeting at Sturdy Memorial Hospital and spoke on quality efforts within our inpatient and emergency services that support health outcomes of aging populations and to promote rest during a stay. Immediately following, one participant joined PFAC to represent herself (as a patient), her child (as the patient's caregiver), and the community we serve (as CHW for Council on Aging).

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.) Sometimes ☒
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.

1) Billing Practices: The Director of Hospital Revenue Cycle shared a presentation detailing the billing cycle process to address concerns and look for input regarding our current billing statement and follow up calls. Council members shared their suggestions for improvement from the patient's perspective. The Director of Hospital Revenue took their ideas and implemented where possible. The Director of Hospital Revenue returned to the next PFAC meeting to share the changes that had been made to the billing statement and automated follow up calls.

2) Wayfinding: The council members brought forward the difficulty visitor experience when navigating the hospital. A small group of hospital leadership and PFAC members was assembled and they toured the hospital. The group collectively determined that labeling elevators with letters would be helpful to assist with directions. Signage was also updated.

3) Physician Practice Patient Experience: A council member brought forward an issue with the automated system to cancel upcoming physician appointments requiring two days notice. This is problematic when it falls on the weekend potentially causing the patient to receive a fee due to not being canceled on time. The practices collaborated with staff to ensure it is noted when the appointment is cancelled to ensure fees are not incurred.

4) The PFAC Council welcomed two new community members.

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: patient experience meetings

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:

Improving overall communication was a goal for the organization. The input from the PFAC provided changes with the improvement of communication with our billing statements and automated messaging. Additionally, the council's input improved communication by facilitating access and appointments.

The organization is always working to improve patient satisfaction and the council members offer their unique perspective with patient experience initiatives which enhances our overall patient experience.

23. What were the greatest challenges your PFAC faced?

The PFAC's greatest challenge is to recruit new members to best represent the overall community we serve.

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: Regularly ☐

c. Patient/family advisers participated in safety improvement initiatives: Regularly ☐

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

- 1) Provide the councils valuable input into our fall reduction program
- 2) Continue working with the hospital on wayfinding and navigating between departments
- 3) Provided input related to nursing dashboards
- 4) Participate as members of the hospital's workplace violence committee

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 checked="" 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 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: Work Place Violence |
| <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?

PFAC continues working with the hospital to improve wayfinding within the hospital with new direction cards and expanding to other languages.

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?

Create a presence for the PFAC on the hospital's website
Continue working with the hospital to improve patient safety and satisfaction
Continue improvement with wayfinding

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?

Improve overall patient experience and communication

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: **Susan Dowling**

b. Title: **Patient Advocate & Patient Excellence Coordinator**

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**.

