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: Beth Israel Deaconess Hospital-Plymouth, Inc.

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: Elizabeth Cadigan
   b. Email address: ecadigan@comcast.net

5. Hospital co-chair:
   a. Name: Ashley Almeida
   b. Title: Patient Relations/Service Excellence Manager
   c. Email address: aalmeida@bidplymouth.org
   d. Phone number: 508-830-2521

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: 15

   b. Total number of patient/family advisers: 10

   c. Total number of staff advisers: 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)

- ☐ After visit summary or survey messages
- ☐ Clinicians' recommendations
- ☐ Discussions with people in the clinic
- ☒ Hospital website
- ☒ Grievances
- ☐ Pamphlets
- ☒ Patient/family feedback
- ☐ Social media
- ☐ Tables at hospital entrances
- ☐ Visits to the units
- ☒ Word of mouth

Other: We have presented at our Advisory Board

10. How often does your PFAC meet? Other

    If other, please specify: Monthly Except July & August

11. How do you typically convene your PFAC? In-person

    If a mix, please describe: Can also join virtually

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 n/a

    b. Feedback: The department asks the PFAC for input on a project in progress As needed

    c. Codesign: The PFAC is involved at the inception of the project n/a

    d. 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	89.1%	89.28%
Black	1.2%	3.11%
Hispanic	3.6%	2.91%
Asian	1.1%	0.5%
Native Hawaiian and Pacific Islander (NHPI)	0.0%	Don't know
American Indian or Alaska Native (AIAN)	0.2%	0.02%
Other	N/A	2.09%
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	1%
Portuguese	0.36%
Chinese	
Haitian Creole	0.16%
Vietnamese	0.04%
Russian	0.03%
French	
Mon-Khmer/Cambodian	
Italian	0.02%
Arabic	0.01%
Albanian	
Cape Verdean	
Limited English proficiency (LEP)	96.8%

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

The community we service in Plymouth is majority female (58%), and age range 55-80+ is the largest percentage of the community at 83% of the community, and 65-80 is 47%, ie nearly half. Our PFAC is all female and fall in community majority age range. We are working to recruit men as candidates as well.

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 have PFAC information on our hospital website, and we also use word of mouth, especially since many of our PFAC members are highly involved in organizations in our community, to entice any interest from others in the community who would like to join.

SECTION III: KEY ACCOMPLISHMENTS AND IMPACT

16. How often do you measure the impact of the PFAC on initiatives? Not something we have measured at this point.

17. How often do you track outcome metrics related to PFAC advice? (e.g., improvement in patient experience scores, reduction in falls, etc.) Not something we measure

18. How often do you track process metrics? (e.g., number of meetings, number of initiatives, etc.) Tracked regularly

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. Assisted our Community Benefits leadership distribute surveys regarding Social Determinants of Health for our community.
2. Share flyers and information form community events hosted by the hospital to the community
3. Provided feedback on Informed Consent
4. Organized a community event as an informational regarding Palliative and Hospice Care
5. Created a pamphlet for Hospice/Palliative care
6. 2 members joined two hospital committees (QSRC and Patient Rights)
7. Standing agenda item: Community feedback, which is then shared and addressed by leadership

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:

Please see answer to Question 19, which helps advance the hospitals goals of patient centered care.

23. What were the greatest challenges your PFAC faced?

Recruiting a male member to join the committee to help reflect our community a little more accurately. Also ensuring I am able to secure PFAC involvement and feedback into more hospital initiatives and projects early on, instead of informing the council of the progress later on.

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: Yes

    b. Patient/family advisers were consulted on safety goal-setting and metrics: No

    c. Patient/family advisers participated in safety improvement initiatives: No

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

While having nursing, Mobile Integrated Health, case management and physician leadership, as well as the CEO, present updates and reviewing processes in place, this gives our PFAC the opportunity to share feedback from the patient perspective and ask questions they may have not been considered. For example, pointing out confusing signage, unclear instructions, or gaps in discharge instructions.

SECTION V: ADDITIONAL INFORMATION

26. Indicate the committees within your organization on which a PFAC member serves:

- ☐ Behavioral Health/ Substance Use
- ☐ Bereavement
- ☐ Board of Directors
- ☐ Care Transitions
- ☐ Code of Conduct
- ☐ Community Benefits
- ☐ Critical Care
- ☐ Culturally Competent Care
- ☐ Discharge Delays
- ☐ Diversity and Inclusion
- ☐ Drug Shortage
- ☐ Eliminating Preventable Harm
- ☐ Emergency Department Patient/ Family Experience Improvement
- ☐ Ethics
- ☐ Institutional Review Board (IRB)
- ☐ Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ+)
- ☒ Patient Care Assessment
- ☐ Patient Education
- ☐ Patient and Family Experience Improvement
- ☐ Pharmacy Discharge Script Program
- ☒ Quality and Safety
- ☐ Quality/Performance Improvement
- ☐ Surgical Home

Other: Patient Rights Comm
Infection Control Comm

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

An identified knowledge deficit, both by the community and providers was the topic of Palliative and Hospice care. As a result, PFAC organized a community event as an informational regarding Palliative and Hospice Care and created a pamphlet for Hospice/ Palliative care.

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?

This has not yet been determined, but will be after our Palliative/Hospice Care projects are complete.

29. Do these goals support the organization's goals and priorities for the year? Yes

a. If yes, in what ways do these goals support the organization's goals and priorities?

All PFAC contributions support the organization's goals and priorities.

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

This year our PFAC has had members taking on new responsibilities, and well as Co-chairs navigating the new experience of leading a PFAC. Our goal is to ensure we are contributing to work that is meaningful and representative of how our community can best be served. We have a passionate council that has been instrumental in advancing our work.

31. This report was prepared and reviewed by:

a. Name: Denise Norris

b. Title: Executive Assistant

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

Ashley Almeida, Patient Relations/Service Excellence

Elizabeth Cadigan, Co-Chair

Surabhi Saxena, Director of Quality & Patient Safety

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

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