Patient and Family Advisory Council (PFAC) Annual Report Form

Massachusetts law requires all acute and rehabilitation hospitals in the state to have a PFAC and report annually on its activities. To do this, you may fill out the form below for the past fiscal year (July 1 – June 30) and submit to the Betsy Lehman Center by October 1. Please email completed forms to PFAC@BetsyLehmanCenterMA.gov. While you are only required to submit information on your hospital-wide PFAC, you can choose to submit multiple forms if your hospital has additional PFACs. You can also include information about specialty PFACs in open-ended answers, or at the end of the report under "additional information."

The information provided on this form is public record. The report forms will be posted on the Betsy Lehman Center website and sent to hospital leadership, and The Center will aggregate the information into a statewide annual PFAC report. Learn more about the Center's PFAC work and see past reports at BetsyLehmanCenterMA.gov/PFAC.

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:
   - [X] 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
   - Name: Elizabeth Cadigan
   - Email: ecadigan@comcast.net

5. Hospital co-chair
   - Name: Surabhi Saxena
   - Job Title: Director Quality & Patient Safety
   - Email: Ssaxena3@bidplymouth.org
   - Phone number: 508-830-2281

6. In which department/service line is the PFAC function in your hospital located?
   - [ ] Patient Experience, Patient Services, or Patient and Family Relations
   - [ ] Volunteer Services
   - [ ] Community Relations
   - [ ] Social Work
   - [X] Quality and Safety
   - [ ] Nursing
   - [ ] Other:

7. How much of the hospital co-chair's (or designated PFAC staff member's) role within your organization is dedicated to PFAC work? Depends on the ongoing project(s). On average 4-6 hrs. a month to facilitate the PFAC meetings & Subsequent action items.
8. How often does your PFAC meet? Other

   Other: Monthly Except July & August

9. How do you typically convene your PFAC? In person

   If a mix, please describe: Committee members can also participate virtually.

PFAC MEMBERSHIP

10. 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

11. Has your PFAC changed in size within the last year? Yes

    Please describe changes in your PFAC size, including reasons for these changes:

    Added one new member to PFAC Committee

12. If members of the PFAC are subject to term limits, please select the length of terms: 2 years

13. Are there limitations around how many terms a member can serve? Please describe any in the field below.

    A term of active membership consists of two years. After two years, members in good standing will be invited to renew their membership for an additional term. Members may serve for two additional terms, for a maximum of six terms. All active members must be in compliance with the responsibilities listed in the bylaws.

14. 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
- X Hospital website
- X Grievances
- ☐ Pamphlets
- X Patient/family feedback
- ☐ Social media
- ☐ Tables at hospital entrances
- ☐ Visits to the units
- X Word of mouth

Other: We have presented at our Advisory Board

COMMUNITY REPRESENTATION

State regulations call for hospital PFAC membership to be reflective of the community it serves. Two sets of data can help better understand the hospital's community.

- Race/Ethnicity: Find data about the race and ethnicity of the community served by your hospital by looking at your catchment area data and hospital discharge data.
- Languages spoken: Please record the most current data your hospital has for languages spoken by your patient population, which is best sourced within your hospital. This information may have already been submitted to the Center for Health Information and Analysis (CHIA).

	Percentage of patient population
Spanish	2%
Portuguese	4%
Chinese	1%
Haitian Creole	2%
Vietnamese	1%
Russian	1%
French	1%
Mon-Khmer/Cambodian	0%
Italian	1%
Arabic	2%
Albanian	0%
Cape Verdean	1%
Limited English proficiency (LEP)	4%
ASL (American Sign Language)	2%

Consider the data above when answering questions 15-17.

15. What demographic representation is missing from your PFAC, and where is there room for improvement?

Based on the demographic profile of the community we serve, future PFAC recruitment efforts will focus on increasing representation from younger adults, particularly individuals between the ages of 25 and 40 years. Expanding participation within this age group will help ensure that the PFAC reflects a broader range of patient and family perspectives. Additionally, the demographic data indicate that Plymouth is predominantly an English-speaking community. While maintaining representation that reflects the community's linguistic makeup, recruitment efforts will continue to promote diversity and inclusivity to ensure a wide range of patient experiences and viewpoints are represented.

16. 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 served by Plymouth is predominantly female (58%), with adults aged 55 to 80+ representing the largest segment of the population, accounting for 83% of the community. Individuals between the ages of 65 and 80 comprise 47% of the population, representing nearly half of the community served. Consistent with these demographics, the current PFAC membership is comprised entirely of female members who fall within the predominant community age range. To further strengthen the diversity of perspectives represented on the council and better reflect the population we serve, we have recently recruited a male member to join the PFAC. Future recruitment efforts will focus on broadening representation from the community we serve.

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

We promote PFAC membership through information available on the hospital website, as well as through community outreach and word-of-mouth referrals. Many of our PFAC members are actively engaged in local organizations and community initiatives, which helps raise awareness of the council and encourages interest from individuals who are passionate about contributing to the patient and family experience. These efforts support the recruitment of community members who are interested in partnering with the hospital to provide valuable feedback and help drive patient-centered improvements.

IMPACT AND ENGAGEMENT

18. How often do PFAC members engage in these ways with initiatives presented to them?
    a. Approval: *The department asks for approval from the PFAC on an already 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:

19. How often do you keep track of these types of metrics?
    a. Process metrics: *How it's done (e.g., number of meetings, number of initiatives, etc.) Tracked regularly*
    b. Outcome metrics: *The result (e.g., improvement in scores, reduction in falls, etc.)* *Not something we measure*
    c. Impact metrics: *The value (e.g., change in outcomes due to PFAC involvement) Not something we have measured*

20. 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.

Following a community educational event in 2024, focused on increasing awareness and understanding of Palliative Care and Hospice Care services, the PFAC collaborated to develop a patient- and family-centered educational brochure outlining the key differences between the two levels of care. The brochure was developed in partnership with multidisciplinary stakeholders and subsequently reviewed and approved for distribution to patients, families, and community members.

A primary goal of the resource was to provide clear, accessible information in language that is easy to understand and free of complex medical terminology. By translating clinical concepts into consumer-friendly language, the brochure supports informed decision-making and helps patients and families better understand the care options available to them. This initiative reflects PFAC's commitment to enhancing health literacy, promoting patient engagement, and ensuring educational materials are responsive to the needs of the community we serve.

- Consistent community outreach seeking areas of opportunity
- Developed a brochure (deliverable)
- Community Education

21. How do you promote the accomplishments of your PFAC? (Select all that apply)

- ☐ Newsletter
- ☐ Presentation
- X Report
- X Word of mouth
- ☐ We currently do not promote

Other:

22. Indicate the committees within your organization on which a PFAC member serves. (Select all that apply)

- ☐ 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+)
- X Patient Care Assessment
- ☐ Patient Education
- ☐ Patient and Family Experience Improvement
- ☐ Pharmacy Discharge Script Program
- X Quality and Safety
- ☐ Quality/Performance Improvement
- ☐ Surgical Home

Other: Patient Rights Comm
Infection Control Committee

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

PFAC, in collaboration with the Palliative & Hospice Care leadership team and the Senior Behavioral Health leadership team, continues to advance efforts to develop a comprehensive framework aimed at supporting patients, families, and community members in understanding the importance of advance care planning and Health Care Proxy designation. This initiative focuses on providing clear, accessible education regarding the purpose and benefits of a Health Care Proxy, available community and healthcare resources, and practical guidance on navigating both the healthcare system and community support services. Through this work, the team seeks to empower individuals to make informed healthcare decisions, improve health literacy, and facilitate access to resources that support patient-centered care across the continuum of care.

24. What were the greatest challenges your PFAC faced?

One of the primary challenges identified by PFAC members was a lack of clarity regarding the roles, responsibilities, and expectations associated with PFAC membership. This feedback highlights an opportunity to strengthen the member experience through the development of a more structured and comprehensive onboarding process. Establishing clear orientation materials, role descriptions, and educational resources would help ensure members feel informed, engaged, and prepared to contribute effectively to council activities.

Additional challenges were noted related to the recruitment and referral process. Specifically, members identified instances where potential PFAC candidates were referred but did not receive timely or consistent follow-up. This feedback underscores the need for a more formalized approach to recruitment, referral tracking, and onboarding. Developing a standardized process for candidate outreach, follow-up, selection, and orientation would help improve engagement, enhance the recruitment experience, and support the successful integration of new members into the council. Addressing these opportunities will strengthen PFAC operations, improve member engagement and retention, and support the council's ongoing efforts to ensure meaningful patient, family, and community representation.

PATIENT SAFETY

Patient safety is the prevention of harm to patients while receiving health care. It's a fundamental principle of healthcare, 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.

25. 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

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

The PFAC meeting structure fosters an effective feedback mechanism through which patient, family, and community perspectives are shared with council members and organizational leaders. This process facilitates the timely identification, review, and escalation of quality, safety, and patient experience concerns, supporting proactive risk mitigation and continuous improvement initiatives. The council's ongoing engagement contributes to the hospital's goal of providing high-quality, patient-centered care that is responsive to the needs of the community it serves.

GOAL SETTING

27. Did the hospital/organization leadership share its goals for the year with the PFAC membership? Yes

28. Did the work accomplished by your PFAC help advance the organization's goals? Yes

29. Does your PFAC have goals for the current year? Yes
    If yes, what are your PFAC's goals for the year?

* Please see question 23 for details.
* Enhance recruitment and onboarding process for PFAC members.

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

ADDITIONAL INFORMATION

31. Have you made any changes to your PFAC over the last year? Please describe.

Same as above regarding membership.

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

Our council remains committed to ensuring that our efforts are meaningful, impactful, and reflective of the needs and priorities of the community we serve. Through the dedication, passion, and active engagement of its members, PFAC has been instrumental in advancing initiatives that enhance the patient and family experience, promote patient-centered care, and support organizational improvement. We remain focused on partnering with patients, families, and community members to ensure our work continues to be representative, relevant, and responsive to the evolving needs of those we serve.

33. 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:

Surabhi Saxena, Director of Quality & Patient Safety
Elizabeth Cadigan, Co-Chair

34. This report is for the state's fiscal year ending June 30, 2026