

**Lahey Hospital & Medical Center**

**Patient and Family  
Advisory Council (PFAC)  
2024 Annual Report**

# 2024 Patient and Family Advisory Council Annual Report Form

The survey questions concern PFAC activities in fiscal year 2024 only: (July 1, 2023 – June 30, 2024).

## Section 1: General Information

NOTE: Massachusetts law requires every hospital to make a report about its PFAC activities publicly available by October 1 each year. Submitting the report to Betsy Lehman Center for inclusion on its website will fulfill that requirement.

1. Hospital Name: **Lahey Hospital & Medical Center**

2. PFAC Name:

2a. Which best describes your PFAC?

- We are the only PFAC at a single hospital – skip to #3 below
- We are a PFAC for a system with several hospitals – skip to #2C below
- We are one of multiple PFACs at a single hospital
- We are one of several PFACs for a system with several hospitals – skip to #2C below
- Other (Please describe):

2b. Will another PFAC at your hospital also submit a report?

- Yes
- No
- Don't know

2c. Will another hospital within your system also submit a report?

- Yes
- No
- Don't know

3. Staff PFAC Co-Chair Contact:

3a. Name and Title: **Amanda Stephenson, Senior Program Manager, Performance Excellence**

3b. Email: **amanda.k.stephenson@lahey.org**

3c. Phone: **973-886-6451 (mobile)**

Not applicable

4. Patient/Family PFAC Co-Chair Contact:

4a. Name and Title: **Evelyn Comeau**

4b. Email: **ecomeau@comcast.net**

4c. Phone: **781-799-8592**

Not applicable

5. Is the Staff PFAC Co-Chair also the Staff PFAC Liaison/Coordinator?

- Yes – skip to #7 (Section 1) below
- No – describe below in #6

6. Staff PFAC Liaison/Coordinator Contact:

6a. Name and Title:

6b. Email:

6c. Phone:

Not applicable

## Section 2: PFAC Organization

7. This year, the PFAC recruited new members through the following approaches (check all that apply):

- Case managers/care coordinators
- Community based organizations
- Community events
- Facebook, Twitter, and other social media
- Hospital banners and posters
- Hospital publications
- Houses of worship/religious organizations
- Patient satisfaction surveys
- Promotional efforts within institution to patients or families
- Promotional efforts within institution to providers or staff
- Recruitment brochures
- Word of mouth/through existing members
- Other (Please describe):
- N/A – we did not recruit new members in FY 2024

8. Total number of staff members on the PFAC: 5

9. Total number of patient or family member advisors on the PFAC: 7

10. The name of the hospital department supporting the PFAC is: [Office of the Chief Medical Officer](#)

11. The hospital position of the PFAC Staff Liaison/Coordinator is:

[Senior Program Manager, Performance Excellence](#)

12. The hospital provides the following for PFAC members to encourage their participation in meetings (check all that apply):

- Annual gifts of appreciation
- Assistive services for those with disabilities
- Conference call phone numbers or “virtual meeting” options
- Meetings outside 9am-5pm office hours
- Parking, mileage, or meals
- Payment for attendance at annual PFAC conference
- Payment for attendance at other conferences or trainings
- Provision/reimbursement for childcare or elder care
- Stipends
- Translator or interpreter services
- Other (Please describe):
- N/A

### Section 3: Community Representation

*The PFAC regulations require that patient and family members in your PFAC be “representative of the community served by the hospital.” If you are not sure how to answer the following questions, contact your community relations office or check “don’t know.”*

13. Our hospital’s catchment area is geographically defined as: [Eastern MA \(North of Boston\), Southern NH, York County, ME](#)

Don’t know

14. The racial and ethnic groups in these areas include (please provide percentages; if you are unsure of the percentages check “don’t know”):

	RACE						ETHNICITY	
	% American Indian or Alaska Native	% Asian	% Black or African American	% Native Hawaiian or other Pacific Islander	% White	% Other	% Hispanic, Latino, or Spanish origin	
14a. Our defined catchment area								<input checked="" type="checkbox"/> Don’t know
14b. Patients the hospital provided care to in FY 2024	0.2%	4.8%	2.7%	0.1%	82.7%	4.1%	0.7%	<input type="checkbox"/> Don’t know 4.7% unable to obtain, unavailable, patient chooses not to disclose
14c. The PFAC patient and family advisors in FY 2024	0%	0%	0%	0%	100%	0%	0%	<input type="checkbox"/> Don’t know

15. The languages spoken in these areas include (please provide percentages; if you are unsure of the percentages select “don’t know”):

	Limited English Proficiency (LEP) %	
15a. Patients the hospital provided care to in FY 2024		<input checked="" type="checkbox"/> Don’t know

15b. PFAC patient and family advisors in FY 2024	0%	<input type="checkbox"/> Don't know
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15c. What percentage of patients that the hospital provided care to in FY 2024 spoke the following as their primary language?

	%
Spanish	1.30%
Portuguese	0.36%
Chinese	0.38%
Haitian Creole	0.12%
Vietnamese	0.06%
Russian	0.10%
French	0.00%
Mon-Khmer/Cambodian	0.10%
Italian	0.06%
Arabic	0.14%
Albanian	0.15%
Cape Verdean	0.00%

Don't know

15d. In FY 2024, what percentage of PFAC patient and family advisors spoke the following as their primary language?

	%
Spanish	0%
Portuguese	0%
Chinese	0%
Haitian Creole	0%
Vietnamese	0%
Russian	0%
French	0%
Mon-Khmer/Cambodian	0%
Italian	0%
Arabic	0%
Albanian	0%
Cape Verdean	0%

Don't know

16. The PFAC is undertaking the following activities to ensure appropriate representation of our membership in comparison to our patient population or catchment area:

- New advertisement of PFAC across the hospital
- Application changed to digital-form
- Partnership with volunteer office to help table at community events when applicable.

#### Section 4: PFAC Operations

17. Our process for developing and distributing agendas for the PFAC meetings (choose):

- Staff develops the agenda and sends it out prior to the meeting
- Staff develops the agenda and distributes it at the meeting
- PFAC members develop the agenda and send it out prior to the meeting
- PFAC members develop the agenda and distribute it at the meeting
- PFAC members and staff develop agenda together and send it out prior to the meeting. (Please describe below in #17a)
- PFAC members and staff develop agenda together and distribute it at the meeting. (Please describe below in #17a)
- Other process (Please describe below in #17b)

17a. If staff and PFAC members develop the agenda together, please describe the process:

The staff co-chair and patient co-chair meet to discuss options for agenda topics; oftentimes colleagues will reach out to staff co-chair with their interest in bringing a current project/topic for feedback at PFAC. The staff co-chair reaches out to colleagues interested in presenting and obtains slide-decks for use during the meeting. PFAC members are asked ahead of each meeting whether they have questions for the upcoming presenters.

17b. If other process, please describe:

18. The PFAC goals and objectives for 2024 were: (check the best choice):

- Developed by staff alone
- Developed by staff and reviewed by PFAC members
- Developed by PFAC members and staff
- N/A – we did not have goals for FY 2024 – Skip to #20

19. The PFAC had the following goals and objectives for 2024:

- Increase recruitment for patient members of PFAC
- Increase colleague awareness of PFAC to increase staff participation in meetings and have more hospital-wide projects/updates be presented to patient and family members of PFAC

20. Please list any subcommittees that your PFAC has established:

Our PFAC hasn't established any subcommittees. However, our PFAC patient members are members on multiple existing hospital committees such as: Ethics Committee, Diabetes Committee, Radiology Patient Experience Working Group, Emergency Dept. Patient Experience Working Group, Inpatient Patient Experience Working Group, iRound Steering Committee, Institutional Review Board (IRB)

**21. How does the PFAC interact with the hospital Board of Directors (check all that apply):**

- PFAC submits annual report to Board
- PFAC submits meeting minutes to Board
- Action items or concerns are part of an ongoing "Feedback Loop" to the Board
- PFAC member(s) attend(s) Board meetings
- Board member(s) attend(s) PFAC meetings
- PFAC member(s) are on board-level committee(s)
- Other (Please describe): [Board Quality sub-committee](#)
- N/A – the PFAC does not interact with the Hospital Board of Directors

**22. Describe the PFAC's use of email, list servers, or social media for communication:**

[PFAC members use email to communicate with any colleagues regarding PFAC meetings or committees that members serve on.](#)

### **Section 5: Orientation and Continuing Education**

**23. Number of new PFAC members this year: 1**

**24. Orientation content included (check all that apply):**

- "Buddy program" with experienced members
- Check-in or follow-up after the orientation
- Concepts of patient- and family-centered care (PFCC)
- General hospital orientation
- Health care quality and safety
- History of the PFAC
- Hospital performance information
- Immediate "assignments" to participate in PFAC work
- Information on how PFAC fits within the organization's structure
- In-person training
- Massachusetts law and PFACs
- Meeting with hospital staff
- Patient engagement in research
- PFAC policies, member roles and responsibilities
- Skills training on communication, technology, and meeting preparation
- Other (Please describe below in #24a)
- N/A – the PFAC members do not go through a formal orientation process

24a. If other, describe: [Orientation includes meeting with Director of Volunteer Services with an interview process.](#)

**25. The PFAC received training on the following topics:**

- Concepts of patient- and family-centered care (PFCC)
- Health care quality and safety measurement
- Health literacy
- A high-profile quality issue in the news in relation to the hospital (e.g., simultaneous surgeries, treatment of VIP patients, mental/behavioral health patient discharge, etc.)
- Hospital performance information
- Patient engagement in research
- Types of research conducted in the hospital
- Other (Please describe below in #25a)
- N/A – the PFAC did not receive training

25a. If other, describe: [HIPAA, Workplace Violence and de-escalation](#)

**Section 6: FY 2024 PFAC Impact and Accomplishments**

*The following information concerns PFAC activities in the fiscal year 2024.*

**26. Please share the following information on the PFACs accomplishments and impacts:**

26a. What were the three greatest accomplishments/impacts of the PFAC related to providing feedback or perspective?

Accomplishment/Impact	Idea came from (choose one)
<b>Accomplishment/Impact 1:</b> <a href="#">Feedback on clinic moves to other hospital buildings</a>	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input
<b>Accomplishment/Impact 2:</b> <a href="#">Rounding tool for Inpatients-providing input on program tool</a>	<input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input
<b>Accomplishment/Impact 3:</b> <a href="#">Feedback and input on Emergency Dept. waiting room enhancements</a>	<input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input

26b. What were the three greatest accomplishments/impacts of the PFAC related to influencing the institution’s financial and programmatic decisions?

Accomplishment/Impact	Idea came from (choose one)
<b>Accomplishment/Impact 1:</b>	<input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input



Involvement with patient experience program and related committees	
<b>Accomplishment/Impact 2:</b> Hospital at Home program involvement and “test” patients	<input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input
<b>Accomplishment/Impact 3:</b>	<input type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input

26c. What were the three greatest accomplishments/impacts of the PFAC related leading/co-leading programs and initiatives?

Accomplishment/Impact	Idea came from (choose one)
<b>Accomplishment/Impact 1:</b> Leading Diabetes education at nursing symposium and committee	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input
<b>Accomplishment/Impact 2:</b>	<input type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input
<b>Accomplishment/Impact 3:</b>	<input type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input

27. The five greatest challenges the PFAC had in FY 2024:

Challenge 1: Losing patient members of PFAC due to health concerns

Challenge 2: Recruitment of new patient members to PFAC

Challenge 3: Staff changes and turnover on PFAC

Challenge 4:

Challenge 5:

N/A – we did not encounter any challenges in FY 2024

28. The PFAC members serve on the following hospital-wide committees, projects, task forces, work groups, or Board committees:

- Behavioral Health/Substance Use
- Bereavement
- Board of Directors
- Care Transitions

- Code of Conduct
- Community Benefits
- Critical Care
- Culturally Competent Care
- Discharge Delays
- Diversity & Inclusion
- Drug Shortage
- Eliminating Preventable Harm
- Emergency Department Patient/Family Experience Improvement
- Ethics
- Institutional Review Board (IRB)
- Lesbian, Gay, Bisexual, and Transgender (LGBT) – Sensitive Care
- Patient Care Assessment
- Patient Education
- Patient and Family Experience Improvement
- Pharmacy Discharge Script Program
- Quality and Safety
- Quality/Performance Improvement
- Surgical Home
- Other (Please describe): [Hospital at Home](#)
- N/A – the PFAC members do not serve on these – Skip to #30

**29. How do members on these hospital-wide committees or projects report back to the PFAC about their work?**

Each PFAC meeting ends with a report-out from members on the committees/projects they serve on to educate the group.

**30. The PFAC provided advice or recommendations to the hospital on the following areas mentioned in the Massachusetts law (check all that apply):**

- Institutional Review Boards
- Patient and provider relationships
- Patient education on safety and quality matters
- Quality improvement initiatives
- N/A – the PFAC did not provide advice or recommendations to the hospital on these areas in FY 2024

**31. PFAC members participated in the following activities mentioned in the Massachusetts law (check all that apply):**

- Advisory boards/groups or panels
- Award committees
- Co-trainers for clinical and nonclinical staff, in-service programs, and health professional trainees
- Search committees and in the hiring of new staff
- Selection of reward and recognition programs
- Standing hospital committees that address quality
- Task forces
- N/A – the PFAC members did not participate in any of these activities

**32. The hospital shared the following public hospital performance information with the PFAC (check all that apply):**

**32a. Complaints and serious events**

- Complaints and investigations reported to Department of Public Health (DPH)
- Healthcare-Associated Infections (National Healthcare Safety Network)
- Patient complaints to hospital
- Serious Reportable Events reported to Department of Public Health (DPH)

**32b. Quality of care**

- High-risk surgeries (such as aortic valve replacement, pancreatic resection)
- Joint Commission Accreditation Quality Report (such as asthma care, immunization, stroke care)
- Medicare Hospital Compare (such as complications, readmissions, medical imaging)
- Maternity care (such as C-sections, high risk deliveries)

**32c. Resource use, patient satisfaction, and other**

- Inpatient care management (such as electronically ordering medicine, specially trained doctors for ICU patients)
- Patient experience/satisfaction scores (e.g. HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems)
- Resource use (such as length of stay, readmissions)
- Other (Please describe):
- N/A – the hospital did not share performance information with the PFAC – **Skip to #35**

**33. Please explain why the hospital shared only the data you checked in Q 32 above:**

Unchecked data above presents further opportunity for PFAC to be made aware of in this upcoming year. It was not data that current PFAC staff members were aware should be brought up to PFAC members.

**34. Please describe how the PFAC was engaged in discussions around these data in #32 above and any resulting quality improvement initiatives:**

PFAC members asked relevant questions of the reports. Patient members give feedback on the patient experience scores showed to them each meeting and provide feedback on how they think certain aspects of care can improve.

**35. The PFAC participated in activities related to the following state or national quality of care initiatives (check all that apply):**

**35a. National Patient Safety Hospital Goals**

- Identifying patient safety risks
- Identifying patients correctly
- Preventing infection
- Preventing mistakes in surgery
- Using medicines safely
- Using alarms safely

**35b. Prevention and errors**

- Care transitions (e.g., discharge planning, passports, care coordination, and follow up between care settings)
- Checklists

- Electronic Health Records –related errors
- Hand-washing initiatives
- Human Factors Engineering
- Fall prevention
- Team training
- Safety

35c. Decision-making and advanced planning

- End of life planning (e.g., hospice, palliative, advanced directives)
- Health care proxies
- Improving information for patients and families
- Informed decision making/informed consent

35d. Other quality initiatives

- Disclosure of harm and apology
- Integration of behavioral health care
- Rapid response teams
- Other (Please describe):
- N/A – the PFAC did not work in quality of care initiatives

**36. Were any members of your PFAC engaged in advising on research studies?**

- Yes- PFAC member part of IRB
- No – Skip to #40 (Section 6)

**37. In what ways are members of your PFAC engaged in advising on research studies? Are they:**

- Educated about the types of research being conducted
- Involved in study planning and design
- Involved in conducting and implementing studies
- Involved in advising on plans to disseminate study findings and to ensure that findings are communicated in understandable, usable ways
- Involved in policy decisions about how hospital researchers engage with the PFAC (e.g. they work on a policy that says researchers have to include the PFAC in planning and design for every study)
- Patient member of PFAC part of IRB reads all studies and ensures the informed consent portion of the study is clear

**38. How are members of your PFAC approached about advising on research studies?**

- Researchers contact the PFAC
- Researchers contact individual members, who report back to the PFAC
- Other (Please describe below in #38a)
- None of our members are involved in research studies

38a. If other, describe: Staff member of IRB presented at PFAC meeting to see if any members would be interested in being a part of IRB.

**39. About how many studies have your PFAC members advised on?**

- 1 or 2
- 3-5

- More than 5
- None of our members are involved in research studies

## **Section 7: PFAC Annual Report**

*We **strongly** suggest that all PFAC members approve reports prior to submission.*

**40. The following individuals approved this report prior to submission (list name and indicate whether staff or patient/family advisor):**

Amanda Stephenson- staff co-chair  
Evelyn Comeau- patient co-chair  
Natalie Melendez- staff advisor  
Barry Yanes- patient advisor  
Bob Mitchell- patient advisor  
Wendy Ennis- patient advisor  
Lisa Greenberg- patient advisor  
John Lew- staff co-chair  
Susan Moffatt-Bruce- staff advisor

**41. Describe the process by which this PFAC report was completed and approved at your institution (choose the best option).**

- Collaborative process: staff and PFAC members both wrote and/or edited the report
- Staff wrote report and PFAC members reviewed it
- Staff wrote report
- Other (Please describe):

**Massachusetts law requires that each hospital's annual PFAC report be made available to the public upon request. Answer the following questions about the report:**

**42. We post the report online.**

- Yes, link: <https://www.lahey.org/patients-visitors/pfac>
- No

**43. We provide a phone number or e-mail address on our website to use for requesting the report.**

- Yes, phone number/e-mail address: [volunteerservices@lahey.org](mailto:volunteerservices@lahey.org)
- No

**44. Our hospital has a link on its website to a PFAC page.**

- Yes, link: <https://www.lahey.org/patients-visitors/pfac>
- No, we don't have such a section on our website