

Patient and Family Advisory Councils in Massachusetts

2025 STATEWIDE REPORT



**BETSY
LEHMAN
CENTER**
for Patient Safety

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ABOUT THE BETSY LEHMAN CENTER FOR PATIENT SAFETY

The Betsy Lehman Center is a non-regulatory state agency that catalyzes the efforts of providers, patients and policymakers working together to advance the safety and quality of health care in all settings.

Established by Chapter 224 of the Acts of 2012, the Center’s mandate includes coordinating system-wide patient safety initiatives and conducting a program of research, data analysis, and education aimed at reducing preventable patient harm, and reporting on the Commonwealth’s safety improvement progress.

Learn more on the [Betsy Lehman Center website](#).

Introduction

Patient and Family Advisory Councils (PFACs) help hospitals better meet the needs of their patients by tapping the expertise of people with lived experience. In 2008, Massachusetts became the first and only state to require all acute care and rehabilitation hospitals to establish PFACs.

The Massachusetts Department of Public Health has regulatory authority over PFACs, which must report annually on their activities. For more than a decade, Health Care For All received and published the annual reports and provided technical assistance to PFACs. In 2024, the Betsy Lehman Center assumed these responsibilities and established a program to reinvigorate PFAC reporting and support.

This initiative advances a key goal of the state's [*Roadmap to Health Care Safety for Massachusetts*](#): that all provider organizations “have systems in place...to continuously identify safety issues, resolve problems, integrate their operations with safety strategy and plans, and engage patients and families as partners in the work.” The *Roadmap* recommends strengthening PFACs as a strategy to foster deeper partnership with the community on safety improvement.

Since this work moved to the Betsy Lehman Center, the PFAC program has grown substantially and now offers educational forums, coaching and technical assistance, networking opportunities, and robust data collection and feedback.

This year, the Center developed a new annual reporting form to gather data about PFACs that had not previously been collected. The responses were used to create individualized reports and recommendations for each PFAC that can be shared with hospital leadership and stakeholders. They were also used to produce this statewide report, which provides a snapshot of the current state of PFACs in Massachusetts, including their demographic makeup, ongoing work, challenges, and accomplishments.

BY THE NUMBERS



There are **69** rehabilitation and acute care hospitals in Massachusetts, all of which are required to have a PFAC and report annually on their activities.



The Betsy Lehman Center received annual reports from 57 PFACs this year. **51** were submitted before the deadline to be included in this analysis.



The reports received include:

- **44** hospital-wide PFACs or the sole PFAC within the organization
- **1** department-specific PFAC
- **6** system-wide PFACs



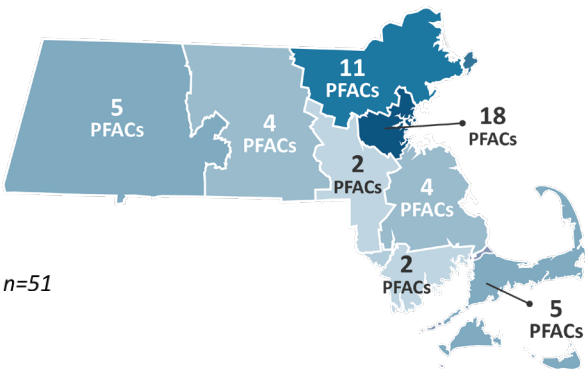
Hospitals reported data on work that occurred between **July 1, 2024 – June 30, 2025**.

Statewide overview

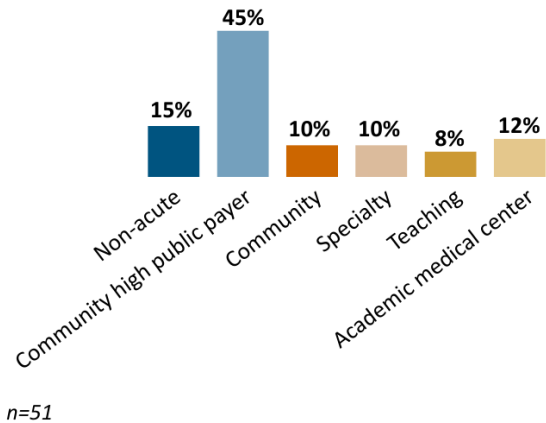
ABOUT THE HOSPITALS

The PFACs that are included represent all geographic regions of the state and each category of hospital, ranging from Massachusetts’ largest academic medical center to its smallest community hospital. A significant majority (84%) of hospitals reported having one PFAC, though two hospitals noted having more than eight PFACs currently operating.

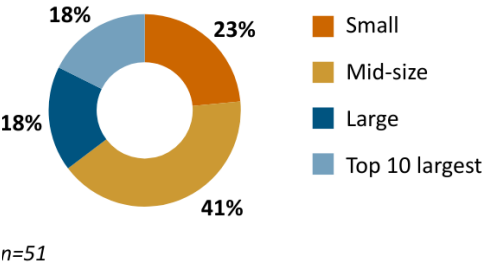
By region



Type of hospital



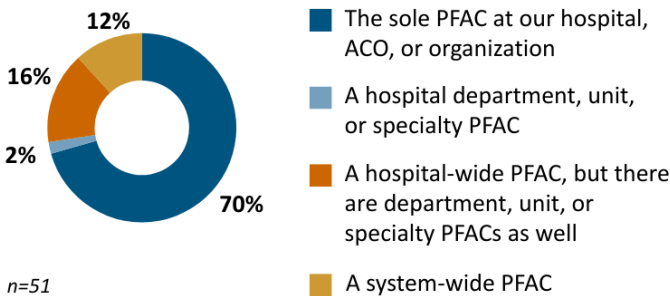
Size of hospital



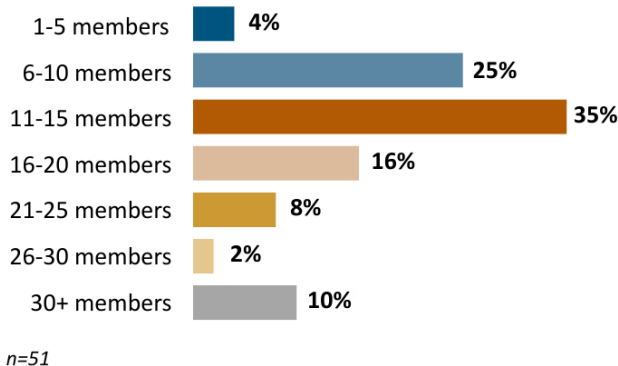
ABOUT THE PFACS

Current membership in these PFACs ranges from 1-5 members to more than 30 members. Most noted their preferred number of members was the same as their current membership, though 43% indicated they would prefer a larger membership. Almost half of reporting PFACs noted that they currently did not have term limits for these members. Among the PFACs that have implemented term limits, most used a term length of 3 years.

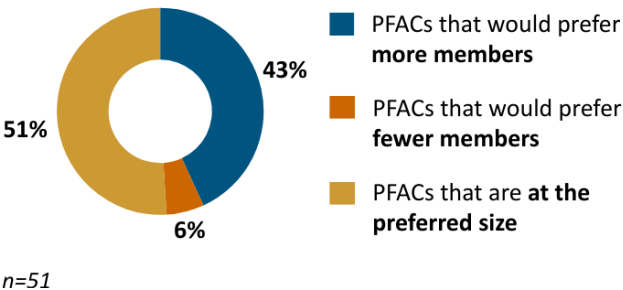
Type of PFAC



Size of PFAC



Preferred PFAC membership size



Accomplishments

PFACs described many successes in fiscal year 2025, including:

- Reviewing safety and patient satisfaction data;
- Participating in Community Health Needs Assessment and the Joint Commission Equity Certification processes;
- Developing patient education materials;
- Participating in design projects (e.g., new ED layouts, cancer center design);
- Advising on improvements to existing processes (informed consent, communication boards, phone queues and transfers, institutional collaborations, orientation materials, wayfinding);
- Working on palliative and end-of-life care initiatives;
- Co-leading staff appreciation and recognition efforts;
- Designing patient surveys and methodology;
- Advocating for patients and visitors (clergy visits, food improvement); and
- Serving as patient guides within the hospital and community ambassadors for the hospital.

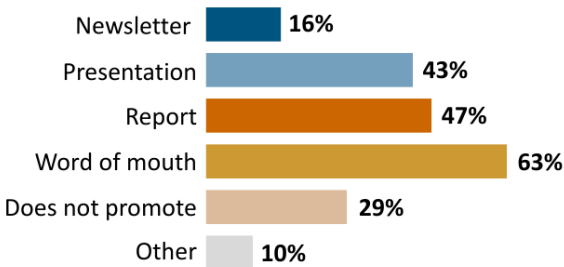
PROMOTING ACCOMPLISHMENTS

Promoting PFACs and their work not only demonstrates their positive impact, but it can be helpful for recruiting members and engaging other departments in PFAC work.

Most PFACs (63%) promoted their accomplishments through word of mouth. Of these hospitals, 44% did not promote in any other way – presenting an opportunity in the future for expanding their reach.

Additional ideas for promotion include presentations at events and meetings, hospital newsletters, social media, or websites. One hospital reported that it met monthly with an Experience Oversight Committee, a group of executives who guide all patient and family experience strategy and workstreams. The committee benefits from the PFAC’s input and ensures initiatives are aligned with organizational priorities.

Ways PFACs promoted accomplishments



n=51 (Note that multiple channels could be selected; percentages do not add up to 100%)

FEATURED ACCOMPLISHMENTS

Improving emergency department layout

After multiple complaints about patients in the ED waiting area not hearing their names called, the hospital’s PFAC proposed a redesign. After the new layout was implemented, related complaints ceased entirely, demonstrating the impact of patient-centered collaboration.

Addressing common “pain points”

This PFAC developed a system for organizing and circulating common “pain points” shared by patients. The goal was to make it easier for leadership and staff to address barriers and make immediate and systemic changes. The spreadsheet also identified areas where the PFAC can be more engaged in the future.

Understanding annual visit costs

To ensure transparency and build trust with patients, this PFAC developed a document to help patients understand annual visit costs. The group provided robust feedback on a notice for the hospital’s treatment rooms and waiting areas that explains the costs, what is included in an annual physical or wellness visit, and what is not included.

Improving billing practices

The Director of Hospital Revenue Cycle shared a presentation with the PFAC to address concerns and seek input on billing statements and automated follow up calls. Council members shared their suggestions for improvement from the patient’s perspective. The Director implemented the ideas where possible and returned to the next PFAC meeting to share the changes.

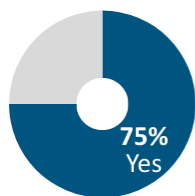
Implementing patient rounding

This PFAC launched a patient and family rounding program, similar to the Nurse Leader Digital Rounding Program already in place. It has been used to provide support to patients and their families, and to gather valuable real-time patient experience feedback.

Goals

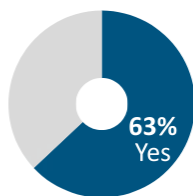
The majority of PFACs reported having set goals for the current year (75%). Nearly two-thirds indicated that their PFAC goals served to advance the goals of their institution.

Does your PFAC have goals for the current year?



n=51

Do the goals support the organization's goals and priorities?



n=51

Many indicated that including the patient and family voice was a goal for the hospital. PFAC members have provided that voice and acted as ambassadors of the hospital to other patients. One hospital reported that they include PFAC members during the early stages of grant applications to ensure the patient voice is included in research, in addition to the more traditional role focusing on hospital care delivery.

Involvement in patient safety-related initiatives was another way of aligning PFAC work with institutional goals. Other hospitals noted that the work they've done to establish a diverse patient and family advisory council directly related to their hospital's goals of advancing health equity and inclusion.

Several commonly-mentioned goals target the challenges many PFACs report facing. These include:

- Increasing PFAC membership and diversity
- Strengthening PFAC integration into organizational decision-making
- Expanding PFAC-led projects within their hospital
- Developing ways to measure the impact of their PFAC

RESOURCES FOR EFFECTIVE GOAL-SETTING

The Betsy Lehman Center's Fall 2025 PFAC Forum featured a keynote presentation from Katie Litterer, Program Manager for Family Partnerships at Boston Children's Hospital, on effective goal-setting for PFACs.

Watch the recording and download materials from [past PFAC Forums](#) online.

HIGHLIGHTED GOALS

Aligning with organization-wide goals

A PFAC partnered with clinical leaders to review and provide feedback on the patient falls education pamphlet, which explains why a patient may be placed on fall precautions and the steps they can take to stay safe during hospitalization. Council members helped ensure that the language was clear, patient-friendly and respectful, and that the content emphasized both safety and partnership in care. By reviewing the pamphlet from the patient and family perspective, the PFAC supported the hospital's goal of improving health literacy, enhancing patient engagement, and promoting a culture of safety.

Following best practices for PFACs

A hospital in the rebuilding phase of its PFAC identified goals which align with best practices for PFACs, including:

- Recruit members who reflect the full spectrum of our community's demographics, including age, culture, health experiences, and other important perspectives.
- Form PFAC-led work groups focused on key areas such as patient experience, communication, and safety to drive targeted improvements.
- Strengthen partnerships with hospital departments to ensure PFAC input informs decision-making and quality initiatives.
- Promote awareness of the PFAC within the community and hospital to encourage active participation and recognition of its role.
- Offer regular, structured input on hospital policies, programs, and patient care practices to support continuous improvement.

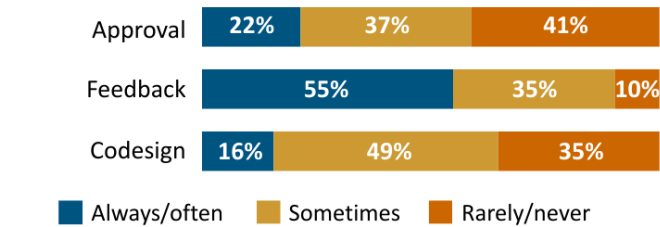
Engagement

The annual report form asked about PFAC engagement in hospital initiatives, offering three levels of engagement:

- 1. **Approval:** the hospital/department asks for approval from the PFAC on a **completed** initiative;
- 2. **Feedback:** the hospital/department asks the PFAC for input on a project **in progress**;
- 3. **Codesign:** the PFAC is involved at the **inception** of a project.

Codesign is the highest level of engagement. It is a best practice for PFACs to be involved from the start of a project to provide input on development. Around half of hospitals say they are “sometimes” engaged in codesign, with only eight hospitals reporting they are “often” or “always” participating in codesign.

How often PFACs are engaged in:



n=51

DEMONSTRATING THE VALUE OF PFACs WITH METRICS

Metrics are an important tool to help demonstrate the value and impact of a PFAC in a hospital. By collecting data that are both qualitative and quantitative, hospitals can precisely measure improvements made using input from the PFAC.

Barbara Lewis, President of Healthcare PX, has been researching Patient and Family Advisory Councils for over 10 years. She talks about the importance of measurement and data in a [Q&A with Patient Safety Beat](#), the Betsy Lehman Center’s email newsletter.

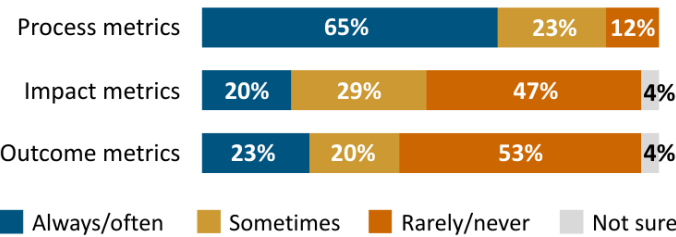
Measurement

The annual report form asked how often PFACs are measuring:

- 1. **Process metrics** (e.g., number of meetings or initiatives);
- 2. **Impact metrics** (e.g., how the PFAC has helped leaders identify and assess issues); and
- 3. **Outcome metrics** (e.g., improvement in patient experience scores or reduction in falls).

Best practice is to collect all three types of these data, though outcome metrics are the gold standard as they gather both baseline and post-intervention data to measure a change.

How often PFACs track:



n=51

Patient safety initiatives

“Patient safety” refers to a health care organization’s ability to recognize and address risks that could lead to patient harm. Including patients and families in improvement activities is a proven strategy for better patient outcomes. For this reason, hospitals should strive to effectively engage PFACs in safety and quality improvement, and include PFAC members on relevant committees and working groups.

This year, PFACs worked on a variety of initiatives to improve safety, from preventing workplace violence to improving communication around unplanned procedures.

COMMITTEE INVOLVEMENT

In addition to the PFAC, many advisors served on additional hospital committees. This helps to ensure patients and families have a voice in all aspects of care. The presence of PFAC members on these committees also establishes a communication pathway directly to and from the PFAC and creates opportunities for members to learn about initiatives going on across the hospital.

The most frequently noted committees PFAC members were involved in included:



n=51 (Note that multiple committees could be selected; percentages do not add up to 100%)

It is worth noting that each of the most frequently cited committees was related to quality and safety. By including patients and family members on these committees, hospitals can advance their initiatives while also promoting patient and family engagement in critical work.

PATIENT SAFETY SPOTLIGHT

Fall prevention

Four hospitals reported that reducing falls – both inpatient and outpatient – was an area of focus this year. Approaches ranged from looking at documentation in EPIC to providing input on a fall reduction program. One PFAC shared that their hospital had piloted Avasure, a program using virtual patient safety attendants. Before the start of the pilot, the PFAC provided feedback on ways the program could be successful, including ways to communicate with patients and families.

Improving communication around unplanned C-sections

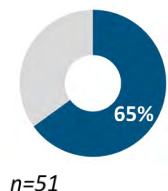
A PFAC member led a project to improve the experience of patients who undergo unplanned C-sections, particularly for non-English speaking patients. After interviewing patients, they identified several areas for improvement, including C-section discussions, pain control, the OR environment, and post-delivery communication. The PFAC developed potential solutions, such as reminders for providers to have C-section discussions while obtaining the maternity consent, including prompts to pre-op huddle checklists, and standardizing anesthesia counseling. The PFAC proudly shared that this initiative “significantly contributed to understanding and improving the maternity patient experience at our institution.”

Workplace violence prevention

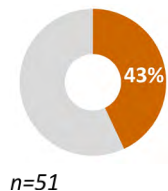
Three PFACs reported participating in initiatives to prevent workplace violence. Some hospitals had PFAC members serving on workplace violence committees and others participated in developing and implementing a code of conduct that holds both hospital employees as well as patients and family members to a standard of etiquette and safety. One PFAC provided perspectives that were used to design strategies to de-escalate incidents in their hospital. The PFAC shared, “this collaborative approach has helped inform staff training, improve response protocols, and foster a safer, more respectful care environment for everyone.”

Challenges

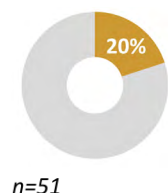
Several hospital PFACs reported challenges in fiscal year 2025. Common issues included:



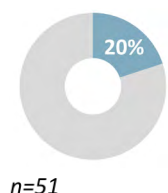
33 hospitals noted that **recruitment, expanding diversity and/or representation** were a major challenge this past year.



22 hospitals noted that **decreased or inconsistent engagement and participation from PFAC membership** was a major challenge faced this year.



10 hospitals noted that **lack of PFAC visibility or engagement and rarely being invited by the organization's leaders to join initiatives and new projects** were major challenges.



10 hospitals noted that **organizational changes, staffing, or limited resources** were a major challenge.

Some PFACs also mentioned the impact of organizational transitions, especially if their hospital became affiliated with a different hospital system. This caused some PFACs to stop certain activities or start others in an effort to align with the new system's expectations. Four PFACs reported that patients said they felt a meaningful loss of their previous community hospital identity due to these changes.

BIGGEST CHALLENGES REPORTED BY PFACS

"Ensuring all voices in our patient and family community were genuinely represented on the council. This was particularly difficult in reaching and integrating voices from underserved populations and those who do not speak English as their primary language... It makes it challenging to recruit and retain advisors from these communities, as they often felt less connected or understood within the existing framework."

"Ensuring feedback is not only heard but visibly implemented remains crucial. While consultation is appreciated, PFAC input must continue to shape policies and programming... Other challenges include defining clear goals and strategies, building member capacity, and securing a consistent co-chair to maintain steady communication."

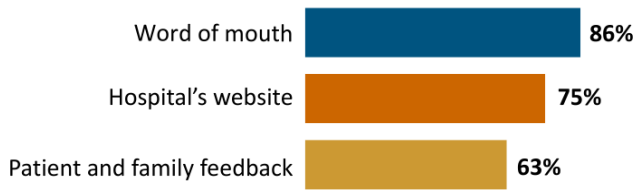
*"1. Balance of Proactive (e.g., codesign) and Reactive (e.g., approval) Work.
2. Bandwidth of the staff supporting the councils and the PFAC members themselves.
3. Attendance Issues - PFAC members being able to attend all meetings that they are invited to. It is difficult to prioritize "asks" and to ensure that the members involved in each project have the information (and calendar invites) they need to be able to join the meetings."*

"Finding and attracting a diverse group of members who represent the broad spectrum of our community has required focused outreach and time. Raising awareness about the PFAC's purpose and value with the community and hospital staff has been essential but challenging. As a small community hospital, balancing needs with limited staff time and resources has impacted the speed at which the council can grow and fully engage."

"Ensuring PFAC involvement and feedback into more hospital initiatives and projects early on, instead of informing the council of the progress later on."

Recruitment

The most frequently cited challenge faced by PFACs this year was recruiting new patient and family advisors. The most popular methods to recruit members included:

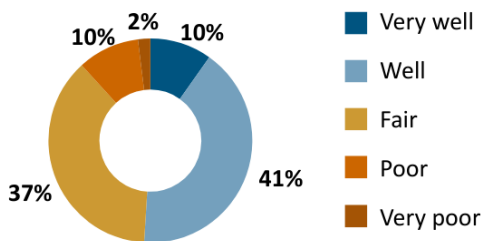


n=51 (Note that multiple methods could be selected; percentages do not add up to 100%)

Though these methods have successfully brought in new members, relying on these alone misses an opportunity to recruit members who may better represent the patient population or have lived experiences that might be currently underserved by the hospital.

While this is a frequently reported challenge, about half of PFACs noted their current membership matches the hospital's patient population "well," or "very well."

How well PFAC demographics match hospital's patient population



n=51

RESOURCES FOR RECRUITMENT

The Betsy Lehman Center's PFAC Toolkit includes checklists, sample flyers, worksheets and more to help with recruitment.

[Access the toolkit](#)

SUCCESSES FROM FY25

Hosting an open house

One hospital hosted an open house for prospective members to learn about the PFAC, understand what the responsibilities are, meet current members, and explore ways their lived experiences may impact the future work of the council. PFAC leaders designed the event to be inclusive and accessible so individuals from diverse backgrounds would be welcomed into a space that was ready to receive them.

Adding to patient feedback surveys

One hospital opted to add a question to their patient feedback survey that asked, "Would you like to receive more information regarding participation in the PFAC?" Over 3,000 patients received this survey, and seven new members were successfully recruited through this approach.

Reaching out for direct referrals

Several hospitals solicit recommendations from hospital staff and providers for potential PFAC candidates. Through established relationships with patients and family members, providers are uniquely positioned to identify individuals who may be constructive contributors or have a lived experience that the PFAC and hospital would benefit from. Although this pathway should be used in conjunction with other recruitment strategies, some hospitals have found the individuals recruited this way to be valuable additions to their PFAC.

Producing inclusive materials and events

Many hospitals redesigned promotional materials, such as flyers or webpages, in an effort to make them more inclusive, accessible, and representative of diverse patient communities. One hospital adopted a recruitment strategy centered around storytelling by current PFAC members. This method appears to have attracted interest from individuals from historically underrepresented groups as they were able to hear stories from and witness those currently serving on the PFAC.

Conclusion

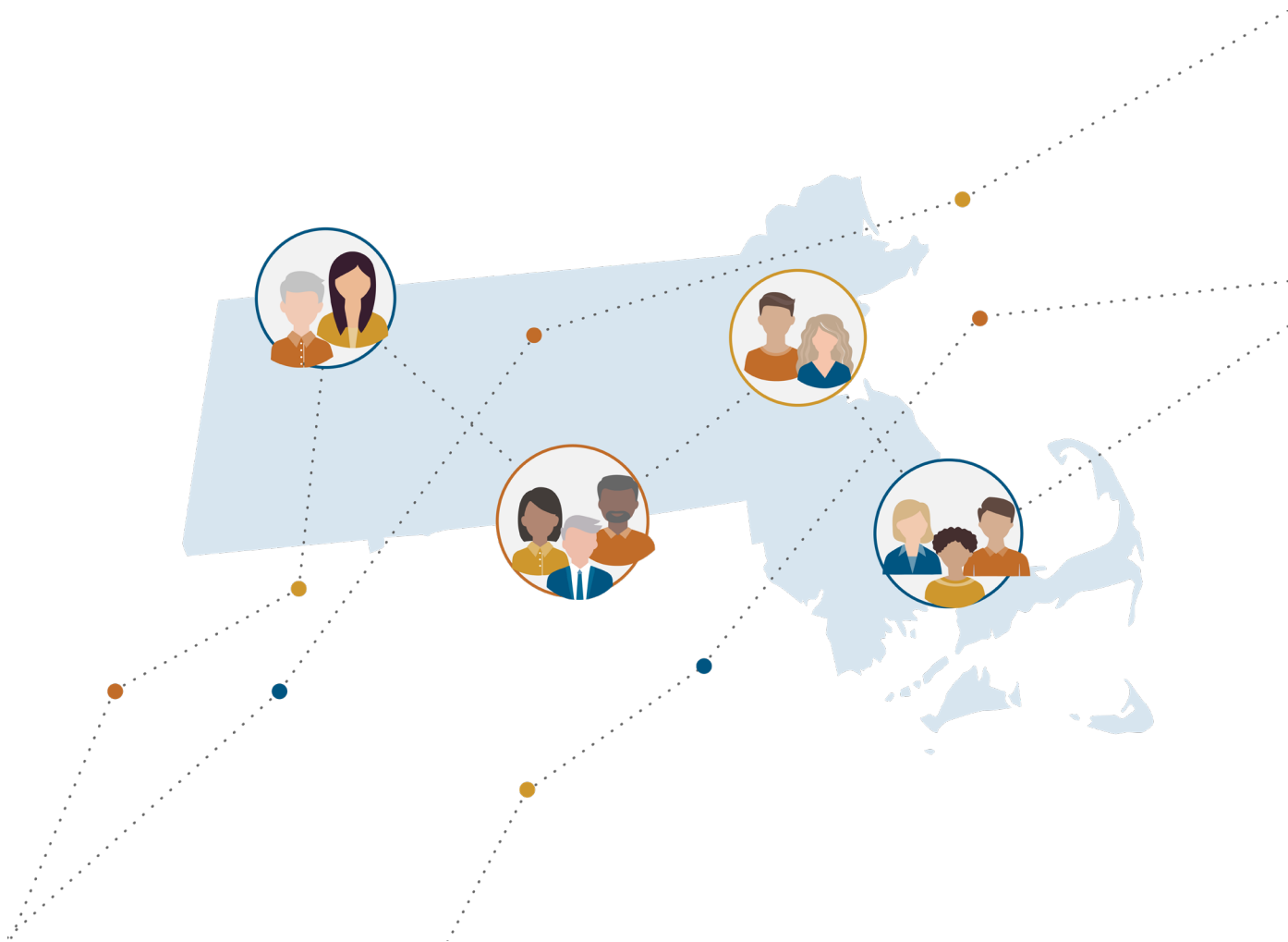
Despite very real challenges, PFACs are making significant contributions to advancing care that is patient-centered and safe in the Commonwealth. Patients and family members who serve on PFACs are committed to helping their community through their time, dedication and advocacy. Through their efforts, PFACs demonstrated real impact and progress in 2025 and are building their capacity to do more.

There are opportunities to increase the impact of PFACs through improving member recruitment, increasing visibility of PFACs, implementing outcome measures, and more consistently engaging PFACs in hospital initiatives. The Betsy Lehman Center will continue to provide support, resources, and networking opportunities for PFACs in hospitals and other health care organizations across the Commonwealth. We celebrate the work of PFACs and look forward to seeing their positive effects grow in the years ahead.

HEAR FROM PFAC MEMBERS



Staff and patients at Beth Israel Deaconess Medical Center, Southcoast Health, and the Betsy Lehman Center talk about how PFACs shape hospital decision-making and improve patient care. [Watch the videos](#)



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