## 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: Holyoke Medical Center, a member of Valley Health Systems	
2.	How many PFACs does your hospital have in total? 1	
3.	<ul> <li>The information on this form reflects the work of a PFAC that serves as:</li> <li>The sole PFAC at our hospital, ACO, or organization</li> <li>A hospital-wide PFAC, but there are additional department, unit, population-specific or specialty PFACs as v</li> <li>A hospital department, unit, or specialty PFAC</li> <li>A hospital-based PFAC that also serves an ACO</li> <li>A system-wide PFAC</li> </ul>	
4.	Patient/family co-chair:	
	a. Name: Avadhoot Gokhale	
	b. Email address: Gokhale_avadhoot@holyokehealth.com	
5.	Hospital co-chair:	
	a. Name: Anne Hart	
	b. Title:	
	c. Email address: ahartrn@yahoo.com	
	d. Phone number: 413-364-7621	
6.	PFAC membership [as of June 30]:	
	a. Total number of members: 11 to 15	
	b. Total number of patient/family advisers: 1 to 5	
	c. Total number of staff advisers: 6 to 10	

7.	Prefer	rred PFAC membership:	
	a.	Total number of members:	
	b.	Total number of patient/family advisers:	
	C.	Total number of staff advisers:	
8.	If pati	ient/family members of the PFAC are subject to term	limits, please select the length of terms: n/a
9.		h recruiting efforts does your hospital use to identify ct all that apply)	and attract new PFAC members from the community?
	☐ Clin☐ Dis☐ Ho	ter visit summary or survey messages inicians' recommendations scussions with people in the clinic ospital website rievances	<ul> <li>✓ Patient/family feedback</li> <li>✓ Social media</li> <li>☐ Tables at hospital entrances</li> <li>☐ Visits to the units</li> <li>✓ Word of mouth</li> </ul>
	✓ Par	mphlets	Other:
	If othe	often does your PFAC meet? <b>Every other month</b> er, please specify: do you typically convene your PFAC? <b>In-person</b>	
11.			
	It a mi	ix, please describe:	
12.	How c	often do PFAC members engage in these ways with in	nitiatives presented to them? (Please respond to each.)
	a.	Approval: The department asks for approval from t	he PFAC on a completed initiative Always
	b.	Feedback: The department asks the PFAC for input	on a project in progress Always
	C.	Codesign: The PFAC is involved at the inception of	the project Always
	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	<u>Patients served</u>
White	52.2645	61.0950
Black	2.8194	4.2351
Hispanic	39.9440	30.1449
Asian	1.8767	.6441
Native Hawaiian and Pacific Islander (NHPI)	.049566	.03221
American Indian or Alaska Native (AIAN)	.10691	.09662
Other	2.9389	1.031
Multi	4.9721	1.804

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	18.756
Portuguese	0.232
Chinese	0.071
Haitian Creole	0.375
Vietnamese	0.030
Russian	0.142
French	0.075
Mon-Khmer/Cambodian	0.004
Italian	0
Arabic	0.150
Albanian	0.004
Cape Verdean	0.007
Limited English proficiency (LEP)	n/a

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

orienta	are many ways to describe the array of perspectives in a community, including age, income, gender, sexua ation, gender identity, disability, veteran status, career, chronic or rare disease status, religion, etc. How you describe your PFAC membership's representation of the community it serves more broadly?			
	Based on the percentage of population our PFAC is well represented. Members rage in age groups and career backgrounds.			

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

Our PFAC meets every other month. Most recently the Director of Community Benefits has presented the struggles in our community and broke it down by Holyoke and surrounding communities diverse population. The main focus being: Metal health, substance abuse, chronic disease, food insecurity, and housing instability. PFAC members brainstormed new ideas how the hospital may be more helpful to the diverse population.

The Director of ACO Operations has also met with PFAC and presented the Health Care Equity Requirements and the organization of work being done.

## SECTION III: KEY ACCOMPLISHMENTS AND IMPACT

- 16. How often do you measure the impact of the PFAC on initiatives? Always
- 17. How often do you track outcome metrics related to PFAC advice? (e.g., improvement in patient experience scores, reduction in falls, etc.) Always
- 18. How often do you track process metrics? (e.g., number of meetings, number of initiatives, etc.) Always
- 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.

Feedback include follow up appointments and referrals in outpatient departments. Admitted patient feedback on care provided. The expansion of care being offered to neighboring communities.

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	<b>V</b>
22.	Did the work accomplished by your PFAC help advance the organization's goals? Yes	
	Please describe:	
	Feedback from PFAC members about experiences in outpatient and inpatient departments. This feedback is given directly to the Chief Quality Officer who in turn can bring back the recommended changes to the appropriate departments.	
23.	What were the greatest challenges your PFAC faced?	
	Recruiting members has been a challenge.	
SECTIO	N IV: SAFETY	
and it's	afety is the prevention of harm to patients while receiving health care. It's a fundamental principle of health onsidered the foundation of high-quality care. Patient and family input and insight about safety consideration is an essential component of safety improvement work.	
24.	For each of the following items, indicate your PFAC's level of involvement.	

ANNUAL PFAC REPORT FORM 5

Patient/family advisers were consulted on safety goal-setting and metrics: Regularly

Patient/family advisers participated in safety improvement initiatives: Regularly

Patient/family advisers were represented at board meetings: Never

b.

C.

	soliciting ideas for improve	ment.		
SECTION	V: ADDITIONAL INFORMAT	TON		
	ndicate the committees within yo Behavioral Health/ Substance Use Bereavement Board of Directors Care Transitions Code of Conduct Community Benefits Critical Care Culturally Competent Care	ur organization on which a PFAC member  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	<ul> <li>□ Patient Education</li> <li>☑ Patient and Familian</li> <li>□ Improvement</li> <li>□ Pharmacy Dischate</li> <li>□ Program</li> <li>☑ Quality and Safet</li> <li>☑ Quality/Performate</li> <li>□ Improvement</li> <li>□ Surgical Home</li> </ul>	y Experience rge Script Y
<b>▼</b>	☑ Discharge Delays	(LGBTQ+)  ☐ Patient Care Assessment	Other:	
27. A	re there any PFAC-led workgroup	os or projects you would like to highlight?		
	VI: LOOKING AHEAD  oes your PFAC have goals for the  a. If yes, what are your PFAC's			
	Recruitment of members			

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

Quality and Safety dashboard is shared with the Board members and the same dashboard is presented to the PFAC members every meeting thus sharing data and

29.	Do the	se goals support the organization's goals and priorities for the year? Yes, the goals directly related
	a. If ye	s, in what ways do these goals support the organization's goals and priorities?
		PFAC goals are to support the hospital in improving the quality and safety, Community Health Needs assessment and Health equity initiatives. These are some of the same organizational objectives.
30.	Is there	e anything else your hospital would like to highlight that has not been captured above?
31.	This re	port was prepared and reviewed by:
	a.	Name: Avadhoot Gokhale
	b.	Title: SVP and Chief Quality Officer
	С.	List additional people's names and titles as needed below:
32.	This re	port is for the state's fiscal year ending June 30, 2025

BETSY LEHMAN

for Patient Safety