

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: **UMass Memorial Health at Milford Regional Medical Center**
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: **David Frost**
 - b. Email address: **dmfro3535@yahoo.com**
5. Hospital co-chair:
 - a. Name: **Maureen Harris**
 - b. Title: **Infection Control Manager**
 - c. Email address: **MAUREEN.HARRIS2@umassmemorial.org**
 - d. Phone number: **508-422-2304**
6. PFAC membership [as of June 30]:
 - a. Total number of members: **16 to 20**
 - b. Total number of patient/family advisers: **6 to 10**
 - c. Total number of staff advisers: **6 to 10**

7. Preferred PFAC membership:
- Total number of members: 21 to 25 ☐
 - Total number of patient/family advisers: 11 to 15 ☐
 - Total number of staff advisers: 11 to 15 ☐
8. If patient/family members of the PFAC are subject to term limits, please select the length of terms: 2 years ☐
9. Which recruiting efforts does your hospital use to identify and attract new PFAC members from the community? (select all that apply)
- | | |
|--|---|
| <input checked="" type="checkbox"/> After visit summary or survey messages | <input checked="" type="checkbox"/> Patient/family feedback |
| <input type="checkbox"/> Clinicians' recommendations | <input checked="" type="checkbox"/> Social media |
| <input type="checkbox"/> Discussions with people in the clinic | <input type="checkbox"/> Tables at hospital entrances |
| <input checked="" type="checkbox"/> Hospital website | <input type="checkbox"/> Visits to the units |
| <input checked="" type="checkbox"/> Grievances | <input checked="" type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Pamphlets | Other: <input type="text"/> |
10. How often does your PFAC meet? Monthly ☐
- If other, please specify: We did not meet in July, August, or January
11. How do you typically convene your PFAC? A mix of both in-person and virtually ☐
- If a mix, please describe: We offer zoom for anyone who cannot make it in
12. How often do PFAC members engage in these ways with initiatives presented to them? (Please respond to each.)
- Approval: The department asks for approval from the PFAC on a completed initiative Rarely ☐
 - Feedback: The department asks the PFAC for input on a project in progress Rarely ☐
 - Codesign: The PFAC is involved at the inception of the project Rarely ☐
 - Other, please specify:
- We are starting to engage with departments to involve PFAC feedback more in the processes.

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	85.9%	82.99%
Black	2.0%	2.22%
Hispanic	4.9%	4.62%
Asian	4.1%	3.14%
Native Hawaiian and Pacific Islander (NHPI)	0%	.06%
American Indian or Alaska Native (AIAN)	.2%	.11%
Other	2.2%	6.86%
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	2.10
Portuguese	3.57
Chinese	.15
Haitian Creole	.30
Vietnamese	.03
Russian	.07
French	.02
Mon-Khmer/Cambodian	0
Italian	.04
Arabic	.30
Albanian	.02
Cape Verdean	0
Limited English proficiency (LEP)	

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

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?

Milford Regional's PFAC is committed to continuing its efforts of incorporating different perspectives that will enhance our patient-centered care.

Currently our membership represents a number of different perspectives, however, the Council recognizes the need to recruit additional members that represent more of our service area and are currently working on a recruitment campaign to do so.

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 are working to get an online application posted to our website.

We have submitted an article on PFAC to a local newspaper that distributes to thousands of homes.

We use grievances that have been filed when appropriate.

SECTION III: KEY ACCOMPLISHMENTS AND IMPACT

16. How often do you measure the impact of the PFAC on initiatives? **Never**

17. How often do you track outcome metrics related to PFAC advice? (e.g., improvement in patient experience scores, reduction in falls, etc.) **Never**

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

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.

The PFAC held an elder wellness fair to share resources for our community that may be of assistance to our elder population. We are holding our second one in 2026.

We updated our by-laws

We shared the joint venture of Shields joining our imaging department and feedback from the PFAC

Provided feedback on interpreter services and organizational documents. Feedback was provided and prompted the organization to translate our documents into Haitian Creole as a new language that entered the market secondary to the migrant/refugee population that were housed in Milford and Franklin

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? **No**

22. Did the work accomplished by your PFAC help advance the organization's goals? **No**

Please describe:

23. What were the greatest challenges your PFAC faced?

Membership/Enrollment

Financial assistance with projects

Not knowing the hospital goals is challenging for PFAC to decide what areas to focus 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: **Never**
- b. Patient/family advisers were consulted on safety goal-setting and metrics: **Occasionally**
- c. Patient/family advisers participated in safety improvement initiatives: **Occasionally**

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

Feedback

SECTION V: ADDITIONAL INFORMATION

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

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

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

Elder Wellness Fair 2025. We had a workgroup of 6-8 people who worked on this initiative. There were over 20 vendors that attended such as our stroke coordinator, elder law attorney, home care agencies, a physician who talked about advanced directives, and more.

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?

Creating a map for visitors to navigate the hospital
Recruitment
Elder Wellness Fair 2026

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

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

It will benefit the patient experience. It can be frustrating for patients to come and not be able to find their way through the hospital. Having a map will help keep our patients and their loved ones from being lost and feeling frustrated which will impact their experience as a whole.

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

31. This report was prepared and reviewed by:

a. Name: **Kellie Karpouzis**

b. Title: **Patient Relations/Service Excellence Specialist**

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

David Frost- community co-chair
Bert Thurlo-Walsh facilitator

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