

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: **Lowell General Hospital**
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
Name: **Allan Marsh**
Email: **a.marsh@comcast.net**
5. Hospital co-chair
Name: **Diane Regan, DNP, RN, NEA-BC, CEN**
Job title: **Associate Chief Nurse**
Email: **Diane.Regan@tuftsmedicine.org**
Phone number: **978 788 7219**
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
 - ☐ 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? **A quarter or less of their role**
8. How often does your PFAC meet? **Every other month**
Other:
9. How do you typically convene your PFAC? **A mix of both in-person and virtually**
If a mix, please describe: **Typically every other meeting is in person**

PFAC MEMBERSHIP

10. PFAC membership [as of June 30]
- a. Total number of members: **11 to 15**
 - 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, we have more members**

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

In the last year we have recruited 2 new members to the group

12. If members of the PFAC are subject to term limits, please select the length of terms: **n/a**
13. Are there limitations around how many terms a member can serve? Please describe any in the field below.

The Council will not exceed 20 Active Members, unless there are membership rotation issues appropriate to a greater number for a temporary period agreed upon by the membership.

Co-Chair- The standard term will be two years; even if this means the co-chair will serve four one year Active Membership terms. The term of office will begin the January 1st after the office is elected, unless otherwise specified.

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
- ☒ Hospital website
- ☐ Grievances
- ☒ Pamphlets

- ☐ Patient/family feedback
- ☒ Social media
- ☐ Tables at hospital entrances
- ☐ Visits to the units
- ☒ Word of mouth

Other: **Volunteer Services, Community Events**

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	
Portuguese	
Chinese	
Haitian Creole	
Vietnamese	
Russian	
French	
Mon-Khmer/Cambodian	
Italian	
Arabic	
Albanian	
Cape Verdean	
Limited English proficiency (LEP)	

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?

Our top spoken languages among our patients are English, Spanish, Khmer, Portuguese and Haitian. There is room for improvement in terms of recruiting new members from more diverse backgrounds and nationalities as they relate to the top spoken languages.

(The full list of languages spoken can be found in question 32)

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?

We have a range of ages and different career fields among our PFAC membership, as well as a mix of gender. Each of these elements could be more robust and this is something we are working on as we identify new potential members.

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 have started working with our Volunteers program to try to identify new members from that pool. Our PFAC members have started attending community events, especially ones that may allow for meeting community members from all backgrounds.

We have also considered adding a question to our patient experience survey to attract new members but this is not something we have formally moved forward with.

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* Often
- b. Feedback: *The department asks the PFAC for input on a project in progress* Often
- c. Codesign: *The PFAC is involved at the inception of the project* Often
- 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.)* Often
- b. Outcome metrics: *The result (e.g., improvement in scores, reduction in falls, etc.)* Often
- c. Impact metrics: *The value (e.g., change in outcomes due to PFAC involvement)* Often

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.

Educated on priority health equity topics. Provided feedback and input for consideration related to health equity screening questions and processes.

Advised the organization on new Ambient Nurse Listening project

Learned more about our Dementia care unit and ongoing initiatives related to this space.

Members were educated about the functions and operations of Patient Relations as well as Emergency services and Urgent care. Inputs were provided

Voice of the community: inputs from members helps in getting feedback from the community and in modifying services to better serve the community (i.e. LabCorp)

Recruited new members to PFAC and revised the orientation/on boarding process for members.

Piloted initiatives for recruiting new members through attendance at community sponsored LGH events.

21. 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:

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

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

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

24. What were the greatest challenges your PFAC faced?

New member recruitment continues to be an area of focus.
Diversity in methods of communications within the system and community.
Larger community awareness of the PFAC members
Diversity of PFAC members with membership representative of our community.

PATIENT 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.

25. For each of the following items, indicate your PFAC's level of involvement.

- a. Patient/family advisers were represented at board meetings: **Regularly**
- b. Patient/family advisers were consulted on safety goal-setting and metrics: **Regularly**
- c. Patient/family advisers participated in safety improvement initiatives: **Regularly**

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

Continue to provide input related to the care of patients with Dementia.
Transitioning our lab services to Labcorp--patient/ community feedback.
Ambient Nurse Listening Project which is ongoing and newly implemented.
Health Equity questionnaires and how we are asking our patients these questions.

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?

Help hospital staff carry out changes and improvements in the experiences of care.
Align work of the PFAC to organization goals--Continue to stay informed on performance against goals
Recruitment/Diversity among committee members--Promoting more community outreach and reciprocal communication.
Review and provide input that will help improve access to care and advance diversity, equity and belonging.
Stay informed on Ambient Nurse Listening project and provide input on patient experience.
Learn more about Work Place Safety as it relates to the hospital setting.
Explore having PFAC led groups or projects in the future.

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

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

Diversity, equity and belonging aligns with the organization's goals.

ADDITIONAL INFORMATION

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

Updated on-boarding materials and process
Success in recruiting new members

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

Total languages spoken: 371,661

Afrikaans (1), Akan (21), Albanian (26), Amharic (11), Arabic (1,360), Armenian (21), Azerbaijani (2), Basque (10), Bengali (131), Bosnian (5), Brazilian Portuguese (416), Breton (1), Bulgarian (19), Burmese (95), Cape Verdean (28), Catalan (2), Central Khmer (10,285), Chinese (154), Chinese Cantonese (97), Chinese Fuzhounese (17), Chinese Mandarin (423), Choose Not to Answer (36), Croatian (11), Danish (3), Dutch (1), English (311,108), Esperanto (2), Estonian (1), Filipino (2), Finnish (3), French (360), Fulah (1), Ganda (53), Georgian (3), German (1), Greek (301), Gujarati (1,951), Haitian (2,795), Hausa (2), Hindi (387), Hungarian (22), Igbo (12), Indonesian (9), Italian (27), Japanese (49), Kannada (1), Karen (44), Kazakh (1), Khmer-Cambodian (2,952), Kinyarwanda (48), Korean (126), Kurdish (3), Lao (543), Latin (7), Lebanese (3), Lingala (5), Malayalam (14), Marathi (11), Nepali (129), Not Specified (284), Other (448), Panjabi (41), Pashto (380), Persian (225), Polish (48), Portuguese (9,634), Quechua (2), Romanian (23), Rundi (2), Russian (150), Samoan (1), Sango (11), Serbian (1), Shona (5), Sign Language (202), Sign Language ASL-CDI (7), Slovak (4), Somali (3), Spanish (22,637), Swahili (389), Swedish (1), Tactile (Deaf and Blind) (3), Tagalog (15), Tamil (26), Telugu (66), Thai (109), Tibetan (1), Tigrinya (5), Turkish (46), Twi (46), Ukrainian (31), Unable to Collect - Clinical Incapacity (5), Unknown (466), Urdu (148), Uzbek (2), Vietnamese (2,037), Yoruba (5)

33. This report was prepared and reviewed by:

- Name: Diane Regan, DNP, RN, NEA-BC, CEN
- Title: Associate Chief Nurse
- List additional people's names and titles as needed below:

Franchesca Adams, Program Manager Experience (PFAC Coordinator)
Christine Wagner, Executive Assistant (PFAC Coordinator)
Allan Marsh, Patient/family PFAC Co-Chair

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