

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: **Boston Children's Hospital**
2. How many PFACs does your hospital have in total? **>8**
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: **Padmaja Raman**
Email: **padmajaraman@icloud.com**
5. Hospital co-chair
Name: **Jon Whiting**
Job title: **VP, ACNO Patient Care & Clinical Operations**
Email: **Jon.Whiting@childrens.harvard.edu**
Phone number: **617-355-8564**
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? **The majority of their role**
8. How often does your PFAC meet? **Monthly**
Other:
9. How do you typically convene your PFAC? **A mix of both in-person and virtually**
If a mix, please describe: **We offer two optional hybrid meeting opportunities per year**

PFAC MEMBERSHIP

10. PFAC membership [as of June 30]
- Total number of members: **>30**
 - Total number of patient/family advisers: **26 to 30**
 - Total number of staff advisers: **1 to 5**
11. Has your PFAC changed in size within the last year? **Yes, we have fewer members**

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

The PFAC recruited seven new members in late 2024 and early 2025. We did not actively recruit for calendar year 2026, as membership levels remained stable. During the reporting period, a small number of members completed their service and rotated off the council after reaching established term limits. This said, we will be welcoming a number of new members in fall 2026 and spring 2027 which will bring our membership to 100% capacity.

12. If members of the PFAC are subject to term limits, please select the length of terms: **>5 years**
13. Are there limitations around how many terms a member can serve? Please describe any in the field below.

Active PFAC members may serve for up to seven years. Members are invited annually to confirm their interest in continuing service for the upcoming year. In some cases, members conclude their participation before reaching their term limit, such as when their child transitions care away from Boston Children's.

Members who have served for at least four years may be invited to transition to Emeritus Member status, allowing them to remain engaged in a limited capacity. Emeritus members may serve indefinitely but are removed from the roster after one year of inactivity.

Staff members are not subject to term limits.

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 | ☐ Patient/family feedback |
| ☒ Clinicians' recommendations | ☐ Social media |
| ☐ Discussions with people in the clinic | ☐ Tables at hospital entrances |
| ☒ Hospital website | ☐ Visits to the units |
| ☒ Grievances | ☒ Word of mouth |
| ☐ Pamphlets | Other: FAC member referrals |

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	6.32%
Portuguese	1.86%
Chinese	0.60%
Haitian Creole	0.73%
Vietnamese	0.17%
Russian	0.11%
French	0.05%
Mon-Khmer/Cambodian	0.05%
Italian	0.01%
Arabic	0.50%
Albanian	0.02%
Cape Verdean	0.29%
Limited English proficiency (LEP)	9.81%

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?

While the FAC is intentionally composed of members with diverse backgrounds and experiences, there is always room to broaden representation. Current areas of focus include expanding participation from families who speak languages other than English, strengthening gender representation, and increasing the breadth of patient and family experiences represented on the council. The FAC remains committed to continuously assessing its membership and welcoming voices that help ensure its perspectives remain reflective of the communities Boston Children's serves.

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?

The FAC is comprised of advisors with a wide range of backgrounds, identities, and lived experiences that collectively reflect the diversity of the Boston Children's community. Members represent different cultures, languages, family structures, geographic regions, and healthcare experiences, including care received locally, nationally, and internationally. Advisors also bring diverse patient and family perspectives shaped by chronic and complex conditions, rare diseases, disabilities, and interactions across many areas of the healthcare system, including primary care, specialty care, inpatient care, and emergency services. Together, these varied experiences help ensure the FAC provides thoughtful, representative, and family-centered input to hospital leaders and teams.

While a council of up to 25 members cannot fully represent every patient and family experience within the Boston Children's community, the FAC remains committed to welcoming and elevating perspectives that authentically reflect the populations we serve. The FAC also prioritizes the inclusion of advisors with current or recent care experiences at Boston Children's to help ensure feedback remains timely, relevant, and grounded in the realities of today's patient and family experience.

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

The FAC maintains a member-led recruitment and selection process that prioritizes representative family voices. FAC members participate directly in meeting with prospective advisors and selecting new members. Each year, the council reviews its current composition to identify opportunities to broaden representation and bring new perspectives to the table. In addition to demographics, the FAC considers the diversity of patient and family experiences, cultural and linguistic backgrounds, geographic representation, and family structures to help ensure the council reflects the communities served by Boston Children's Hospital.

This intentional approach helps the FAC identify and fill gaps in perspective while fostering a council that benefits from a wide range of lived experiences and viewpoints.

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* **Never**
- 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* **Sometimes**
- 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.)* **Sometimes**
- b. Outcome metrics: *The result (e.g., improvement in scores, reduction in falls, etc.)* **Always**
- c. Impact metrics: *The value (e.g., change in outcomes due to PFAC involvement)* **Always**

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.

Accomplishment #1: Informing Supports for Patients and Families During Campus Construction

In preparation for a lengthy Sky Bridge closure and other major construction projects at our main campus, PFAC provided critical patient and family perspectives to inform operational planning. Advisor feedback shaped enhanced wayfinding, multilingual signage, accessibility resources, child-friendly detour routes, and improvements to patient arrival experiences, including expanded parking and traffic support, relocated validation stations, and additional assistance for families traveling with medical equipment or multiple children. PFAC also informed development of patient- and family-facing resources and planning efforts to support vulnerable patients during periods of environmental disruption. Together, these initiatives helped reduce stress and improve the patient and family experience during campus disruptions.

Accomplishment #2: Improving Patient Access and Reducing Missed Care Opportunities

PFAC partnered with hospital leaders to identify barriers that contribute to missed appointments and delays in care. Family feedback informed efforts to standardize cancellation practices, improve patient communications, and promote timely appointment releases so available care slots can be accessed by other children and families in need. By bringing the patient and family perspective to operational decision-making, PFAC helped advance strategies aimed at improving access to care across the enterprise. This work remains ongoing, with PFAC continuing to partner with hospital leaders to explore additional approaches that encourage families to keep scheduled appointments whenever possible or cancel early when plans change, helping reduce missed care opportunities and improve access for patients awaiting services.

Accomplishment #3: Shaping Patient- and Family-Centered Facility Design

PFAC members partnered with hospital leaders, planners, and design teams on facility improvement and capital projects to ensure patient and family perspectives informed planning and design decisions. Advisor feedback influenced the design of a future-state Emergency Department waiting area, resulting in enhancements to safety, privacy, and the patient and family experience. PFAC members also helped select a new whale sculpture for the main campus and served as key contributors to the redesign of the hospital's interactive lobby media wall, helping create welcoming and engaging environments for patients, families, and visitors.

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: Annual report on internal/external webpages

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: <input type="text"/> |
| ☒ Culturally Competent Care | ☒ Patient Care Assessment | |
| ☒ Discharge Delays | | |

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

Strengthening FAC's Strategic Impact

Over the past year, the FAC completed a comprehensive strategic planning process to clarify its direction over the next three years, strengthen leadership development, and identify opportunities for greater impact. Advisors prioritized initiatives to improve communication, accessibility, and engagement, including a redesigned mentorship model to support advisor growth and knowledge transfer, and identified more than 50 potential opportunities to advance the FAC's impact on the patient and family experience. This work will help strengthen FAC's role as a trusted partner, bringing patient and family perspectives to important decisions and initiatives across the hospital.

While the strategic plan was developed collaboratively by the full FAC, advisors will now work through dedicated workgroups focused on key strategic priorities, creating clear pathways to translate planning into action and measurable impact over the next three years.

24. What were the greatest challenges your PFAC faced?

Time and Capacity

FAC members contribute their time while balancing work, caregiving, family responsibilities, and other commitments. As opportunities for partnership across the hospital continue to grow, ensuring meaningful engagement while respecting advisor capacity remains an important priority.

Virtual Engagement

Virtual participation has made FAC more accessible and flexible, but it can also make it harder to build relationships, foster discussion, and create the sense of connection that strengthens partnership and collaboration.

Prioritization of Opportunities

Through its strategic planning process, FAC identified more than 50 potential opportunities for future impact. Determining where the council can have the greatest influence, while remaining focused and sustainable, will be an important area of work over the next three years.

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: **Unsure**
- c. Patient/family advisers participated in safety improvement initiatives: **Regularly**

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

Since 2016, a PFAC member has served on the organization's Patient Care Assessment Committee, which provides oversight and guidance for patient safety initiatives across Boston Children's Hospital.

PFAC members also partner with Hospital Acquired Condition (HAC) teams and other patient safety workgroups focused on reducing and preventing patient harm. Through these partnerships, advisors contribute patient and family perspectives that help inform improvement efforts, identify areas of concern, and ensure that safety initiatives reflect the priorities and experiences of patients and families.

Advisors participate as valued members of these teams, with their perspectives considered alongside those of clinical and operational staff. While advisors do not establish patient safety goals or define performance metrics, they provide important input on initiatives designed to improve safety and the patient and family experience.

The PFAC has long supported this collaborative approach, recognizing that the organization's patient safety priorities and goals align closely with the concerns and expectations expressed by patients and families regarding safe, high-quality care.

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?

FY2027 Priorities: Launching the FAC's Three-Year Strategic Plan

This fall, the FAC will begin implementing a new three-year strategic plan focused on strengthening the council, elevating member leadership, and expanding organizational impact.

Build a Strong FAC: Strengthen the FAC's foundation so members feel informed, connected, supported, and prepared to contribute meaningfully. FY2027 priorities include refreshing onboarding resources, launching a redesigned mentorship model, improving communication and transparency, developing approaches for measuring impact, and establishing workgroups to advance strategic priorities.

Elevate Member Voices: Create meaningful opportunities for advisors to contribute their lived experience, expertise, ideas, and leadership. FY2027 efforts will focus on an idea gallery designed to surface and advance advisor ideas, increasing awareness of engagement opportunities, exploring flexible participation models, and identifying barriers to involvement.

Increase Organizational Impact: Strengthen family partnership across Boston Children's through consultation, collaboration, and lived-experience expertise. Priorities include expanding advisor participation on committees and project teams, exploring quality and safety partnerships, identifying communication and family experience priorities, and increasing opportunities for advocacy and policy education.

Welcoming and Supporting Representative Family Voices: The FAC is committed to fostering a welcoming and inclusive advisor community that reflects the diverse experiences of patients and families served by Boston Children's Hospital. This commitment is embedded across all strategic priorities and guides ongoing efforts to strengthen representation, increase accessibility, reduce barriers to participation, promote belonging, and elevate a broad range of family perspectives.

Together, these priorities will strengthen the FAC's capacity, elevate family voices, and expand its impact on the programs, policies, and experiences that shape care across Boston Children's Hospital.

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?

Yes. The FAC's FY2027 goals support Boston Children's strategic priorities related to the BCH workforce and volunteer community, BCH systems, and the children of today and tomorrow. By strengthening the FAC, elevating member voice and leadership, and expanding organizational impact, the FAC helps ensure patient and family perspectives inform decisions, improvement efforts, and future planning across the hospital.

These priorities also reflect the principles of the Boston Children's Way by fostering respect for each family's experience, promoting inclusivity through representative and accessible engagement, strengthening teamwork through collaboration with staff and hospital leaders, and advancing kindness by improving the care experience for patients and families. Through its commitment to welcoming and supporting representative family voices, the FAC helps create meaningful partnerships that contribute to a stronger hospital today and for future generations.

ADDITIONAL INFORMATION

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

No structural changes were made to the FAC during the reporting period.

Effective January 1, the FAC transitioned to a new parent co-chair, who was elected to a three-year term. During this same period, the council undertook the development of its FY2027-2029 FAC strategic plan, which will take effect on October 1, 2026. Guided by member feedback and thoughtful collaboration, the plan establishes shared priorities and a common framework for measuring progress, supporting accountability, and advancing the FAC's impact across Boston Children's Hospital.

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

Boston Children's fiscal year runs from October 1-September 30.

33. This report was prepared and reviewed by:

a. Name: Katie Litterer

b. Title: Program Manager, Family Partnerships | Office of Experience

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

Padmaja Raman, FAC Parent Co-Chair

Jon Whiting, Senior Leadership FAC Co-Chair

Lisa Rubino, Director, Office of Experience

Sara Toomey, SVP, Chief Safety & Quality Officer, Chief Experience Officer, FAC Physician Liaison

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