

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 Medical Center - Main**
2. How many PFACs does your hospital have in total? **2 to 4**
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: **Charles Grimes**
Email: **cgrimes@comcast.net**
5. Hospital co-chair
Name: **Tracy Bastien**
Job title: **Program Coordinator, Pediatrics**
Email: **tracy.bastien@bmc.org**
Phone number: **617 414 5177**
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?
Other: **Twice per month**
9. How do you typically convene your PFAC? **Virtually**
If a mix, please describe: **Meetings are virtual but other in-person engagements occur.**

PFAC MEMBERSHIP

10. PFAC membership [as of June 30]
- Total number of members: **11 to 15**
 - Total number of patient/family advisers: **11 to 15**
 - 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:
One patient/family member left this year due to personal changes unrelated to PFAC. We plan to recruit additional patient/family members in 2027.
12. If members of the PFAC are subject to term limits, please select the length of terms: **1-2 years**
13. Are there limitations around how many terms a member can serve? Please describe any in the field below.
The PFAC charter states that terms can be renewed twice.
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: virtual surveying |

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	18.5
Portuguese	1.75, 1.42
Chinese	
Haitian Creole	6.27
Vietnamese	1.44
Russian	
French	
Mon-Khmer/Cambodian	
Italian	
Arabic	0.54
Albanian	
Cape Verdean	2.01
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?

Latino and Asian representation is missing from the PFAC. Targeted efforts are planned to recruit at least 1 member per population that is not represented. There will also be targeted efforts to increase representation in other patient populations, for example patients who live with disability.

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?

PFAC reflects the rich diversity of Boston Medical Center (BMC). Members bring a wide range of experiences across race, socioeconomic status, care-giving roles, and health conditions. The group includes lifelong Boston residents, caregivers for children and aging parents, people living with chronic illness and disabilities, and those who have experienced homelessness and addiction recovery. Many members come from immigrant communities and speak multiple languages, including English, French, and Haitian Creole. Together, the diversity of age, income, gender identity, health status, career, and religion strengthens PFAC's ability to represent and serve the entire BMC community.

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 PFAC follows a number of inclusive practices to enable continued membership as well as ongoing opportunities for new members to join the council. We provide a stipend for meeting attendance in order to cover potential costs and expenses that come from attendance (e.g. childcare, transport, missing other paid opportunities). Meetings are in the evening so that people can attend after work (though we acknowledge that many people work during evenings too). Virtual meetings instead of in-person are more accessible for people with limited access to transport, care-giving responsibilities at home, and for any reason may experience challenges getting onto the hospital campus, particularly during the winter months. Although we favor virtual meetings, we have in-person opportunities for the PFAC to meet and engage BMC patients/family members who may be interested in joining. Our yearly PFAC pop-ups take place in high footfall areas of the hospital, where we share information and speak with patients and family members passing by. Finally, we recently launched a survey for BMC patients to assess the general level of awareness of PFAC, whether there is interest in being involved, and what might attract or detract people from joining. This will help us plan engagement with a wider pool that we might be missing.

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* **Rarely**
- 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* **Sometimes**
- d. Other, please specify:

Guests may bring a problem or need to PFAC before a project is underway, and ask for ideas on what sort of program or service might address that need. For example, recently a team from Population Health had been tasked with creating a service or program to help patients apply for Medicaid. They came to the PFAC to hear ideas from patients experienced with the application process.

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.)* **Always**
- b. Outcome metrics: *The result (e.g., improvement in scores, reduction in falls, etc.)* **Sometimes**
- 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.

1) Supporting partner organizations

The PFAC met with colleagues from strategy and advocacy departments at community hospitals over the summer to provide guidance on bolstering patient engagement at their respective organizations. They hosted a Q&A session with tailored advice, thoughtful insight, and expertise in how to make a PFAC experience meaningful. Later they participated in a survey to share an assessment of their PFAC experiences so far in order to inform the direction of partner organizations looking to engage patients in advisory roles. The PFAC is confident that this is the start of an ongoing relationship with neighboring PFACs, bringing in the potential for innovative partnerships and a network of patient and family advisors.

2) Patient Experience Week

Members of the PFAC came together at the hospital for Patient Experience Week. They hosted 'patient experience pop-ups' in cafeterias where they spoke with patients, family members, and hospital staff about patient experience and the PFAC. In particular, the PFAC made the suggestion of creating PFAC business cards to share with those passing through. The cards have been very successful and have been shared with BMC employees at meetings, presentations, and orientation sessions for new providers.

3) Ethics Committee partnership

Two patient/family members of the PFAC sit on the Ethics Committee and reported a challenge faced by members of the committee about communicating end of life policies with families. This is a complex and sensitive subject and the decision was made to invite hospital clinicians to a PFAC meeting to discuss best ways to approach. The conversation is ongoing and the PFAC continues to consult on the policy and communication strategy to identify patient and family centered solutions.

4) Quality and Patient Safety (QPS)

The PFAC came together with QPS system leadership to continue paving out steps to take for 'Domain 5'. PFAC initiatives and activities are already represented at board level in the hospital but considerations and decisions are being made to decipher the best place for patient members to be present and what foundation should be secured for this to be established meaningfully.

In addition, the PFAC has partnered with and consulted on ThriveLink social determinants of health screening program, the Immigrant and Refugee Health Center, Quality and Patient Safety projects, Boston University research studies, patient experience hospital strategy, patient membership on hospital committees, and patient surveys.

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: **Patient Experience Week tabling**

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: Health Equity |
| ☐ Culturally Competent Care | ☐ Patient Care Assessment | |
| ☐ Discharge Delays | | |

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

In 2024, the personal experience of a PFAC member led to the development of a working group aiming to increase access to family rooms on inpatient units. Since then, a full audit of family rooms on inpatient units across the hospital has been conducted, front-facing staff (including nurses, physicians, and unit coordinators) have been engaged through survey and interviews, and rounding with the Chief Nursing Officer and medical leadership has been completed.

This is a multi-phase project that has the support of executive leadership at the hospital. The PFAC member whose experience catalyzed this initiative is a core member of the project team alongside Patient Experience team members.

PFAC has also established a leadership committee (comprising both co-chairs and the staff liaison) that meets monthly to review upcoming agenda items and make key decisions on council operations.

24. What were the greatest challenges your PFAC faced?

1) Impact measurement

The PFAC does not have a formal consensus or measurement system to evaluate impact made in projects we have been engaged on. Our impact is often evident or is reported to us through teams we partnered with but this is not done consistently or uniformly. This leaves us unable to formally qualify or quantify PFAC impact across the year. In 2027, we hope to set up an impact measurement system that draws upon reporting from the stakeholders and partners as well as our own assessment of impact.

2) Focus and time management

We are an ambitious and lively PFAC in a busy hospital - we have a lot to do, and even more to say about what we want to do! This means our agendas are always full and many meetings end with us feeling there is more to say. While some of this is to be expected, it can be challenging juggling multiple interests and priorities and ensuring different topics receive the appropriate and necessary attention to make progress.

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

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

PFAC contributes to the body of patient safety work at BMC by:

- reporting quarterly to the board of directors
- reviewing metrics and initiatives with quality and patient safety leadership
- advising and consulting on patient safety initiatives
- presenting and sharing best practice on regulatory compliance for Center for Medicare and Medicaid Services (CMS)

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?

- 1) Expand promotion of PFAC to patients and family members. We want more patients and family members to know about the PFAC and to engage with us. We will execute new outreach methods and enhance our messaging to give a clear picture of who we are and what we do.
- 2) Recruit at least two new patient/family members to the PFAC. This will include increasing representation of currently underrepresented groups (for example Asian and Latino members, members who live with a disability).
- 3) Continue developing and formalizing protocols for hospital teams engaging with the PFAC. We have progressed on this 2026 goal by strengthening our internal protocols which lay a solid foundation for improvement. This will be continued by developing processes for teams and departments who consult or partner with the PFAC, resulting in clear expectations, enhanced collaboration and accountability, and improved systems to measure impact.

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?

- 1) The hospital's Patient Experience department has the goal of recruiting more PFAC members.
- 2) The Quality and Patient Safety department has the goal of increasing PFAC representation on quality and patient safety boards/committees. Formalizing our processes for PFAC partnerships/engagement will directly benefit these efforts.

ADDITIONAL INFORMATION

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

We established a new co-chairing system in September 2025. Council members were elected for, and voted on, two positions: one patient/family co-chair, and one staff co-chair. Prior to that, there was one chair (a staff member) who was also the staff liaison. We now have two co-chairs who alternate chairing per month. The co-chairs and staff liaison meet monthly to review the agenda for the coming month's meeting, taking into account PFAC priorities and feedback requests from BMC teams. This flow of meetings and adherence to the agenda has been improved by a more formal and intentional chairing approach. There are especially benefits to having two people share chairing duties. First, differing viewpoints are more able to emerge and be represented, and second, the organizational and administrative duties are shared. An important distinction of the model is the nomination and election process. It gives the committee a sense of shared ownership as everybody has a say in how it is organized and led, and it empowers the chairs who know the council has chosen their leadership. The role description for the co-chairs was written together, and the election process chosen together.

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

Patient and staff members of the PFAC presented to national and regional audiences twice in the reporting period. One presentation was for a webinar with the Massachusetts Health and Hospital Associates called "Patient and Family Advisory Councils: Uplifting the Patient Voice for CMS Patient Safety Structural Measure Domain 5". The second presentation took place at the Betsy Lehman Center's PFAC Spring Forum, where BMC PFAC co-chairs and the staff liaison took part in a lightning round about recruiting for diversity.

33. This report was prepared and reviewed by:

- a. Name: **Sophie Wilson**
- b. Title: **Patient Engagement Manager**
- c. List additional people's names and titles as needed below:

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