

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: **Brigham and Women's Hospital**
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: **Vacant**
Email:
5. Hospital co-chair
Name: **Adrienne Camp**
Job title: **Senior Manager, Patient & Family Relations**
Email: **acamp1@bwh.harvard.edu**
Phone number: **617-732-7506**
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? **Quarterly**
Other:
9. How do you typically convene your PFAC? **Virtually**
If a mix, please describe:

PFAC MEMBERSHIP

10. 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**
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:

To maintain a balanced representation between patient/family advisors and hospital staff, we thoughtfully adjusted the number of staff members serving on the committee. We also conducted outreach to assess staff members' availability and ability to make a consistent commitment to attending each meeting. While staff expressed interest in participating, some were unable to accommodate the ongoing meeting schedule due to competing responsibilities. These adjustments were made to support consistent participation, maintain a balanced Council, and promote meaningful engagement among all members.

12. If members of the PFAC are subject to term limits, please select the length of terms: **3-5 years**
13. Are there limitations around how many terms a member can serve? Please describe any in the field below.

Staff co-chairs: 3-year maximum with 1 opportunity to renew for 3 more years. Exceptions in the case of a change in role and/or responsibilities.

PFAs: 3-year maximum with 1 opportunity to renew for 3 more years.

PFA co-chairs: 3-year maximum, with 1 opportunity to renew for 3 more years. Terms as co-chair are in addition to terms as a PFA.

Term renewal for all roles is dependent on the individual continuing to meet qualifications of the role.

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: **NRC Survey recruitment**

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	3.17%
Portuguese	0.25%
Chinese	0.33%
Haitian Creole	0.29%
Vietnamese	0.08%
Russian	0%
French	0.04%
Mon-Khmer/Cambodian	0.01%
Italian	0.03%
Arabic	0%
Albanian	0%
Cape Verdean	0.09%
Limited English proficiency (LEP)	0%

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?

Providing additional demographic information is entirely voluntary for our patient advisors and is not formally collected as part of the advisory process. We gain insight into advisors' backgrounds, experiences, and perspectives primarily through ongoing conversations and engagement. Our patient advisors include individuals who actively utilize the hospital and its services, as well as individuals who reside in the surrounding community. This year survey responses were reviewed using a structured, system-wide framework, while accounting for our current membership and recruitment goals. The review process was guided by an equity-focused approach, with the goal of strengthening diverse PFAC representation. This review considered applicants' interest in partnering with the organization, their described care experiences, and their ability to engage meaningfully in PFAC activities.

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 strive to ensure that the PFAC reflects a broad and diverse range of patient and family perspectives and recognize opportunities to further strengthen this representation. After this period, we successfully recruited several new members, further expanding the perspectives represented on the Council. We will continue to prioritize thoughtful recruitment and engagement efforts to broaden participation and ensure that the voices and experiences of our patient and family advisors meaningfully inform our work.

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

As shared in response to question 15, this year survey responses were reviewed using a structured, system-wide framework, while accounting for our current membership and recruitment goals. The review process was guided by an equity-focused approach, with the goal of strengthening diverse PFAC representation. This review considered applicants' interest in partnering with the organization, their described care experiences, and their ability to engage meaningfully in PFAC activities.

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* **Sometimes**
- c. Codesign: *The PFAC is involved at the inception of the project* **Rarely**
- 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.)* **Always**
- b. Outcome metrics: *The result (e.g., improvement in scores, reduction in falls, etc.)* **Rarely**
- c. Impact metrics: *The value (e.g., change in outcomes due to PFAC involvement)* **Rarely**

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.

Approval:

- The Patient Experience team presented on the Quiet at Night initiative and how this data is shared with unit leadership, improvement strategies, survey methodologies, impact of noise on clinical outcome, and patient feedback. Advisors shared their perspectives and provided input on improvement strategies.

Feedback:

- One of our PFAC staff members presented signage developed by her practice council to provide clear expectations for visitors. These signs included guidance on where to go, expectations during medical rounds, and rules regarding recording. The PFAC provided feedback on the clarify of the signage, wording used and colors choice.

- The MGB Cancer Center presented on the new Cancer Institute space. The space focuses on flexible and adaptable floors plans and an anchoring home for patients and families, excluding physician and faculty offices from clinical areas. The space was designed with amenities to support the patient and family experience.

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: <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?

N/A

24. What were the greatest challenges your PFAC faced?

- Transition to new online volunteer database (Beeline)
- Retention/attendance

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: **Never**
- b. Patient/family advisers were consulted on safety goal-setting and metrics: **Never**
- c. Patient/family advisers participated in safety improvement initiatives: **Never**

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

- PFAC provided input on signage to address confidentiality and space limitations in one of the intensive care units in the hospital. The goal was to set boundaries with visitors while supporting safe care for patients.

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? **Somewhat**

29. Does your PFAC have goals for the current year? **Yes**

If yes, what are your PFAC's goals for the year?

- Expand opportunities for the PFAC to review and provide meaningful input on hospital initiatives, patient care data, and efforts related to quality, safety, and the patient experience.□
- Transition all advisors to Beeline (online volunteer database).
- Conduct an annual PFAC member survey to gather feedback, evaluate council effectiveness, and inform future priorities.□

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?

These goals directly support the organization's commitment to engaging patients and families in efforts to improve quality, safety, and the overall patient experience. The hospital recognizes the value of expanding opportunities for the PFAC to review hospital initiatives and improvement efforts and to provide meaningful input based on the patient and family perspective. Our PFAC had the opportunity to provide input on the Quiet at Night initiative which directly relates to our organization's goals and priorities.

ADDITIONAL INFORMATION

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

To maintain a balanced representation between patient/family advisors and hospital staff, we thoughtfully adjusted the number of staff members serving on the committee. We also conducted outreach to assess staff members' availability and ability to make a consistent commitment to attending each meeting. While staff expressed interest in participating, some were unable to accommodate the ongoing meeting schedule due to competing responsibilities. These adjustments were made to support consistent participation, maintain a balanced Council, and promote meaningful engagement among all members.

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

We are excited to continue expanding the membership of the PFAC and to welcome additional members who can contribute diverse perspectives, experiences, and insights. Over the past year, the PFAC has made a meaningful impact and strengthened the patient experience. We look forward to building on this progress by engaging additional advisors and creating continued opportunities for meaningful collaboration with hospital leadership and staff. Expanding the Council will further strengthen our ability to incorporate the voices of patients and families into organizational priorities and support ongoing efforts to improve the quality, safety, and overall experience of care.

33. This report was prepared and reviewed by:

- a. Name: **Adrienne Camp**
- b. Title: **Staff Co-Chair**
- 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**