

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: **Cambridge Health Alliance**
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: **Andrea Taylor Dunkley**
Email: **arjtaylor@gmail.com**
5. Hospital co-chair
Name: **Aideen Snell**
Job title: **Senior Director of Patient Experience**
Email: **aisnell@challiance.org**
Phone number: **617-665-1397**
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? **Monthly**
Other: **We meet 8 times a year, plus an annual celebration and gain asynchronous feedback on the months we don't meet.**
9. How do you typically convene your PFAC? **Virtually**
If a mix, please describe:

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: **6 to 10**
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:

PFAC membership has remained relatively stable overall, with some natural fluctuation as members' personal circumstances, health needs, work, and availability change. We have found that advisor engagement is not always linear: some members participate very actively for a period of time, step away for several months, and later return when their circumstances allow.

We have also broadened our understanding of meaningful participation. Some PFAC members are unable to attend every meeting but remain engaged by reviewing meeting minutes and materials and providing thoughtful feedback between meetings. This flexibility allows us to retain valuable lived experience and perspectives while recognizing that advisors may have different capacities for participation at different points in time.

As our broader Advisor Program continues to grow, we are also creating additional, more flexible opportunities for patients and families to contribute outside of ongoing PFAC membership.

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.

PFAC members are not currently subject to a defined term limit. We have intentionally maintained flexibility rather than requiring members to rotate off after a set number of years, allowing us to retain experienced advisors and preserve continuity and institutional knowledge. At this time, we have not needed term limits to create space for new members, as we are not limiting participation based on membership capacity. We continue to welcome new advisors and use the broader Patient Advisor Program to create additional opportunities for patients and families to contribute based on their interests, lived experience, and availability.

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: |

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	15.1%
Portuguese	0.01%
Chinese	0.31%
Haitian Creole	4.70%
Vietnamese	0.26%
Russian	0.07%
French	0.14%
Mon-Khmer/Cambodian	0.04%
Italian	0.08%
Arabic	0.67%
Albanian	0.11%
Cape Verdean	0.11%
Limited English proficiency (LEP)	21.60%

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?

One area for continued improvement is representation of individuals with limited English proficiency (LEP) directly on the PFAC. While we have family members of individuals with LEP represented, we would like to strengthen direct patient representation from this community. To help address this gap, CHA has expanded our Patient Advisor Program beyond PFAC membership, creating more flexible opportunities for patients and families to contribute to focus groups, committees, and improvement initiatives without the time commitment of ongoing PFAC participation. This broader model gives us additional opportunities to intentionally engage individuals whose perspectives may be underrepresented on the PFAC, including those with LEP, and to match their participation with projects where their lived experience is particularly relevant.

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?

Our Patient Advisor Program serves as an extension of our PFAC, allowing us to intentionally bring diverse lived experiences into projects, focus groups, committees, and improvement work. Our advisors reflect a broad range of racial and ethnic backgrounds, immigrant experiences, ages, LGBTQ+ identities, family structures, socioeconomic and educational backgrounds, religion and spirituality, disability and chronic illness, geography, and healthcare experiences. They include patients, family caregivers, community members, and professionals with varied personal and service experiences. This diversity helps CHA listen to and learn from perspectives that may otherwise be underrepresented in healthcare improvement.

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

Over the past year, we have taken several intentional steps to broaden and align our Patient Advisor membership with the diverse communities we serve:

- Staff engagement and recruitment: We educate providers, nurses, clinics, and Patient Relations staff about the qualities of an effective patient advisor and empower them to direct interested patients to our website and advisor application.
- Patient storytelling and outreach: We created a recruitment video and three patient testimonial videos highlighting how patient feedback has led to meaningful change and why sharing your voice matters. These are shared through social media to encourage broader participation.
- Targeted outreach: Our patient newsletter periodically features advisor stories and opportunities to participate in focus groups and other improvement efforts focused on specific patient populations.
- Data-informed strategy: We review patient experience data by demographic characteristics to identify experience disparities and use these findings to guide our engagement and improvement strategies, including intentionally seeking perspectives from populations experiencing disparities.

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* **Often**
- c. Codesign: *The PFAC is involved at the inception of the project* **Often**
- d. Other, please specify:

We have an organizational strategic initiative to include the patient and family voice early in the improvement projects to ensure we have those with lived experience providing their expertise in system improvements.

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.

Age-Friendly Care
PFAC advisors contributed their lived experience and perspectives to CHA's work to improve care for older adults. Advisors helped inform opportunities to improve the inpatient experience, including the physical environment, patient communication tools, staff identification, daily routines, and opportunities for social connection. Their input helped ensure that age-friendly improvements were grounded in what matters most to older adults and their families.

Sexual Identity and Gender Identity Disclosure
Patient advisors provided meaningful feedback during the development of CHA's approach to collecting sexual orientation and gender identity (SOGI) information. Advisors identified patient concerns and emphasized the importance of clearly communicating why this information is requested and how it can benefit patients and their care. Their feedback strengthened attention to clarity, transparency, and patient trust early in the design process.

Identifying Patient Safety and Access Barriers
Advisors provided direct feedback on emerging technology and digital access initiatives, including automated phone navigation, MyChart self-scheduling, and electronic check-in. They identified barriers experienced by older adults, patients with limited technology familiarity, and patients navigating complex access needs. Their perspectives brought real-world patient experience into operational and technology decisions and prompted further consideration of system design and access barriers.

Bringing Emotional Harm Into the Conversation
Throughout the year, advisors have shared candid stories about experiences in which system friction, communication breakdowns, uncertainty, or gaps in follow-up created hardship or emotional distress for patients and families. These stories have helped us better understand the human impact behind patient complaints and safety concerns and have informed our work to recognize and learn from emotional harm as part of patient safety and experience improvement. Advisors' willingness to be transparent about difficult experiences has helped keep the patient and family perspective at the center of this work.

Amplifying the Patient Voice
PFAC advisors contributed their personal experiences and perspectives to patient-facing testimonials encouraging patients and families to speak up, ask questions, and actively participate in their care. Advisors also helped shape stories highlighting how patient feedback has led to change at CHA. These efforts reinforce that patients and families are essential partners in their own safety and that their questions, concerns, and observations are valued.

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: **Shared with Board Quality Council**

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

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

Patient and Family "Speak Up" Initiative: PFAC advisors shared their experiences and perspectives to develop patient-facing testimonials/videos encouraging patients and families to speak up, ask questions, and recognize that their voice is an important part of safe, patient-centered care.

24. What were the greatest challenges your PFAC faced?

Greatest Challenges: The greatest challenge has been balancing the growing demand for patient and family partnership with the staff capacity and infrastructure needed to support meaningful, sustainable engagement. As opportunities for advisors to contribute to organizational initiatives have increased, advisors have expressed interest in additional meeting time, more opportunities to participate, and more communication about ways to get involved. This reflects strong interest in contributing to CHA's improvement work, while also highlighting the need for more intentional structures for coordination, communication, recruitment, training, and follow-through. As we continue to expand the Advisor Program beyond the PFAC, an important area of focus will be creating flexible and sustainable pathways for engagement while ensuring advisors are engaged early enough to meaningfully influence projects and receive feedback about how their input was used. We also see an opportunity to continue diversifying participation so that the perspectives represented reflect the communities and populations CHA serves, including individuals who may experience language, cultural, disability, technology, or other barriers to participation.

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: **Occasionally**

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

PFAC and patient advisors contributed to patient safety by bringing the patient and family perspective directly into safety reviews, improvement initiatives, and system design. Advisors participated in the Patient Safety Committee and reviews of serious safety events and root cause analyses, consistently ensuring that the experience and outcome of the affected patient and family remain part of the organization's safety learning.

Advisors also contributed to efforts focused on reducing potential harm, including the Older Adult Initiative, restraint and seclusion reduction work, discharge process improvement, and disability accessibility. Through these partnerships, advisors identified risks and barriers that may not be apparent through traditional data alone, including challenges with automated phone navigation, digital self-scheduling and check-in, communication, and access to appropriate services.

PFAC also advanced patient safety through an equity lens by elevating the experiences of non-English-speaking patients, Haitian patients and families, older adults, patients with disabilities, and others who may experience barriers to safely accessing and navigating care. These contributions demonstrate the value of patient advisors as partners in identifying risks, informing safer processes, reducing emotional harm, and ensuring that safety improvements reflect the lived experience of patients and families.

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?

Strengthen Advisor Capacity and Impact: Provide training and development opportunities, including an annual Advisor Summit, to equip advisors with the knowledge, skills, and confidence to contribute meaningfully to CHA improvement efforts.

Increase Communication and Visibility: Strengthen communication with advisors and the broader CHA community, including PFAC updates in the January and June patient and family newsletter. Highlight how advisors are contributing to improvement efforts and how their input is influencing change across CHA.

Advance Co-Design and Patient Partnership: Expand opportunities for patients and families to participate as partners in the design and improvement of care, programs, and services. Continue to grow the Advisor Program as an extension of PFAC, creating flexible pathways for patients and families to contribute their lived experience while increasing the visibility and influence of the patient and family voice across CHA.

Strengthen Diversity and Representation: Intentionally broaden participation in the Advisor Program to bring a wider range of lived experiences and perspectives into improvement work, with particular attention to populations and perspectives that may be underrepresented in traditional PFAC participation.

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 CHA's commitment to centering the patient and family voice in improvement efforts and advancing equitable patient experiences. Strengthening advisor capacity and expanding opportunities for co-design create meaningful ways for patients and families to inform how care, programs, and services are designed and improved.

Expanding and diversifying the Advisor Program also supports CHA's equity goals by bringing a broader range of lived experiences into improvement work and helping CHA better understand differences in patient experience across populations. Together, these efforts strengthen CHA's ability to listen, learn from patient and family perspectives, and translate that learning into improvements in care and service.

ADDITIONAL INFORMATION

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

This year, we strengthened the PFAC's leadership structure and planning process by adding a Patient/Family Advisor Co-Chair, who is committed to serving a two-year term. This creates greater shared leadership between advisors and staff and provides an important opportunity to further center the patient and family voice in PFAC priorities and work. We also established monthly PFAC planning meetings with a small group of employee PFAC members and the PFAC Co-Chairs. These meetings provide a consistent forum to plan upcoming PFAC activities, identify priorities, and ensure that advisor perspectives are incorporated into the development of the Council's work.

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

A significant highlight this year was expanding opportunities for our advisors to share their lived experience and the value of patient partnership beyond CHA. Three patient/family advisors participated in a presentation through the Massachusetts Health & Hospital Association (MHA), sharing their experiences and perspectives alongside CHA's patient experience leadership. Their participation helped demonstrate the impact of elevating the patient voice and the importance of organizational culture in creating meaningful patient partnership. CHA also presented its PFAC framework and approach to patient engagement to a Harvard Medical School class focused on Patient Engagement. Facilitated by our PFAC staff and advisor Co-Chairs, the discussion highlighted how patient and family partnership can be integrated into organizational culture and improvement work—not simply as a feedback mechanism, but as an ongoing partnership that helps shape how CHA listens, learns, and improves. These opportunities reflect the growing role of our advisors as partners and ambassadors for patient and family engagement, both within CHA and in the broader healthcare community.

33. This report was prepared and reviewed by:

- a. Name: Aideen Snell
- b. Title: Senior Director of Patient Experience
- c. List additional people's names and titles as needed below:

Shekeyah Hodge, MPH Patient Relations Consultant/Human Rights Officer;
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34. This report is for the state's fiscal year ending June 30, 2026