

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: **Shriners Children's Boston**
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: **Sarah Mannion**
Email: **BOS-PFAC@shrinenet.org**
5. Hospital co-chair
Name: **Sandra Barrett BSN RN CCM**
Job title: **RN Care Manager**
Email: **sbarrett@shrinenet.org**
Phone number: **617 371-4733**
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: **Care Management**

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? **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: **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:

Last year, we initiated a PFAC Council for families of patients with cleft and craniofacial conditions along with a PFAC Council for families of patients with new burns, plastic surgical conditions and reconstructive burn conditions. There have been more members joining PFAC Cleft Council. Efforts are underway to reenergize the PFAC Council membership for families of patients with acute burns, plastic surgical conditions and reconstructive burn conditions.

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.

No limitations given our patient age population, many families join PFAC during their child's treatment and may leave as treatment is concluded or when a child ages out of care at age twenty-one. We encourage former patients to join PFAC as well when phasing out of care.

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: **posters-exam rooms, clinic lobby, family wait room**

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	12.97
Portuguese	1.60
Chinese	.72
Haitian Creole	2.07
Vietnamese	.41
Russian	.05
French	.25
Mon-Khmer/Cambodian	.10
Italian	0.0
Arabic	.98
Albanian	.05
Cape Verdean	0.0
Limited English proficiency (LEP)	0.0

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?

Currently, we are addressing all written materials in both English and Spanish which is our second largest demographic language need. We offer meetings in both languages as well. One area may be developing additional written materials in other languages to encourage more PFAC patient and family participation.

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 PFAC membership reflects the patient and family experiences, representative of those served by the hospital. Members include former patients, parents, caregivers and family members who bring a range of perspective based on age, socioeconomic background, geographic location, race and ethnicity, disability status, and experiences with complex pediatric conditions such as burn injury or cleft lip and palate. Because our organization serves children and families, both domestic and international, PFAC members contribute insights from a variety of communities and life experiences that help us to make patient centered organizational changes, improve quality, and deliver the best care possible. While the PFAC reflects many aspects of the communities we serve, we recognize the importance of continuing to strengthen representation from historically underrepresented populations to ensure a wide range of perspectives are consistently included. This year, we completed our tri-annual Community Health Needs Assessment, focusing on the Greater Boston area, where the majority of our patients live.

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

During the past year, the organization continued efforts to recruit and retain PFAC members who reflect the diversity of the patient and family populations served in our new burn, plastic, burn reconstructive and cleft lip and palate programs. Recruitment activities included in-hospital promotion of PFAC through informational posters displayed throughout the patient care areas. Materials included information on PFAC participation opportunities, how to join the council, and ways patients and families could engage in patient experiences and family satisfaction surveys through Press Ganey. To improve accessibility and reach a broader audience, posters are available in multiple languages and placed in high-visibility locations throughout the hospital. New QR coded posters will be included in the future as well.

The hospital completed a Community Health Needs Assessment, which provided valuable insights into the health priorities, demographics, and needs of the communities served at the hospital. Findings from the assessment help inform ongoing PFAC recruitment and engagement strategies by identifying opportunities to strengthen representation and ensure patient and family voices reflect the evolving needs to the community.

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

Ongoing work to include PFAC patients and families in hospital initiatives remains active. There has been changes within the hospital management which may affect this engagement. With new management in place, focus on involving PFAC Council in new hospital initiatives will continued to be addressed in the upcoming year.

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.

One major impact was family input that the outpatient lobby did not appear welcoming to all the patients and families that visit the hospital. Many features were focused on burn survivors. We were looking for improvements in wall displays, lobby activities for children while waiting for their appointments and hospital service locational map. This project was initiated in late December 2025 and now, almost completed. A new wall poster display showcases all of our incredible patients and service lines, which make the hospital mission possible. Lobby guests can see this as Faces of Hope which truly enhances the Outpatient Clinic Lobby area. The hospital marketing team collaborated with PFAC from the onset to focus on improving the appearance as you enter the lobby from the hospital elevators. Posters feature a short patient story with a QR code to gain further access to the patient story. Medical staff biography can be accessed by patients and families from the display area along with a way finder map for hospital resources such as nearby restrooms, cafeteria and water stations. A new hand painted wall mural art was recently completed in August along with a fun, interactive floor game and video gaming area for patient's use.

Second was establishment of a quarterly parent education and support group for families with cleft and craniofacial conditions based on family request for more education opportunities outside clinic visits. One member of the hospital cleft team presents based on family feedback of desired topics during a virtual one hour evening meeting. The meeting involves education, support and for families, a place to gather together in a very positive, supportive setting. Topics for this year included childhood nutrition for surgery and child development, supporting a child with a cleft and craniofacial differences and their sibling (s) and the occupational therapist role for scar management / providing support for monitoring child's developmental milestones.

Based on the hospital completion of numerous initiatives to achieve The Joint Commission's Health Care Equity Certification (Excellent Health Outcomes for All). One key component was PFAC valuable feedback to help improve the quality of care and patient experience. Language services expansion was recognized. In partnership with the hospital Diversity and Inclusion Committee, six additional Video Remote Interpreter devices were introduced in 2026. Software upgrades for the existing nine devices already in place were completed to increase interpreter services for patients and families across the hospital.

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?

As noted previously, the PFAC led project to improve the outpatient clinic lobby was the major initiative. This remains ongoing with goal for completion later this year with updates for new TV display and lactation room for families in outpatient lobby.

24. What were the greatest challenges your PFAC faced?

Major challenges are the ongoing development and engagement of the PFAC Cleft Council though this has been promising with two new members joining this year. Second, to reestablish a new PFAC Council for patients and families with new burns, plastic surgical conditions and burn reconstructive conditions. New recruitment and engagement of members is a major need. Lastly, a new staff PFAC chairperson is the other greatest challenge as the current PFAC Staff Chairperson is retiring this year after serving in role since 2010.

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

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

As PFAC, we view patient safety through the lens of our patients and families who want peace of mind when coming for treatment at the hospital. For hospital staff, we see patient safety as hospital protocol. It is vital to combine the clinical expertise of the hospital team to blend seamlessly with the personal needs of the patient and family. For our inpatients, family participation, including patients when age appropriate, in daily hospital rounds is highly encouraged. Hospital rounds include all hospital team members including medical/surgical providers. This allows information sharing and families to directly engage in treatment discussion/planning for their child. The inpatient nursing staff consults with PFAC members for additional feedback to improve the process. For our patients and families with a cleft diagnosis, a team summary of their outpatient visit is sent via My Chart to highlight treatment visit discussion with encouragement to engage with staff with any questions or concerns. In addition, new hospital visitor identification system was recently implemented based on PFAC family feedback and concerns.

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?

Improve the physical appearance of the outpatient clinic lobby based on patient and family feedback
Identify new staff chairperson (s)
Complete annual MA Public Health Report
Increase PFAC Council Membership yearly, by at least two members in either council groups
Complete minimum of six council meetings by year end
Initiate new PFAC Council for Acute Burn, Burn Reconstructive and Plastic Surgical patients and families with new family selected chairperson
Implement new bilingual PFAC recruitment poster with QR codes to include on how to join PFAC and to provide feedback to PFAC Council

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?

The goals focus on improving the patient and family hospital experience with their direct input and feedback. Care is focus on family centered and involving the patient and their family in the treatment process. Ensuring the patient's and family's voice is heard is paramount at the hospital.

ADDITIONAL INFORMATION

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

Yes, new establishment and development of the second PFAC Council for patients and families with cleft and craniofacial conditions. This council is now over one year of age with new member growth, consistent member meeting attendance and active members involvement during council meetings. The future goal will be to duplicate this effort for our patients and families with new burns, plastic surgical conditions and burn reconstructive conditions.

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

I would say that we truly listen to our patients and families based on our hospital interactions. For example, one parent was invited to join the PFAC Council, and she was eager to join. Unfortunately, the parent was not able to join the council fully due to family and life conflicts. Instead, she provided her insight as a parent of a child with medically complex health conditions with mobility disabilities and their outpatient visit experiences. This feedback was very helpful from a parent's perspective with the hospital taking steps to improve the overall garage parking access, signage and to be even more accommodating to all patient populations.

33. This report was prepared and reviewed by:

a. Name: Sandra Barrett

b. Title: BSN RN CCM

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