# 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: UMass Memorial Medical Center

2. How many PFACs does your hospital have in total? 5 to 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: Donna Boulay

   Email: dmboulay23@gmail.com

5. Hospital co-chair

   Name: Billie Adler

   Job title: Patient Experience Specialist | PFAC Program Manager

   Email: billie.adler@umassmemorial.org

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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? Half of their role

8. How often does your PFAC meet? Quarterly

   Other:

9. How do you typically convene your PFAC? A mix of both in-person and virtually

   If a mix, please describe: We meet in person with an option to remote in

## PFAC MEMBERSHIP

10. PFAC membership [as of June 30]
    a. Total number of members: 16 to 20
    b. Total number of patient/family advisers: 11 to 15
    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:

    We onboarded two new members from the following recruitment streams:
    1) Referral from Office of Philanthropy
    2) Referral from current PFAC member

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.

    We recently instituted 2-year membership terms.

    Members have the option to renew their initial 2-year term for a total of three consecutive terms, with the total number of consecutive terms not to exceed six years unless approved by the PFAC Program Manager and co-chairs due to reasons related to the PFAC's abiliity to operate and/or its business.

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:

## 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 | 5.9% |
| Portuguese | 2.7% |
| Chinese | 0.1% (Mand.) |
| Haitian Creole | 0.8% |
| Vietnamese | 0.5% |
| Russian | 0.1% |
| French | 0.1% |
| Mon-Khmer/Cambodian | 0.0% |
| Italian | 0.0% |
| Arabic | 0.5% |
| Albanian | 0.3% |
| Cape Verdean | 0.0% |
| Limited English proficiency (LEP) | N/A |

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?

Demographic representation: The membership of the Medical Center PFAC at UMass Memorial Medical Center lacks diversity. The group consists of predominantly older (50+) females, and is predominantly Caucasian. Of the 17 members, one male is under 50, one male is under 30 (UMass Chan medical student), and we have two members with a physical disability. Two members are BIPOC women.

Room for improvement: The top five languages in our community are: Spanish, Portuguese, Albanian, Arabic and Vietnamese. We currently do not have any members from any of these communities and all of our current members speak English as their primary language. As far as we know, we do not have any members from the LGBTQ+ community. Ideally, our membership needs to be more diverse with respect to race/ethnicity, have broader socioeconomic representation, and a wider range of ages across the board.

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?

Overall, our membership is not representative of our hospital's patient population. With the recent launch of Community Voices, our new digital advisory platform (ePFAC), we look forward to expanding the demographic profile of patient/family voices at UMass Memorial Medical Center
to represent the diverse patient population we serve.

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

This past year, the development and launch of Community Voices, our digital community, was a wide-range initiative aimed at more broadly engaging our diverse community. In addition to capturing more diverse voices through engagement on the platform (one-off surveys, focus groups, etc.), we plan on utilizing the platform to bolster the recruitment of diverse populations for our traditional hospital PFACs.

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

Medical residents often reach out to our PFAC for input on IRB approved QI projects, e.g., collecting feedback to develop and/or improve a respective QI project, reviewing patient-facing documents that are part of their project, etc.

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

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
Worked with Patient Access Services to revise the both Patient Estimate letter and the Patient Billing letter. This ongoing project, across several meetings throughout the year, resulted in significant improvements in these important patient-facing documents. With the help of our PFAC the documents were completely overhauled and redesigned to improve readability, visual orientation and literacy.

Accomplishment #2
Oral care project to prevent hospital acquired pneumonia in the ICU. Our PFAC worked with the QI team to develop patient-facing documents related to improving oral self-care for ICU patients and assembled 500 oral care kits containing oral hygiene products that kicked off this initiative.

Accomplishment #3
Provided feedback and support for physicians and informatics team working on an AI Tool To Improve MyChart Responsiveness.

Accomplishment #4
Worked with Internal Medicine Residents on a QI initiative designed to help patients identify and understand who their hospital providers are. Across several meetings,the PFAC helped the QI team develop and design an a patient-centric pamphlet with an infographic and gloassary forpatients moving to an inpatient unit from the ED.

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
- ☐ Bereavement
- ☑ Board of Directors
- ☐ Care Transitions
- ☐ Code of Conduct
- ☐ Community Benefits
- ☐ Critical Care
- ☐ Culturally Competent Care
- ☐ Discharge Delays
- ☐ Diversity and Inclusion
- ☐ Drug Shortage
- ☐ Eliminating Preventable Harm
- ☐ Emergency Department Patient/ Family Experience Improvement
- ☐ Ethics
- ☐ Institutional Review Board (IRB)
- ☐ Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ+)
- ☐ Patient Care Assessment
- ☐ Patient Education
- ☑ Patient and Family Experience Improvement
- ☐ Pharmacy Discharge Script Program
- ☐ Quality and Safety
- ☐ Quality/Performance Improvement
- ☐ Surgical Home

Other:

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

In addition to the work of our Medical Center PFAC described in Question #20, there are a few Cancer Center PFAC, Cystic Fibrosis PFAC, and Maternity PFAC notable projects:

Cancer Center PFAC - Spearheaded and supported the development and launch of a patient partner program in connection with Cancer Center leadership and under the guidance of the Office of Patient Advocacy.

Maternity PFAC - membership representation on the Maternity Redesign/Transformation Committee, instrumental in providing feedback and information to improve lactation services, and provided feedback and support for the Birth Plan initiative.

Cystic Fibrosis PFAC - held family night for the CF community with educational speakers and events; obtained a grant to distribute parking vouchers to families for clinic visits.

24. What were the greatest challenges your PFAC faced?

Finding balance related to meeting structure - hybrid vs. in person. It's great having an option to remote in to meetings but, as a result, we sometimes struggle with getting robust in-person attendance.

With the remote option as a fall-back, on several occasions people who planned to attend a meeting in-person and confirmed these plans would, at the last minute, end up attending remotely which led to having only a handful of people around the table in person. Having just a few people in person with the majority of attendees online makes for a less dynamic process. So, while the remote option allows us to include as many people as possible at meetings, especially with people's last minute schedule changes, as a result planning and optimizing a successful meeting flow can be problematic and sometimes compromises meeting quality and the cadence/quality of conversation.

## 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: Never
    c. Patient/family advisers participated in safety improvement initiatives: Regularly

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

Our PFAC supported several quality and safety teams and QI partnerships with workflows related to:

- Sepsis prevention
- Diabetes education
- Chaperone Policy review
- Dialysis Feedback Card - document review and literacy check
- Endorsement of Home Infusion Policy
- Inpatient PPE Information for Visitors
- Pathways to Excellence nursing initiative
- Oral care in the ICU (prevention of hospital acquired pneumonia) - reviewed patient-facing documents & assembled oral care kits

## 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?

Recruitment - diversifying membership
Sustainability planning
Support for Community Voices (ePFAC)
Leadership engagement

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?

Recruiting for diversity supports the organization's Patient- and Family-Centered goals to meet the needs of the patient population we serve. Engaging leadership at our meetings furthers the organization's goal to create and sustain a patient- and family-centered culture by bringing the patient/family voice front and center and enhancing the partnership between our leaders and the community we serve.

## ADDITIONAL INFORMATION

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

Historically, our Medical Center PFAC has met monthly. However, as of March 2026, our meeting schedule has been cut back to a quarterly cadence due to reduced staffing in the Patient/Family Experience Dept. Our goal is to resume a monthly meeting cadence as soon as we identify a new staff co-chair. (In the absence of a staff co-chair these past few years, the PFAC Program Mgr. has been organizing/leading meetings.)

UMass Memorial Medical Center has a total of seven PFACs: Medical Center PFAC (reported here), Cancer Center PFAC, Children's Medical Center PFAC (CMC PFAC), NICU PFAC, Maternity PFAC, Marlborough Campus PFAC, Psych PFAC, and the Cystic Fibrosis PFAC (CF PFAC).

With the exception of the CF PFAC, which meets periodically throughout the year), all other PFACs meet monthly.

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

This year our PFAC Program Manager created a staff toolkit with valuable resources and information to promote, support, and sustain the independent operation of our various PFACs. These resources and tools provide a foundation to standardizing our program and its operations.

Also this year, in partnership with our legal and privacy & security teams, the Patient Experience Department developed a standard Charter/By-laws document for our PFACs that streamlines processes and lays the groundwork for the operations of the program at large. Recognizing the uniqueness of every one of our PFACs, within this template each PFAC can include their respective mission and vision and any additional information important to their group.

These two projects are an important step for the future success of our program!

33. This report was prepared and reviewed by:
    a. Name: Billie Adler
    b. Title: Patient Experience Specialist | PFAC Program Manager
    c. List additional people's names and titles as needed below:

David Cohen, Manager of Patient/Family Experience

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