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: Whittier Rehab Hospital

2. How many PFACs does your hospital have in total? 1

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: Billy Waring

   Email: lilbill6977@gmail.com

5. Hospital co-chair

   Name: Bob Iannaco

   Job title: Administrator

   Email: biannaco@whittierhealth.com

   Phone number: 978-372-8000

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? In-person

   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: 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:

    We have recruited more patient/family members.

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

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
Portuguese	
Chinese	
Haitian Creole	
Vietnamese	
Russian	
French	
Mon-Khmer/Cambodian	
Italian	<1
Arabic	
Albanian	
Cape Verdean	
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?

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?

I feel our PFAC is comprehensive and diverse for our 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.

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* 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.)* Sometimes
    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)* Sometimes

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. Feedback on Disaster Drills
2. Feedback on Food
3. Call light response/safety

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?

No

24. What were the greatest challenges your PFAC faced?

Their ability to get to meetings. Many of our PFAC members are either elderly or have some type of physical handicap.

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.

    We review Performance Improvement projects at all PFAC meetings and share results with the committee for their feedback.

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? No

29. Does your PFAC have goals for the current year? We don't set formal goals

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

30. Do these goals support the organization's goals and priorities for the year? Not sure

    If yes, in what ways do these goals support the organization's goals and priorities?

ADDITIONAL INFORMATION

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

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

33. This report was prepared and reviewed by:
    a. Name: Robert Iannaco
    b. Title: Administrator
    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