

# Patient and Family Advisory Council (PFAC) Annual Report Form



Patient and Family Advisory Councils (PFACs) are an integral part of health care organizations. All licensed hospitals, as well as accountable care organizations devoted to MassHealth members, are required to convene a PFAC on a regular basis and tap its members' expertise and lived experience to help the health care organization better meet the needs of its patients.

The Betsy Lehman Center for Patient Safety oversees PFAC work in Massachusetts. Read more [on the Center's website](#).

Use this form to capture the essential activities of your PFAC during the past fiscal year (July 1 – June 30) and submit to the Betsy Lehman Center by October 1. If your hospital has multiple PFACs, please fill it out for the work of your hospital-wide PFAC, and use the last section to describe the work of any additional PFAC groups. The Center will generate a report from the information submitted and return it to you to distribute throughout the organization and post to your organization's website. The Center will also aggregate information and share an annual report of all PFAC activities in the state.

## SECTION I: GENERAL INFORMATION

1. Hospital name:
  
2. How many PFACs does your hospital have in total?
  
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:
  - a. Name:
  - b. Email address:
  
5. Hospital co-chair:
  - a. Name:
  - b. Title:
  - c. Email address:
  - d. Phone number:
  
6. PFAC membership [as of June 30]:
  - a. Total number of members:
  - b. Total number of patient/family advisers:
  - c. Total number of staff advisers:

7. Preferred PFAC membership:
  - a. Total number of members:
  - b. Total number of patient/family advisers:
  - c. Total number of staff advisers:
  
8. If patient/family members of the PFAC are subject to term limits, please select the length of terms:
  
9. Which recruiting efforts does your hospital use to identify and attract new PFAC members from the community? (select all that apply)
 

<input type="checkbox"/> After visit summary or survey messages <input type="checkbox"/> Clinicians' recommendations <input type="checkbox"/> Discussions with people in the clinic <input type="checkbox"/> Hospital website <input type="checkbox"/> Grievances <input type="checkbox"/> Pamphlets	<input type="checkbox"/> Patient/family feedback <input type="checkbox"/> Social media <input type="checkbox"/> Tables at hospital entrances <input type="checkbox"/> Visits to the units <input type="checkbox"/> Word of mouth Other:
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10. How often does your PFAC meet?  
 If other, please specify:
  
11. How do you typically convene your PFAC?  
 If a mix, please describe:
  
12. How often do PFAC members engage in these ways with initiatives presented to them? (Please respond to each.)
  - a. Approval: The department asks for approval from the PFAC on a completed initiative
  - b. Feedback: The department asks the PFAC for input on a project in progress
  - c. Codesign: The PFAC is involved at the inception of the project
  - d. Other, please specify:

## SECTION II: ABOUT THE COMMUNITY

13. State regulations call for hospital PFAC membership to be reflective of the community it serves. Two sets of data can help better understand the racial/ethnic makeup of the community and primary languages spoken.
- a. Race/Ethnicity: Use the links in the table below to find data about the race and ethnicity of the community served by your hospital. If your hospital gathers this information differently, please enter it here.

	Percentage of population	
	<a href="#">Catchment area</a>	<a href="#">Patients served</a>
White		
Black		
Hispanic		
Asian		
Native Hawaiian and Pacific Islander (NHPI)		
American Indian or Alaska Native (AIAN)		
Other		
Multi		

- b. Languages spoken: The best source will be within your hospital. You may need to ask colleagues in community relations, patient experience, informatics or other record-keepers for this information.

	Percentage of patient population
Spanish	
Portuguese	
Chinese	
Haitian Creole	
Vietnamese	
Russian	
French	
Mon-Khmer/Cambodian	
Italian	
Arabic	
Albanian	
Cape Verdean	
Limited English proficiency (LEP)	

- c. How well do the demographics of your PFAC match the demographics of your hospital's patient population?



20. 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:

21. Did the hospital/organization leadership share its goals for the year with the PFAC membership?

22. Did the work accomplished by your PFAC help advance the organization's goals?

Please describe:

23. What were the greatest challenges your PFAC faced?

## SECTION IV: 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.

24. For each of the following items, indicate your PFAC's level of involvement.

- a. Patient/family advisers were represented at board meetings:
- b. Patient/family advisers were consulted on safety goal-setting and metrics:
- c. Patient/family advisers participated in safety improvement initiatives:

25. Summarize your PFAC’s contributions to patient safety work at your organization.

## SECTION V: ADDITIONAL INFORMATION

26. Indicate the committees within your organization on which a PFAC member serves:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Behavioral Health/<br>Substance Use | <input type="checkbox"/> Diversity and Inclusion  | <input type="checkbox"/> Patient Education                            |
| <input type="checkbox"/> Bereavement                         | <input type="checkbox"/> Drug Shortage  | <input type="checkbox"/> Patient and Family Experience<br>Improvement |
| <input type="checkbox"/> Board of Directors                  | <input type="checkbox"/> Eliminating Preventable Harm                                   | <input type="checkbox"/> Pharmacy Discharge Script<br>Program         |
| <input type="checkbox"/> Care Transitions                    | <input type="checkbox"/> Emergency Department Patient/<br>Family Experience Improvement | <input type="checkbox"/> Quality and Safety                           |
| <input type="checkbox"/> Code of Conduct                     | <input type="checkbox"/> Ethics   | <input type="checkbox"/> Quality/Performance<br>Improvement           |
| <input type="checkbox"/> Community Benefits                  | <input type="checkbox"/> Institutional Review Board (IRB)                               | <input type="checkbox"/> Surgical Home                                |
| <input type="checkbox"/> Critical Care                       | <input type="checkbox"/> Lesbian, Gay, Bisexual,<br>Transgender and Queer<br>(LGBTQ+)   | Other:  |
| <input type="checkbox"/> Culturally Competent Care           |   |   |
| <input type="checkbox"/> Discharge Delays                    | <input type="checkbox"/> Patient Care Assessment  |   |

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

## SECTION VI: LOOKING AHEAD

28. Does your PFAC have goals for the current year?

a. If yes, what are your PFAC’s goals for the year?

29. Do these goals support the organization's goals and priorities for the year?
- a. If yes, in what ways do these goals support the organization's goals and priorities?

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

31. This report was prepared and reviewed by:

- a. Name:
- b. Title:
- c. List additional people's names and titles as needed below:

32. This report is for the state's fiscal year ending June 30, \_\_\_\_\_.