

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: **HealthAlliance-Clinton 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:
 - a. Name: **Tbd**
 - b. Email address:
5. Hospital co-chair:
 - a. Name: **Andrea Inostroza**
 - b. Title: **Nursing Supervisor and chair of PFAC**
 - c. Email address: **andrea.inostroza@umassmemorial.org**
 - d. Phone number: **9783279091**
6. 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**

7. Preferred PFAC membership:
- a. Total number of members: 16 to 20
 - b. Total number of patient/family advisers: 6 to 10
 - c. Total number of staff advisers: 1 to 5
8. If patient/family members of the PFAC are subject to term limits, please select the length of terms: 4 years
9. 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: |
10. How often does your PFAC meet? Quarterly
- If other, please specify:
11. How do you typically convene your PFAC? Virtually
- 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 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:

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	
	Catchment area	Patients served
White	91.5%	76.51%
Black	2.6%	6.25%
Hispanic	8.0%	<0.01%
Asian	1.9%	2.18%
Native Hawaiian and Pacific Islander (NHPI)	<1%	0.15%
American Indian or Alaska Native (AIAN)	0.2%	0.26%
Other	1.6%	12.56%
Multi	1%	1%

- 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	5.71%
Portuguese	1.69%
Chinese	<0.1%
Haitian Creole	0.67%
Vietnamese	0.11%
Russian	<0.01%
French	0.08%
Mon-Khmer/Cambodian	0.04%
Italian	0.03%
Arabic	0.12%
Albanian	0.2%
Cape Verdean	<1%
Limited English proficiency (LEP)	90.76%

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

14. 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 and Family Advisory Council (PFAC) is in the early stages of development, and we are actively recruiting members to ensure broad and diverse representation that reflects the community we serve. At present, our membership has a combination of genders and religions and we are prioritizing outreach efforts to include voices representing various income levels, gender identities, sexual orientations, disabilities, veteran status, chronic and rare disease experiences, and religious affiliations.

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

Since taken over the PFAC as chair since march the primary focus has been on recruiting a diverse group of members to our PFAC to ensure it reflects the broad spectrum of our community and from different areas of the hospital, inpatient as well as outpatient. Strategies have included: Targeted Outreach: I have reached out to local community organizations, and healthcare providers that serve underrepresented populations to invite participation in the PFAC. Community Engagement: Participation in community events and use of hospital communication channels (such as newsletters and social media) to raise awareness and invite interest from diverse individuals. Inclusive Recruitment Materials: Developing recruitment materials that emphasize our commitment to inclusivity and encourage participation from people of varied backgrounds, including different ages, cultural groups, and health experiences. Flexible Meeting Options: Planning for flexible meeting times to accommodate members with differing schedules and access needs. As the PFAC grows, these efforts will continue and expand to strengthen representation across all facets of the community.

SECTION III: KEY ACCOMPLISHMENTS AND IMPACT

16. How often do you measure the impact of the PFAC on initiatives? **Sometimes**
17. How often do you track outcome metrics related to PFAC advice? (e.g., improvement in patient experience scores, reduction in falls, etc.) **Often**
18. How often do you track process metrics? (e.g., number of meetings, number of initiatives, etc.) **Often**
19. 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.

As our PFAC has been starting kind of from scratch since this march, our key accomplishments have focused on laying a strong foundation for meaningful engagement and future impact. These include: Successful Recruitment of Diverse Members: We prioritized outreach and recruitment efforts to bring together a group of community members who reflect a variety of perspectives and experiences relevant to our hospital's patient population. Development of PFAC Structure and Guidelines: The council collaboratively developed its mission, bylaws, and meeting processes to create an effective and inclusive framework for future activities and decision-making. Establishing Communication Channels with Hospital Leadership: Early engagement with hospital leadership has been established to ensure the PFAC's perspectives will be integrated into planning and quality improvement initiatives moving forward. While direct program leadership or institutional influence is still in progress, these foundational steps have positioned the PFAC to contribute valuable patient and family insights in the coming year.

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: Hospital Board meeting

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

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

Please describe:

Although our PFAC is in its rebuilding phase, the work we have done to establish a diverse and engaged council directly supports the organization's goals of improving patient-centered care, enhancing community trust, and fostering collaboration between patients, families, and healthcare providers. By prioritizing inclusive recruitment and establishing clear structures for ongoing input, the PFAC is positioned to contribute meaningful feedback that will help shape programs, policies, and quality initiatives aligned with the hospital's mission. These foundational efforts are essential to ensuring that the organization's future decisions are informed by the voices and experiences of the people it serves.

23. What were the greatest challenges your PFAC faced?

As a newly re-built council, our PFAC's greatest challenges have centered around building membership and fostering engagement. Specifically: Finding and attracting a diverse group of members who represent the broad spectrum of our community has required focused outreach and time. Raising awareness about the PFAC's purpose and value within the community and hospital staff has been essential but challenging. As a small community hospital, balancing the PFAC's needs with limited staff time and resources has impacted the speed at which the council can grow and fully engage. Despite these challenges, the PFAC remains committed to overcoming barriers to create a meaningful and impactful advisory group.

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: Occasionally

b. Patient/family advisers were consulted on safety goal-setting and metrics: Occasionally

c. Patient/family advisers participated in safety improvement initiatives: Regularly

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

Direct involvement in patient safety initiatives is just beginning. However, by establishing a diverse and engaged council, we are creating a platform for patients and families to share their perspectives on safety concerns and improvement opportunities. This foundation will enable the PFAC to provide meaningful input on patient safety policies, practices, and education moving forward. Our focus on recruitment and relationship-building is essential to ensure that patient voices are incorporated into safety efforts, ultimately supporting a culture of safety within the hospital.

SECTION V: ADDITIONAL INFORMATION

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

- | | | |
|--|--|--|
| ☐ 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 | | |

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

We have not yet launched formal work groups or projects led by council members. However, we are in the process of identifying priority areas for engagement based on community needs and hospital goals. Planned future initiatives include forming work groups focused on patient experience, communication improvements, and health education. These efforts will be guided by PFAC members' insights and will aim to directly influence hospital policies and programs.

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?

Continue recruiting members who reflect the full spectrum of our community's demographics, including age, culture, health experiences, and other important perspectives.
Form PFAC-led work groups focused on key areas such as patient experience, communication, and safety to drive targeted improvements.
Strengthen partnerships with hospital departments to ensure PFAC input informs decision-making and quality initiatives.
Promote awareness of the PFAC within the community and hospital to encourage active participation and recognition of its role.
Begin offering regular, structured input on hospital policies, programs, and patient care practices to support continuous improvement.

29. Do these goals support the organization's goals and priorities for the year? **Yes, the goals directly relate**

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

Our PFAC's goals support the organization's priorities by focusing on Patient and Family Experience Improvement, which aligns with the organization's commitment to improving patient-centered care. Additionally, our efforts to enhance Diversity and Inclusion complement the organization's commitment to equitable healthcare for all patients

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

As a small community hospital, we take great pride in our commitment to involving patients and families in shaping care. Although our PFAC is newly in a sense of a new Chair, the hospital's leadership fully supports this initiative and recognizes its importance in driving patient-centered improvements. We are excited about the potential of the PFAC to become a vital partner in enhancing care quality, safety, and the overall patient experience. Moving forward, we aim to build on this foundation with continued community engagement and collaboration.

31. This report was prepared and reviewed by:

a. Name: **Andrea Inostroza**

b. Title: **Nursing Supervisor and Chair of PFAC**

c. List additional people's names and titles as needed below:

Melissa Tuomi- SR DIR QLTY SFTY REG AFFAIRS

32. This report is for the state's fiscal year ending June 30, **2025**.