

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: **UMass Memorial Health-Harrington**
2. How many PFACs does your hospital have in total? **>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:
 - a. Name:
 - b. Email address:
5. Hospital co-chair:
 - a. Name: **Jessica Calcidise**
 - b. Title: **CNO/COO**
 - c. Email address: **JESSICA.CALCIDISE@umassmemorial.org**
 - d. Phone number: **508-765-3127**
6. PFAC membership [as of June 30]:
 - a. Total number of members: **16 to 20**
 - b. Total number of patient/family advisers: **6 to 10**
 - c. Total number of staff advisers: **6 to 10**

7. Preferred PFAC membership:
- Total number of members:
 - Total number of patient/family advisers:
 - 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)
- | | |
|---|---|
| ☐ 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: <input type="text"/> |
10. How often does your PFAC meet? **Monthly**
- If other, please specify:
11. How do you typically convene your PFAC? **In-person**
- If a mix, please describe:
12. How often do PFAC members engage in these ways with initiatives presented to them? (Please respond to each.)
- Approval: The department asks for approval from the PFAC on a completed initiative **Never**
 - Feedback: The department asks the PFAC for input on a project in progress **Often**
 - Codesign: The PFAC is involved at the inception of the project **Sometimes**
 - 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	82.1324	85.7143
Black	1.1529	1.8207
Hispanic	11.5036	7.2129
Asian	1.3263	.4202
Native Hawaiian and Pacific Islander (NHPI)	.033091	.0000
American Indian or Alaska Native (AIAN)	.18398	.18674
Other	3.6678	1.144
Multi	52.11	1.751

- 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? **Very well**

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 PFAC membership reflects the diverse community we serve, bringing together individuals of different ages, backgrounds, life experiences, and perspectives. To ensure inclusivity and accessibility, we have hosted PFAC sessions in Spanish and continue to adapt our approach to meet community needs. We also "take PFAC on the road" by holding meetings and listening sessions in community-based settings, allowing us to reach individuals who may not otherwise be able to participate. This flexibility and diversity strengthen our ability to provide patient- and family-centered feedback that supports equitable and culturally responsive care.

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

Over the past year, we have focused on intentionally aligning PFAC membership with the diversity of the community we serve by increasing our presence and visibility in the community. Strategies included being active at local events, expanding outreach efforts, and using social media more consistently to raise awareness of PFAC and encourage broader participation. We also hosted PFAC sessions in Spanish to reduce language barriers and "took PFAC on the road" by holding meetings and listening sessions in community based settings. At the core of these efforts was a return to the basics, creating welcoming spaces, actively listening, and ensuring patients and families feel heard and valued. Together, these activities helped strengthen trust and improve representation of diverse voices within PFAC.

SECTION III: KEY ACCOMPLISHMENTS AND IMPACT

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

PFAC members reviewed and provided feedback on patient welcome packets to ensure information was clear, welcoming, and easy to understand for patients and families. Second, the council helped identify transportation as a barrier to care and collaborated in discussions that led to involving Wheels on the Bus, supporting improved access to appointments and services. Third, PFAC members reviewed discharge instructions and discharge expectations, offering recommendations to improve clarity, understanding, and consistency, helping patients and caregivers feel more prepared and confident during transitions of care. These efforts directly informed programmatic improvements and reinforced the organization's commitment to patient-centered, accessible care.

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? **Yes**

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

Please describe:

Yes. The work accomplished by the PFAC directly supported and advanced the organization's goals by strengthening patient experience, access to care, and clear communication. PFAC feedback on patient welcome packets and discharge instructions helped improve understanding, preparedness, and confidence for patients and families, aligning with goals related to quality, safety, and patient satisfaction. In addition, identifying transportation barriers and supporting partnerships such as Wheels on the Bus advanced access and equity initiatives by helping patients more reliably attend appointments and follow-up care. Collectively, PFAC contributions informed programmatic decisions, reinforced patient- and family-centered care, and supported the organization's commitment to inclusive, equitable, and responsive healthcare services.

23. What were the greatest challenges your PFAC faced?

One of the greatest challenges our PFAC faced was attendance at in-house meetings. While interest in PFAC remains strong, traditional on-site meeting formats did not consistently meet the needs of all community members due to factors such as scheduling, transportation, and comfort levels. In contrast, our "PFAC on the Road" meetings held in community-based settings were consistently well attended, reinforcing the importance of meeting people where they are. This insight has helped guide future planning toward more flexible, accessible engagement models that better align with community preferences.

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: **Never**

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

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

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

The PFAC supported patient safety efforts by serving as a forum for education and discussion around safety resources implemented by the organization. PFAC members were educated on the purpose and use of Strongline and provided feedback on how the resource could be clearly communicated to patients and families. These discussions helped identify ways to improve understanding, awareness, and trust in Strongline as a tool for support, de-escalation, and safety. PFAC input helped reinforce a culture of safety by ensuring patient-facing communication around safety resources is clear, transparent, and accessible.

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: Friends of Harrington |
| ☐ Culturally Competent Care | ☐ Patient Care Assessment | |
| ☐ Discharge Delays | | |

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

No workgroups have been launched at this time. Potential areas for engagement to be identified in January of 2026 based off hospital and community needs.

SECTION VI: LOOKING AHEAD

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

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

Yes. Our PFAC's goals for the year focus on strengthening participation, representation, and impact across the organization. We aim to increase PFAC membership and attendance by expanding outreach efforts, offering flexible meeting options both in-house and in the community, and continuing to engage members who reflect the diversity of the populations we serve.

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?

Yes. These goals strongly support the organization's goals and priorities for the year by keeping patient experience at the forefront of decision-making and improvement efforts. By increasing PFAC participation and representation, the organization ensures that patient and family voices reflect the diverse communities served. Reviewing patient-facing materials, addressing barriers such as transportation, and educating members on patient safety initiatives directly support improved access, safety, and quality of care. Ongoing collaboration between PFAC, leadership, and clinical teams helps ensure that patient and family feedback informs organizational priorities, quality initiatives, and service improvements, reinforcing a culture of patient-centered care and continuous improvement.

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: **Marysol Cruz**

b. Title: **Manager of Community Outreach and Inclusion**

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

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

