



Annual reports are an opportunity for Patient and Family Advisory Councils to summarize their work in the prior year, track progress toward goals, and share successes as well as challenges with the broader community.

Why complete an annual report for my PFAC?

In Massachusetts, hospital-wide PFACs are required to produce annual reports by October 1 of each year. These reports must be made available to members of the public upon request. In past years, Health Care For All (HCFA) has collected and aggregated hospital reports to share with the wider community.

This template was designed by HCFA to assist with information collection, as well as the reporting of key activities and milestones. As of 2023, the responsibility for collecting and sharing PFAC reports with the broader community has been assumed by the Betsy Lehman Center for Patient Safety. The Center is also revitalizing efforts to support PFAC work across the state.

What will happen with my report?

PFAC reports submitted will be available online in early November at:
BetsyLehmanCenterMA.gov/PFAC

Who can I contact with questions?

Please contact Janell.Wilkinson@BetsyLehmanCenterMA.gov or call 617-701-8271

Please email this completed form to
PFAC@BetsyLehmanCenterMA.gov by October 1, 2024

2024 Patient and Family Advisory Council Annual Report Form

The survey questions concern PFAC activities in fiscal year 2024 only: (July 1, 2023 – June 30, 2024).

Section 1: General Information

NOTE: Massachusetts law requires every hospital to make a report about its PFAC activities publicly available by October 1 each year. Submitting the report to Betsy Lehman Center for inclusion on its website will fulfill that requirement.

1. Hospital Name: Cambridge Health Alliance

2. PFAC Name:

2a. Which best describes your PFAC?

- We are the only PFAC at a single hospital – skip to #3 below
- We are a PFAC for a system with several hospitals – skip to #2C below
- We are one of multiple PFACs at a single hospital
- We are one of several PFACs for a system with several hospitals – skip to #2C below
- Other (Please describe):

2b. Will another PFAC at your hospital also submit a report?

- Yes
- No
- Don't know

2c. Will another hospital within your system also submit a report?

- Yes
- No
- Don't know

3. Staff PFAC Co-Chair Contact:

3a. Name and Title: Aideen Snell, Director of Patient Experience and Relations

3b. Email: aisnell@challiance.org

3c. Phone: 617-665-1397

Not applicable

4. Patient/Family PFAC Co-Chair Contact:

4a. Name and Title: N/A

4b. Email:

4c. Phone:

Not applicable

5. Is the Staff PFAC Co-Chair also the Staff PFAC Liaison/Coordinator?

- Yes – skip to #7 (Section 1) below
- No – describe below in #6

6. Staff PFAC Liaison/Coordinator Contact:

6a. Name and Title: N/A

6b. Email:

6c. Phone:

Not applicable

Section 2: PFAC Organization

7. This year, the PFAC recruited new members through the following approaches (check all that apply):

- Case managers/care coordinators
- Community based organizations
- Community events
- Facebook, Twitter, and other social media
- Hospital banners and posters
- Hospital publications
- Houses of worship/religious organizations
- Patient satisfaction surveys
- Promotional efforts within institution to patients or families
- Promotional efforts within institution to providers or staff
- Recruitment brochures
- Word of mouth/through existing members
- Other (Please describe):
- N/A – we did not recruit new members in FY 2024

8. Total number of staff members on the PFAC: 8

9. Total number of patient or family member advisors on the PFAC: 24

10. The name of the hospital department supporting the PFAC is: Quality and Patient Safety

11. The hospital position of the PFAC Staff Liaison/Coordinator is: Director of Patient Experience and Relations

12. The hospital provides the following for PFAC members to encourage their participation in meetings (check all that apply):

- Annual gifts of appreciation
- Assistive services for those with disabilities
- Conference call phone numbers or “virtual meeting” options
- Meetings outside 9am-5pm office hours
- Parking, mileage, or meals
- Payment for attendance at annual PFAC conference
- Payment for attendance at other conferences or trainings
- Provision/reimbursement for childcare or elder care
- Stipends
- Translator or interpreter services
- Other (Please describe):
- N/A

Section 3: Community Representation

The PFAC regulations require that patient and family members in your PFAC be “representative of the community served by the hospital.” If you are not sure how to answer the following questions, contact your community relations office or check “don’t know.”

13. Our hospital’s catchment area is geographically defined as: As the sole public hospital in Massachusetts, CHA serves as a safety net for nearly 140,000 of the state’s most vulnerable and diverse patients. Approximately 70% of CHA patients are low-income, disabled, elderly or uninsured. CHA’s primary service area has a high percentage of residents living below the federal poverty level (13-28% compared with the state average of 11.6%) and serves a diverse patient population (see below). CHA has a longstanding commitment to vulnerable and diverse patients and is proud to serve all those in need. Our motto is "We Care for All."

Many CHA patients have public or subsidized insurance (Medicare, Medicaid, etc.) and traditionally experience barriers to care. In order to serve these individuals and families, CHA has bilingual providers, a robust interpreter program and numerous linguistic services. It also has an award-winning Volunteer Health Advisor program that brings together people from many cultures to help local residents gain access to care and live healthier lives.

Don’t know

14. The racial and ethnic groups in these areas include (please provide percentages; if you are unsure of the percentages check “don’t know”):

	RACE						ETHNICITY	
	% American Indian or Alaska Native	% Asian	% Black or African American	% Native Hawaiian or other Pacific Islander	% White	% Other	% Hispanic, Latino, or Spanish origin	
14a. Our defined catchment area		12%	9%		56%	4%	19%	<input type="checkbox"/> Don’t know
14b. Patients the hospital provided care to in FY 2024		7%	16%		31%	24%	23%	<input type="checkbox"/> Don’t know
14c. The PFAC patient and family advisors in FY 2024								<input type="checkbox"/> Don’t know

15. The languages spoken in these areas include (please provide percentages; if you are unsure of the percentages select “don’t know”):

	Limited English Proficiency (LEP) %	
15a. Patients the hospital provided care to in FY 2024		<input checked="" type="checkbox"/> Don't know
15b. PFAC patient and family advisors in FY 2024	0%	<input type="checkbox"/> Don't know

15c. What percentage of patients that the hospital provided care to in FY 2024 spoke the following as their primary language?

	%
Spanish	10 %
Portuguese	18%
Chinese	
Haitian Creole	4%
Vietnamese	
Russian	
French	
Mon-Khmer/Cambodian	
Italian	
Arabic	
Albanian	
Cape Verdean	

Don't know

15d. In FY 2024, what percentage of PFAC patient and family advisors spoke the following as their primary language?

	%
Spanish	2%
Portuguese	3%
Chinese	
Haitian Creole	
Vietnamese	
Russian	
French	1%

Mon-Khmer/Cambodian	
Italian	
Arabic	
Albanian	
Cape Verdean	

Don't know

16. The PFAC is undertaking the following activities to ensure appropriate representation of our membership in comparison to our patient population or catchment area: We have increased our efforts for diversified member through our MassHealth partnership. We are partnering with our interpreter services team to utilize best practices in having non-English speaking members join the committee. We have had some successful recruitment efforts and anticipate growth in 2025.

Section 4: PFAC Operations

17. Our process for developing and distributing agendas for the PFAC meetings (choose):

- Staff develops the agenda and sends it out prior to the meeting
- Staff develops the agenda and distributes it at the meeting
- PFAC members develop the agenda and send it out prior to the meeting
- PFAC members develop the agenda and distribute it at the meeting
- PFAC members and staff develop agenda together and send it out prior to the meeting. (Please describe below in #17a)
- PFAC members and staff develop agenda together and distribute it at the meeting. (Please describe below in #17a)
- Other process (Please describe below in #17b)
- N/A – the PFAC does not use agendas

17a. If staff and PFAC members develop the agenda together, please describe the process: Following PFAC meeting a brief survey is sent to member requesting feedback on presentations and desired future topics. With that feedback there is a small group of meeting planners who seek future agenda items to meet the desired requests.

17b. If other process, please describe:

18. The PFAC goals and objectives for 2024 were: (check the best choice):

- Developed by staff alone
- Developed by staff and reviewed by PFAC members
- Developed by PFAC members and staff
- N/A – we did not have goals for FY 2024 – Skip to #20

19. The PFAC had the following goals and objectives for 2024:

20. Please list any subcommittees that your PFAC has established:

21. How does the PFAC interact with the hospital Board of Directors (check all that apply):

- PFAC submits annual report to Board
- PFAC submits meeting minutes to Board
- Action items or concerns are part of an ongoing "Feedback Loop" to the Board
- PFAC member(s) attend(s) Board meetings
- Board member(s) attend(s) PFAC meetings
- PFAC member(s) are on board-level committee(s)
- Other (Please describe):
- N/A – the PFAC does not interact with the Hospital Board of Directors

22. Describe the PFAC's use of email, listservs, or social media for communication: We communicate primarily through email. All meetings are virtual with an Annual in person celebration

- N/A – We don't communicate through these approaches

Section 5: Orientation and Continuing Education

23. Number of new PFAC members this year: 12 new members

24. Orientation content included (check all that apply):

- "Buddy program" with experienced members
- Check-in or follow-up after the orientation
- Concepts of patient- and family-centered care (PFCC)
- General hospital orientation
- Health care quality and safety
- History of the PFAC
- Hospital performance information
- Immediate "assignments" to participate in PFAC work
- Information on how PFAC fits within the organization's structure
- In-person training
- Massachusetts law and PFACs
- Meeting with hospital staff
- Patient engagement in research
- PFAC policies, member roles and responsibilities
- Skills training on communication, technology, and meeting preparation
- Other (Please describe below in #24a)
- N/A – the PFAC members do not go through a formal orientation process

24a. If other, describe: We provide resources on how to tell your story and how to look beyond your own personal experience to represent the larger patient population.

25. The PFAC received training on the following topics:

- Concepts of patient- and family-centered care (PFCC)
- Health care quality and safety measurement
- Health literacy
- A high-profile quality issue in the news in relation to the hospital (e.g., simultaneous surgeries, treatment of VIP patients, mental/behavioral health patient discharge, etc.)
- Hospital performance information
- Patient engagement in research
- Types of research conducted in the hospital
- Other (Please describe below in #25a)
- N/A – the PFAC did not receive training

25a. If other, describe:

Section 6: FY 2024 PFAC Impact and Accomplishments

The following information concerns PFAC activities in the fiscal year 2024.

26. Please share the following information on the PFACs accomplishments and impacts:

26a. What were the three greatest accomplishments/impacts of the PFAC related to providing feedback or perspective?

Accomplishment/Impact	Idea came from (choose one)
Accomplishment/Impact 1: Telehealth wait time. Established best practice.	<input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input
Accomplishment/Impact 2: 24 hour observation patients post-surgery follow up calls. These calls were falling through the cracks and was caught by our PFAC member.	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input
Accomplishment/Impact 3: Response to calls in Primary Care	<input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input

26b. What were the three greatest accomplishments/impacts of the PFAC related to influencing the institution’s financial and programmatic decisions?

Accomplishment/Impact	Idea came from (choose one)
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Accomplishment/Impact 1: Service Recovery response time improvement	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input
Accomplishment/Impact 2: Identifying Emotional Harm as a problem and creating more awareness and accountability across CHA.	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input
Accomplishment/Impact 3: Implementation of DEI focused training and Anti-Racism Statement.	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input

26c. What were the three greatest accomplishments/impacts of the PFAC related leading/co-leading programs and initiatives?

Accomplishment/Impact	Idea came from (choose one)
Accomplishment/Impact 1: CHA has prioritized PATIENT FIRST in our strategic plan, and has a clear understanding of the value our patients with lived experience bring to the table as we moved to embed our advisors into all improvement initiatives.	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input
Accomplishment/Impact 2: There has been a spotlight shown through our advisor feedback, on areas of opportunities for CHA to provide more equitable services for those with disabilities.	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input
Accomplishment/Impact 3: Our Advisors helped with the development of the High Reliability Curriculum in our last Annual Report. This year that training was rolled out to 100% of staff over 12 weeks and we have seen significant improvement in our patient experience data as a result.	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input

27. The five greatest challenges the PFAC had in FY 2024:

Challenge 1: Recruitment and Engagement of *diverse* patients and family advisors without the resources to compensate them for their time.

Challenge 2: Last year we reported challenges with 'buy-in' to elevate the patient voice. This has significantly improved because of multiple engagement strategies deployed . We have recruited 13 new patient advisors to PFAC this year, but also lost a few this year due to other commitments and relocation; currently having 8 staff on PFAC and 24 Patient and Family Advisors. Our next phase of this challenge is to manage the volume of advisors, desire from leaders to involve advisors and the balance of utilizing advisor expertise without compensation.

Challenge 3: Consistent attendance from all our advisors.

Challenge 4:

Challenge 5:

N/A – we did not encounter any challenges in FY 2024

28. The PFAC members serve on the following hospital-wide committees, projects, task forces, work groups, or Board committees:

- Behavioral Health/Substance Use
- Bereavement
- Board of Directors
- Care Transitions
- Code of Conduct
- Community Benefits
- Critical Care
- Culturally Competent Care
- Discharge Delays
- Diversity & Inclusion
- Drug Shortage
- Eliminating Preventable Harm
- Emergency Department Patient/Family Experience Improvement
- Ethics
- Institutional Review Board (IRB)
- Lesbian, Gay, Bisexual, and Transgender (LGBT) – Sensitive Care
- Patient Care Assessment
- Patient Education
- Patient and Family Experience Improvement
- Pharmacy Discharge Script Program
- Quality and Safety
- Quality/Performance Improvement
- Surgical Home
- Other (Please describe):
- N/A – the PFAC members do not serve on these – **Skip to #30**

29. How do members on these hospital-wide committees or projects report back to the PFAC about their work? Following the committee meetings a debriefing takes place to discuss the meeting in a smaller group. At this time, we do not have the advisors present back to PFAC, but that is something we will consider.

30. The PFAC provided advice or recommendations to the hospital on the following areas mentioned in the Massachusetts law (check all that apply):

- Institutional Review Boards
- Patient and provider relationships

- Patient education on safety and quality matters
- Quality improvement initiatives
- N/A – the PFAC did not provide advice or recommendations to the hospital on these areas in FY 2024

31. PFAC members participated in the following activities mentioned in the Massachusetts law (check all that apply):

- Advisory boards/groups or panels
- Award committees
- Co-trainers for clinical and nonclinical staff, in-service programs, and health professional trainees
- Search committees and in the hiring of new staff
- Selection of reward and recognition programs
- Standing hospital committees that address quality
- Task forces
- N/A – the PFAC members did not participate in any of these activities

32. The hospital shared the following public hospital performance information with the PFAC (check all that apply):

32a. Complaints and serious events

- Complaints and investigations reported to Department of Public Health (DPH)
- Healthcare-Associated Infections (National Healthcare Safety Network)
- Patient complaints to hospital
- Serious Reportable Events reported to Department of Public Health (DPH)

32b. Quality of care

- High-risk surgeries (such as aortic valve replacement, pancreatic resection)
- Joint Commission Accreditation Quality Report (such as asthma care, immunization, stroke care)
- Medicare Hospital Compare (such as complications, readmissions, medical imaging)
- Maternity care (such as C-sections, high risk deliveries)

32c. Resource use, patient satisfaction, and other

- Inpatient care management (such as electronically ordering medicine, specially trained doctors for ICU patients)
- Patient experience/satisfaction scores (e.g. HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems)
- Resource use (such as length of stay, readmissions)
- Other (Please describe):
- N/A – the hospital did not share performance information with the PFAC – **Skip to #35**

33. Please explain why the hospital shared only the data you checked in Q 32 above: This group was newly transitioned to Quality and Patient Safety in FY23. We are still growing, norming and forming. Each year we share more valuable information, most of which is requested by our advisors and as the group matures, more information can be shared.

34. Please describe how the PFAC was engaged in discussions around these data in #32 above and any resulting quality improvement initiatives: We share patient experience data on an ongoing basis, both quantitative and qualitative. With all of our presentations significant time is allocated for the patient and family advisors to provide input. This has impacted extensive improvement in our primary care operations impacting MyChart response, phone access to the clinic, centralized scheduling and a Nurse Advise line.

35. The PFAC participated in activities related to the following state or national quality of care initiatives (check all that apply):

35a. National Patient Safety Hospital Goals

- Identifying patient safety risks
- Identifying patients correctly
- Preventing infection
- Preventing mistakes in surgery
- Using medicines safely
- Using alarms safely

35b. Prevention and errors

- Care transitions (e.g., discharge planning, passports, care coordination, and follow up between care settings)
- Checklists
- Electronic Health Records –related errors
- Hand-washing initiatives
- Human Factors Engineering
- Fall prevention
- Team training
- Safety

35c. Decision-making and advanced planning

- End of life planning (e.g., hospice, palliative, advanced directives)
- Health care proxies
- Improving information for patients and families
- Informed decision making/informed consent

35d. Other quality initiatives

- Disclosure of harm and apology
- Integration of behavioral health care
- Rapid response teams
- Other (Please describe):
- N/A – the PFAC did not work in quality of care initiatives

36. Were any members of your PFAC engaged in advising on research studies?

- Yes
- No – **Skip to #40 (Section 6)**

37. In what ways are members of your PFAC engaged in advising on research studies? Are they:

- Educated about the types of research being conducted
- Involved in study planning and design
- Involved in conducting and implementing studies
- Involved in advising on plans to disseminate study findings and to ensure that findings are communicated in understandable, usable ways
- Involved in policy decisions about how hospital researchers engage with the PFAC (e.g. they work on a policy that says researchers have to include the PFAC in planning and design for every study)

38. How are members of your PFAC approached about advising on research studies?

- Researchers contact the PFAC
- Researchers contact individual members, who report back to the PFAC
- Other (Please describe below in #38a)
- None of our members are involved in research studies

38a. If other, describe:

39. About how many studies have your PFAC members advised on?

- 1 or 2
- 3-5
- More than 5
- None of our members are involved in research studies

Section 7: PFAC Annual Report

*We **strongly** suggest that all PFAC members approve reports prior to submission.*

40. The following individuals approved this report prior to submission (list name and indicate whether staff or patient/family advisor): Aideen Snell, staff; Maren Batalden, staff; Taruna Banerjee, staff;

41. Describe the process by which this PFAC report was completed and approved at your institution (choose the best option).

- Collaborative process: staff and PFAC members both wrote and/or edited the report
- Staff wrote report and PFAC members reviewed it
- Staff wrote report
- Other (Please describe):

Massachusetts law requires that each hospital's annual PFAC report be made available to the public upon request. Answer the following questions about the report:

42. We post the report online.

- Yes, link: [Patient & Family Advisory Council](#)
- No

43. We provide a phone number or e-mail address on our website to use for requesting the report.

- Yes, phone number/e-mail address:
- No

44. Our hospital has a link on its website to a PFAC page.

- Yes, link: [Patient Experience Program](#)
- No, we don't have such a section on our website