

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: **Beth Israel Deaconess Medical Center**
2. How many PFACs does your hospital have in total? **2 to 4** ▼
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: **Feleshia Battles-Byrdsong**
 - b. Email address: **feleshiabyrdsong@gmail.com**
5. Hospital co-chair:
 - a. Name: **Laura Dickman**
 - b. Title: **Director, Patient & Family Engagement**
 - c. Email address: **ldickman@bidmc.harvard.edu**
 - d. Phone number: **617-667-4608**
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: 21 to 25
 - Total number of patient/family advisers: 16 to 20
 - Total number of staff advisers: 6 to 10
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: Occasional other methods on above list |
10. How often does your PFAC meet? Every other month
- If other, please specify:
11. How do you typically convene your PFAC? A mix of both in-person and virtually
- If a mix, please describe: 4 mtgs/year virtual and 2 mtgs/year primarily in p
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 Sometimes
 - 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:
- **An important distinction to make is that the Medical Center asks for approval, feedback and engages in codesign with our Patient/Family Advisors, not necessarily the Hospital-Wide (HW) PFAC. Not all of our Advisors serve on the HW PFAC, so the answers above represent the Medical Center's interaction with our Patient & Family Engagement program as a whole.**

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	48.1* [see SEC]	62.08** [see SE]
Black	19.1	21.32
Hispanic	22.8	12.25
Asian	9	6.66
Native Hawaiian and Pacific Islander (NHPI)	.1	.10
American Indian or Alaska Native (AIAN)	.4	.23
Other	7.8	9.6
Multi	15.5	

- 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	3%
Portuguese	1%
Chinese	8%
Haitian Creole	0%
Vietnamese	0%
Russian	0%
French	0%
Mon-Khmer/Cambodian	0%
Italian	0%
Arabic	0%
Albanian	0%
Cape Verdean	1%
Limited English proficiency (LEP)	

- 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?

*Race/Ethnicity data provided above in SECTION II, 13.a. Catchment Area represents Suffolk County data, which is a piece of the much broader, multi city/town catchment area that BIDMC serves; data sourced from BIDMC 2025 Community Health Needs Assessment (source: <https://www.bidmc.org/-/media/files/beth-israel-org/about-bidmc/helping-our-community/community-initiatives/community-benefits/bidmc-community-health-needs-assessment-2025.pdf>)



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

Recruitment is a strategic focus for our program with thoughtful consideration of how to improve access to our program for all community members. As an example, this year we printed our informational flyers in our top 7 languages. We engaged in "tabling" events where we promoted the program in heavily trafficked areas of the hospital, encouraging all who passed by the table to take a flyer in their language of choice and engaging community members in discussion about the mission and activities of Patient & Family Engagement at BIDMC, as well as information for how to become involved.

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.) Rarely
18. How often do you track process metrics? (e.g., number of meetings, number of initiatives, etc.) Always
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.

1. HW PFAC provided feedback on the implementation of a communication tool in the post-anesthesia care unit with an emphasis on person-centeredness.
2. HW PFAC provided feedback on a bereavement resource in development for hospital-wide use.
3. HW PFAC provided feedback on an informational video for inpatient use.
4. HW PFAC had opportunities to engage in discussion and share feedback about many high level initiatives including institutional collaborations, Epic user experience, research and more.



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: Updates in HW PFAC meetings +

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:

All projects and feedback opportunities the Patient/Family Advisors participate in help further the organization's goals whether in small or larger ways given the hospital's commitment to promoting person-centered care.

23. What were the greatest challenges your PFAC faced?

We had only a small number of new Advisors join the Patient & Family Engagement program this year and a smaller number of Patient/Family Advisors on our Hospital-Wide PFAC than what is typical. That said, we developed new marketing materials and have been taking steps to raise awareness about the program to engage new Advisors.

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: Regularly ▾

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.

We have a Patient/Family Advisor in a co-chair role on the board level patient care assessment committee. We also have 2 Patient/Family Advisors on the leadership level safety and quality oversight committee. Leaders in healthcare quality & safety at BIDMC also periodically come to Hospital-Wide PFAC meetings to share updates and engage Advisors in discussion.

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?

Internally, our HW PFAC fully reviewed and updated our Bylaws with attention to the program's values and mission.

SECTION VI: LOOKING AHEAD

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

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

We have often had more fluid goals as a program: continuing to find ways to expand our impact through intentional recruitment efforts and project assignments, considering new opportunities for partnership and connection, and fostering efficient integration of Advisors into committees, education, research, short-term projects, and other ventures.

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?

They may not obviously align with the annual operating plan, but our Medical Center is committed to providing person-centered care and so the goal of striving to further integrate our Advisors into the work occurring across the Medical Center does, indeed, support the organization's goals and priorities.

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

While the primary focus of this document has been BIDMC's Hospital-Wide PFAC, we want to highlight that we are fortunate to have 2 additional active and thriving PFACs at BIDMC: an adult Intensive Care Unit Patient/Family Advisory Council and a Neonatal Intensive Care Unit Family Advisory Council. Furthermore, our BIDMC Patient & Family Engagement program fosters many forms of collaboration between Patient/Family Advisors and staff/providers/leaders outside of our active PFACs, much of which is not fully represented in the content shared above.

31. This report was prepared and reviewed by:

a. Name: **Laura Dickman**

b. Title: **Director, Patient & Family Engagement**

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

Feleshia Battles-Byrdsong, Hospital-Wide PFAC Patient/Family Advisor Co-Chair

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