Patient and Family Advisory Council (PFAC) Annual Report Form

Massachusetts law requires all acute and rehabilitation hospitals in the state to have a PFAC and report annually on its activities. To do this, you may fill out the form below for the past fiscal year (July 1 – June 30) and submit to the Betsy Lehman Center by October 1. Please email completed forms to PFAC@BetsyLehmanCenterMA.gov. While you are only required to submit information on your hospital-wide PFAC, you can choose to submit multiple forms if your hospital has additional PFACs. You can also include information about specialty PFACs in open-ended answers, or at the end of the report under "additional information."

The information provided on this form is public record. The report forms will be posted on the Betsy Lehman Center website and sent to hospital leadership, and the Center will aggregate the information into a statewide annual PFAC report. Learn more about the Center's PFAC work and see past reports at BetsyLehmanCenterMA.gov/PFAC.

GENERAL INFORMATION

1. Hospital name: Beth Israel Deaconess Medical Center (BIDMC)

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
   Name: Feleshia Battles-Byrdsong
   Email: feleshiabyrdsong@gmail.com

5. Hospital co-chair
   Name: Laura Dickman, LICSW
   Job title: Director, Patient & Family Engagement
   Email: ldickman@bidmc.harvard.edu
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6. In which department/service line is the PFAC function in your hospital located?
   - ○ Patient Experience, Patient Services, or Patient and Family Relations
   - ○ Volunteer Services
   - ○ Community Relations
   - ◉ Social Work
   - ○ Quality and Safety
   - ○ Nursing
   - ○ Other:

7. How much of the hospital co-chair's (or designated PFAC staff member's) role within your organization is dedicated to PFAC work? The majority of their role

8. How often does your PFAC meet? Every other month
   Other:

9. How do you typically convene your PFAC? A mix of both in-person and virtually
   If a mix, please describe: 4x/year meetings entirely remote. 2x/year meetings are hybrid

PFAC MEMBERSHIP

10. PFAC membership [as of June 30]
    a. Total number of members: 21 to 25
    b. Total number of patient/family advisers: 11 to 15
    c. Total number of staff advisers: 6 to 10

11. Has your PFAC changed in size within the last year? Yes, we have more members
    Please describe changes in your PFAC size, including reasons for these changes:

    We onboarded 5 new Hospital-Wide (HW) PFAC Patient/Family Advisors between July 1, 2025-June 30, 2026, (3 of whom had their first official meetings on July 8, 2026). However, 3 Patient/Family Advisors will rotate off the HW PFAC in September as they have reached the membership term limit, so recruitment remains an ongoing effort. We also welcomed our Chief Medical Officer as our newest Staff Advisor on the HW PFAC.

12. If members of the PFAC are subject to term limits, please select the length of terms: **3-5 years**

13. Are there limitations around how many terms a member can serve? Please describe any in the field below.

    We ask each new Patient/Family Advisor to commit to at least 1 full fiscal year on the HW PFAC. We offer the opportunity to renew membership on an annual basis for up to 4 full fiscal years on the Council. A small number of Advisors on the HW PFAC served up to 6 years as we extended membership term limits for 2 additional years during the height of the Covid-19 pandemic. We have since resumed our practice of 4 year membership term limits.

14. 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
- ☑ Clinicians' recommendations
- ☑ Discussions with people in the clinic
- ☑ Hospital website
- ☐ Grievances
- ☑ Pamphlets
- ☑ Patient/family feedback
- ☑ Social media
- ☑ Tables at hospital entrances
- ☐ Visits to the units
- ☑ Word of mouth

Other:

COMMUNITY REPRESENTATION

State regulations call for hospital PFAC membership to be reflective of the community it serves. Two sets of data can help better understand the hospital's community.

- Race/Ethnicity: Find data about the race and ethnicity of the community served by your hospital by looking at your catchment area data and hospital discharge data.
- Languages spoken: Please record the most current data your hospital has for languages spoken by your patient population, which is best sourced within your hospital. This information may have already been submitted to the Center for Health Information and Analysis (CHIA).

	Percentage of patient population
Spanish	3.1
Portuguese	0.7
Chinese	8.6
Haitian Creole	0.4
Vietnamese	0.4
Russian	0.5
French	0.0
Mon-Khmer/Cambodian	0.0
Italian	0.0
Arabic	0.1
Albanian	0.1
Cape Verdean	0.8
Limited English proficiency (LEP)	

Consider the data above when answering questions 15-17.

15. What demographic representation is missing from your PFAC, and where is there room for improvement?

[*The data above represents data gathered from unique patients seen between July of 2025 and June of 2026 and their self-reported primary languages.] We do not have language concordant PFACs for languages outside of English at this time. Our current best mechanism for including the perspectives of patients who are non-English speaking is through their care partners/caregivers who are proficient in English. Though our HW PFAC Advisors may not represent native speakers for all of our most commonly spoken languages, they are highly attentive to language access as an ongoing theme in our discussions.

16. 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?

We think about representation on the HW PFAC broadly as we work to engage our patient/family community with attention to ensuring access to folks with varied perspectives, identities, and lived experiences including a range of health care experiences. We are fortunate to have a group of Patient/Family Advisors who represent a wide range of identities and lived experiences. We also acknowledge that it is challenging to capture the enormous range of unique identities and lived experiences of our total BIDMC community in these smaller group formats. Our commitment to engaging Patient/Family Advisors who bring a broad range of identities and lived experiences remains an ongoing priority.

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

In July of 2025 we had our informational flyers translated into our top 7 languages. We held "tabling" events through the fall of 2025 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. We continue to distribute our marketing materials whenever appropriate. We have also tried to broaden the places we publicize our program to increase visibility and hopefully reach more communities. As an example, we highlighted the Patient & Family Engagement program on various Social Media platforms during Patient Experience Week in April of 2026. We remain attentive to the importance of inviting Patient/Family Advisors with a range of identities and lived experiences to participate on our HW PFAC, a leading space for patient and family engagement, with attention to representation of our larger patient/family community.

IMPACT AND ENGAGEMENT

18. How often do PFAC members engage in these ways with initiatives presented to them?
    a. Approval: *The department asks for approval from the PFAC on an already completed initiative* Sometimes
    b. Feedback: *The department asks the PFAC for input on a project in progress* Often
    c. Codesign: *The PFAC is involved at the inception of the project* Sometimes
    d. Other, please specify:

19. How often do you keep track of these types of metrics?
    a. Process metrics: *How it's done (e.g., number of meetings, number of initiatives, etc.)* Often
    b. Outcome metrics: *The result (e.g., improvement in scores, reduction in falls, etc.)* Rarely
    c. Impact metrics: *The value (e.g., change in outcomes due to PFAC involvement)* Often

20. 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.

Focusing specifically on key work accomplished by our HW PFAC between July 1, 2025 and June 30, 2026, we want to highlight the following:
1. HW PFAC Advisors shared feedback in September on a hospital policy in development. Their recommendations were incorporated into the policy development.
2. In March, HW PFAC Advisors contributed to brand perspective and insight conversations for the Beth Israel Lahey Health system. They highlighted the elements they felt should be emphasized as core to our brand and culture from the patient/family/care partner perspective.
3. At every HW PFAC meeting we hold time for Patient/Family Advisors to share their recent experiences. At the May meeting, a Patient/Family Advisor commented on how a particular treatment was listed in their MyChart (the BIDMC patient portal) with language that did not accurately capture the type of treatment they were undergoing. As is our practice in the HW PFAC, we raised the concern up to the corresponding leadership who followed up directly with the Advisor and then brought the feedback back to their team. This collaboration led to a tangible change with updated language for future patients who undergo this treatment to have it listed with more accurate language in their MyChart portals.

21. 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:

22. Indicate the committees within your organization on which a PFAC member serves. (Select all that apply)

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

Other: Quality Health Equity

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

24. What were the greatest challenges your PFAC faced?

Recruitment remains an ongoing priority and challenge for the PFAC. In an environment of numerous competing priorities both internally and within communities, it can be challenging to make the opportunity to participate in the Patient & Family Engagement program/the HW PFAC, known to all.

PATIENT 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.

25. 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

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

Two Patient/Family Advisors serve on the leadership level safety and quality oversight committee. One Patient/Family Advisor is a longtime member of the Patient Care Assessment Committee, a board level committee, where he serves as Vice Co-Chair. Leaders in healthcare quality & safety at BIDMC also periodically come to HW PFAC meetings to share updates and engage Advisors in discussion.

GOAL SETTING

27. Did the hospital/organization leadership share its goals for the year with the PFAC membership? No

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

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

    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.

30. Do these goals support the organization's goals and priorities for the year?

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

**Though hospital leadership did not do a formal presentation dedicated to the annual goals of fiscal year 2026, that was in part due to little change in the overarching priorities of the hospital since they were last presented to the HW PFAC in November of 2024 (BIDMC's fiscal year 2025). Leadership routinely brings content that relates to the organization's goals and priorities to the HW PFAC and/or the larger Patient/Family Advisor community. 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.

ADDITIONAL INFORMATION

31. Have you made any changes to your PFAC over the last year? Please describe.

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

While the focus of this report has been BIDMC's HW PFAC, we want to highlight that we are fortunate to have 2 additional active 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/clinicians/leaders outside of our active PFACs, much of which is not represented in the content shared above. Additional Patient & Family Engagement collaborations involving our larger Patient/Family Advisor community (including and beyond the HW PFAC members) not fully represented above include participating in E-Advising projects, on committees, in focus groups, as research advisors, and more.

33. This report was prepared and reviewed by:
    a. Name: Laura Dickman, LICSW
    b. Title: Director, Patient & Family Engagement
    c. List additional people's names and titles as needed below:

34. This report is for the state's fiscal year ending June 30, 2026