



HEALTH CARE FOR ALL

Thank you for using this web-based template that Health Care for All (HCFA) has developed to assist you in collecting information about your PFAC. HCFA recognizes the importance of supporting the work of the PFACs and facilitating cross-PFAC learning and sharing. We encourage you to submit this form by October 1, 2016.

Once the survey is completed, you will be directed to a summary of your responses, which you will be able to save as a PDF or copy and paste into another document for your own reporting.

IMPORTANT NOTES:

- **Do NOT click the "back" button in your browser to navigate the survey.** Instead, use the arrows at the bottom of each page.
- You may save and return to the survey as needed before you submit your responses. All you need to do is close the window, and then return to the survey within four weeks on the same internet browser and computer. However, once you hit submit, the results are sent to HCFA and cannot be edited or retrieved.
- Before you begin, we recommend that you read through the entire template by accessing a copy in Microsoft word [here on our website](#).

The survey questions concern PFAC activities in fiscal year 2016 only.

Hospital Name

Cambridge Health Alliance

NOTE: Massachusetts law requires every hospital to make a report about its PFAC publicly available. HCFA strongly encourages you to fill out a separate template for the hospital-wide PFAC at each individual hospital.

Which best describes your PFAC?

We are the only PFAC at a single hospital

We are a PFAC for a system with several hospitals

We are one of multiple PFACs at a single hospital

We are one of several PFACs for a system with several hospitals

Other (please describe):

Will another hospital within your system also submit a report?

Yes

No

Don't know

Staff PFAC Co-Chair Contact:

Name and Title: Sarah Primeau, MSW MPH Community Relations Specialist
Email: sprimeau@challiance.org
Phone: 6175914947

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

Yes

No

N/A

Patient/Family PFAC Co-Chair Contact:

Name and Title: Barbara August, Art Instructor at Medicine Wheel - Boston
Email: barbaralaugust@hotmail.com
Phone: 6178525109

Section 1: PFAC Organization

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

Case managers / care coordinators

Patient satisfaction surveys

Community-based organizations	Promotional efforts within institution to patients or families
Community events	Promotional efforts within institution to providers or staff
Facebook and Twitter	Recruitment brochures
Hospital banners and posters	Word of mouth / through existing members
Hospital publications	Other
Houses of worship	N/A - we did not recruit new members in FY 2016

Please describe other recruitment approach:

We re-designed our PFAC landing page on the CHA website and included information, pictures, and an easy to complete online application. We also utilized our internal staff newsletter to highlight the PFAC and PFAC members in order to bring awareness to clinical staff members that they can and should refer patients to us who are interested in this service.

Total number of staff members on the PFAC:

7

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

6

The name of the hospital department supporting the PFAC is:

CHA Foundation/Quality Department

The hospital position of the PFAC Staff Liaison/ Coordinator is:

Community Relations Specialist

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

<input checked="" type="checkbox"/> Annual gifts of appreciation	<input type="checkbox"/> Payment for attendance at other conferences or trainings
<input type="checkbox"/> Assistive services for those with disabilities	<input type="checkbox"/> Provision / reimbursement for child care or elder care
<input checked="" type="checkbox"/> Conference call phone numbers or "virtual meeting" options	<input type="checkbox"/> Stipends
<input checked="" type="checkbox"/> Meetings outside 9am-5pm office hours	<input type="checkbox"/> Translator or interpreter services
<input checked="" type="checkbox"/> Parking, mileage, or meals	<input type="checkbox"/> Other
<input type="checkbox"/>	<input type="checkbox"/>

Payment for attendance at annual PFAC conference

N/A - the hospital does not reimburse PFAC members

Section 2: Community Representation

The PFAC regulations require every PFAC to represent the community served by the hospital, which is described below.

Our catchment area is geographically defined as (if you are unsure select "don't know"):

Cambridge, Somerville, and Boston's Metro North communities (Malden, Medford, Chelsea, Revere, Everett, Winthrop).

Don't know catchment area

Tell us about racial and ethnic groups in your area (please provide percentages; if you are unsure of the percentages select "don't know").

Our defined catchment area is made up of the following racial groups (please provide percentages; if you are unsure of percentages please select "don't know"):

American Indian or Alaska Native	0%
Asian	11%
Black or African American	9%
Native Hawaiian or other Pacific Islander	0%
White	59%
Other	4%

Don't know racial groups

What percentage of people in the defined catchment area are of Hispanic, Latino, or Spanish origin?

18%

Don't know origins

Don't know racial groups

What percentage of patients that the hospital provided care to in FY 2016 are of Hispanic, Latino, or Spanish origin?

24%

Don't know origins

In FY 2016, the PFAC **patient and family advisors** came from the following racial groups (please provide percentages):

American Indian or Alaska Native	0%
Asian	14%
Black or African American	0%
Native Hawaiian or other Pacific Islander	0%
White	86%
Other	0%

Don't know racial groups

Don't know origins

Tell us about languages spoken in your area (please provide

percentages; if you are unsure of the percentages select “don’t know”).

What percentage of patients that the hospital provided care to in FY 2016 have limited English proficiency (LEP)?

42%

Don't know percentage that have limited English proficiency (LEP)

What percentage of patients that the hospital provided care to in FY 2016 spoke the following as their primary language?

Spanish	11.1%
Portuguese	16%
Chinese	0.7%
Haitian Creole	6.2%
Vietnamese	0.5%
Russian	0.2%
French	0.4%
Mon-Khmer/Cambodian	0%
Italian	0.1%
Arabic	1.3%
Albanian	0.2%
Cape Verdean	0.1%

Don't know primary languages

What percentage of PFAC patient and family advisors in FY 2016 have limited English proficiency (LEP)?

14%

Don't know percentage that have limited English proficiency (LEP)

Don't know primary languages

The PFAC is undertaking the following activities to ensure appropriate representation of our membership in comparison to our patient or catchment area:

One of the biggest challenges we have faced is trying to recruit members to our PFAC who represent the communities we serve. This past year we made a strong effort to recruit new members. We used social media and posters throughout the hospitals and also asked several of our primary care doctors to refer patients to us who may be interested. We formed a strong working relationship with one of our doctors who cares for many patients from South Asia and India. She was able to refer several patients to us and out of them we had one patient formally join the PFAC. This patient PFAC member also plans to talk to several other patients from her community about the PFAC in hopes that others may want to join. This coming year we plan to work closely with our

Section 3: PFAC Operations

Our process for developing and distributing agendas for the PFAC meetings (click the best choice):

Staff develops the agenda and sends it out prior to the meeting	PFAC members and staff develop agenda together and send it out prior to the meeting
Staff develops the agenda and distributes it at the meeting	PFAC members and staff develop agenda together and distribute it at the meeting
PFAC members develop the agenda and send it out prior to the meeting	Other
PFAC members develop the agenda and distribute it at the meeting	N/A – the PFAC does not use agendas

If staff and PFAC members develop the agenda together, please describe the process:

Every month before the meeting ends we discuss next steps and what projects we need to work on and what needs to be addressed at the following meeting. This helps begin the agenda planning process. The staff co-chair then drafts an agenda and shares it with the 2 other co-chairs (Mary Cassesso - CHA Chief Community Officer/Foundation President and Barbara August - Patient Co-Chair). Once they have provided input and made edits, the agenda is emailed to all PFAC members and they then have the opportunity to add items to the agenda prior to the meeting. Once we are at the

The PFAC goals and objectives for 2016 were: (select 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 and objectives for FY 2016

The PFAC had the following goals and objectives for 2016:

In January of 2016 the two staff co-chairs stepped down from their role on the PFAC. Mary Cassesso, Chief Community Officer and Foundation President, offered to take on the task of co-chairing the council and she also brought along her colleague, Sarah Primeau, who has a background in social work and public health and has led a community/patient advisory group in her past role at a local social service agency. Once this transition was complete, the staff co-chairs and patient/family members together identified goals for the year:

- Create a more structured way for the CHA Senior Leadership team to be invested in and hear from the PFAC.
- Identify atleast 3 projects for the year with measurable outcomes and measure progress
- Recruit more patient/family members (In January of 2016, two patient members resigned and we needed to increase the patient to staff ratio). We also set a goal to recruit more diverse patients from the different geographic locations that CHA serves.
- Promote and elevate the PFAC in a way that all staff system-wide know that the PFAC is a resource for them and should be used when developing any new program or process that will affect patients served at CHA.

Please list any subcommittees that your PFAC has established:

The PFAC does not have formal subcommittees, but rather members decide what projects they would like to be a part of and small groups are formed with people who have chosen to lead these efforts. It is also important to mention that we have an advising body (Patient Advisory Council) who are located at our Malden Family Care Center. They focus entirely on that particular center and do not do system-wide work. They provide updates and reports to the CHA PFAC (and visa-versa) and both groups are now starting to work together. It is crucial that the Malden PAC is strategically aligned with the entire system and over the past several months we have made improvements in communication efforts between the PAC, PFAC, and Senior Leadership team. Listed below is more information on the Malden Care Center Patient Advisory Council:

The Malden Care Center PAC currently includes approximately 10 patient members. The group is led by an attending and 1-2 resident physicians, as well as a front desk staff member and meets one evening per month.

Group demographics:

4 men, 6 women

4 Caucasian, 3 Haitian, 2 Syrian, 1 African

All speak English, primary languages: 4=English, 3=Creole, 2=Arabic, 1=unsure

Accomplishments over past year:

-Poster advertising clinic's ancillary services that was created entirely from scratch by the patients and now hangs in all clinic rooms/areas.

-Site leadership visits with medical director, nurse & practice managers, and the residency director.

Provided feedback that was incorporated into a new Controlled Substance Agreement

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

PFAC submits annual report to Board

Board member(s) attend(s) PFAC meetings

PFAC submits meeting minutes to

PFAC member(s) are on board-

Board	level committee(s)
Action items or concerns are part of an ongoing “Feedback Loop” to the Board	Other
PFAC member(s) attend(s) Board meetings	N/A – the PFAC does not interact with the Hospital Board of Directors

Please describe other interactions with the hospital Board of Directors.

In previous years a report was submitted to the CHA Board of Trustees. This is a great first step, but this year we hope to not only submit a written reports, but integrate and collaborate with the BOT. We plan to have a patient/family member and co-chair attend one BOT meeting per year in order to discuss projects and provide updates. We would also like to invite a BOT member to come to a PFAC meeting.

Describe the PFAC's use of email, listservs, or social media for communication:

This year we were able to greatly improve our use of social media thanks to two Harvard School of Public Health interns. These two interns helped re-vitalize our PFAC and completely restructured and updated our webpage. They also created a common drive where all members can access materials online. The PFAC contact list has also been added to a listserv for our CHAt newsletter (newsletter that goes out to all community partners/government officials and stakeholders on happenings within CHA). Just this past month one of our PFAC members was featured in our CHA internal

Section 4: Orientation and Continuing Education

Number of new PFAC members this year:

4

Orientation content included (click all that apply):

<input type="checkbox"/> "Buddy program" with experienced members	<input type="checkbox"/> In-person training
<input type="checkbox"/> Check-in or follow-up after the orientation	<input type="checkbox"/> Massachusetts law and PFACs
<input type="checkbox"/> Concepts of patient- and family-centered care (PFCC)	<input type="checkbox"/> Meeting with hospital staff
<input type="checkbox"/> General hospital orientation	<input type="checkbox"/> Patient engagement in research
<input type="checkbox"/> Health care quality and safety	<input type="checkbox"/> PFAC policies, member roles and responsibilities
<input type="checkbox"/> History of the PFAC	<input type="checkbox"/> Skills training on communication, technology, and meeting preparation
<input type="checkbox"/>	<input type="checkbox"/>

Hospital performance information

Other

Immediate “assignments” to participate in PFAC work

N/A – the PFAC members do not go through a formal orientation process

Information on how PFAC fits within the organization's structure

The PFAC received training on the following topics (click all that apply):

Concepts of patient- and family-centered care (PFCC)

Patient engagement in research

Health care quality and safety measurement

Types of research conducted in the hospital

Health literacy

Other

A high-profile quality issue in the

news in relation to the hospital
(e.g. simultaneous surgeries,
treatment of VIP patients, mental
patient discharge, etc)

Not Applicable

Hospital performance information

Section 5: FY 2016 PFAC Impact and Accomplishments

The following information only concerns PFAC activities in the fiscal year 2016.

The five greatest accomplishments of the PFAC were:

Accomplishment 1:

Integration:

In January of 2016 the two staff co-chairs stepped down from their roles on the PFAC. Mary Cassesso, CHA's Chief Community Officer and Foundation President, came on-board and also brought her colleague, Sarah Primeau MSW MPH, who is responsible for community relations at the hospital and who has previously co-chaired a community advisory group at a large non-profit in Boston. Several years ago, Mary served as Chair of the CHA Board of Trustees and she appointed the original PFAC patient co-chair who continues to serve on the council. She has great respect for the work of the PFAC and was happy to take on this role. Since January, the PFAC as an entity has gained momentum and completed many projects. In addition, the PFAC is now much more aligned and integrated into the CHA system. Mary is on the Senior Leadership team at CHA and having her sit on the PFAC has been integral to leveraging resources and support for our efforts. In addition, she brought another Senior Leader to the PFAC; Paul Allen (Chief Quality Officer & Hospitalist) and he currently serves as a staff PFAC member. Both Mary and Paul have emphasized the importance of the PFAC to other

The idea for Accomplishment 1 came from:

Patient/family advisors of the PFAC

Department, committee, or unit that requested PFAC input

Accomplishment 2:

Way-Finding:

Over the years several patients, staff members, and partners have voiced their concern over signage within our three hospitals. Many complaints came from Somerville Hospital, where people were constantly getting lost and having great difficulty finding their way to the appropriate location for their medical appointments. The PFAC decided that they wanted to address these concerns and do something to improve signage and way-finding. We decided to start with Somerville Hospital and if successful we would then move on to both Cambridge and Everett Hospitals. The PFAC met with CHA's chief architect as well as a staff member of the marketing department and together they walked through the entire hospital and identified areas that needed improvement. They came up with many suggestions for better signage in the main lobby and most importantly they suggested a new colored symbol tool that will make navigating the hospital easier. They also took into consideration people who are color-blind or have little reading ability and designed it so there are different colors and shapes guiding patients from one wing of the hospital to the other. The PFAC also met with the signage vendors and new signage is currently in production. We hope to have everything

The idea for Accomplishment 2 came from:

Patient/family advisors of the PFAC

Department, committee, or unit that requested PFAC input

Accomplishment 3:

Chapel Re-Naming and Improvement:

During the way-finding project, several PFAC members noticed that our Somerville Hospital chapel was not only outdated, but not inclusive of people of all faiths. They decided something needed to be done to not only improve the chapel at Somerville Hospital, but also at Cambridge Hospital (Everett Hospital's chapel is run-separately). We invited the CHA Manager of Multicultural Affairs to come to a meeting and during that time the PFAC provided input into chapel improvement plans. The group agreed that the hospital chapels offer employees, patients and visitors a quiet space for prayer, meditation or reflection. The Director told us that Cambridge Hospital has changed the design of its chapel to welcome individuals from a wide variety of faiths, as well as those who don't identify with any specific religion. Together the PFAC decided that since the chapel is meant to be a place of refuge for people of all beliefs, the renovated Somerville chapel should contain no fixed religious symbols. They suggested adding a cabinet that offers discreet storage for a variety of items (items suggested included prayer rugs, a selection of religious texts in several languages, and LED battery-operated votive candles). They also decided that even the term "chapel" was not

The idea for Accomplishment 3 came from:

Patient/family advisors of the PFAC

Department, committee, or unit that requested PFAC input

Accomplishment 4:

Patient Discharge Materials:

A CHA staff member brought materials to a meeting that the Quality Management Department had recently created. She wanted to get input from the PFAC on these patient-facing materials. The group reviewed a new smoking cessation packet for inpatients and fact sheet of questions to ask the doctor before leaving the hospital. During the meeting they provided feedback on the layout, design, and health literacy level and as a result the Quality Department made several changes to the packet. At the next PFAC meeting, the same staff member brought back the improved materials and received further input and approval from PFAC members. These materials are now being used in all inpatient discharge packets.

In addition, the PFAC reviewed fact sheets on opioids for the Department of Community Health Improvement. These fact sheets were going to be available on the CHA website and also distributed as educational pamphlets. The PFAC identified new questions and

The idea for Accomplishment 4 came from:

Patient/family advisors of the PFAC

Department, committee, or unit that requested PFAC input

Accomplishment 5:

Events:

The PFAC patient and staff members had voiced an interest in participating in CHA events and community events where CHA has a presence. This year we made a real effort to include our patient members at events and make them visible to CHA staff and the community as a whole. We were very pleased that several PFAC members attended our CHA Breast Center celebration, Annual Memorial (to pay respects and celebrate all CHA patients who passed away in the past year), our annual Art of Healing Award Gala, NAMI (National Alliance on Mental Illness) walk, Making Strides Against Breast Cancer walk, and the Heart Walk. Several patient/family members have also attended internal CHA educational lectures from our community partners and affiliated

The idea for Accomplishment 5 came from:

Patient/family advisors of the PFAC

Department, committee, or unit that requested PFAC input

The five greatest challenges the PFAC had in FY 2016:

N/A – we did not encounter any challenges in FY 2016

Challenge 1:

Recruitment:

Establishing effective recruitment strategies to ensure a robust cross-section of patient/family PFAC members was a challenge. We continue to aim for an even distribution of members to represent the ethnic, cultural and linguistic diversity of our patient population. We have made progress this year but there is still work to be done.

Challenge 2:

Retention:

Increased member retention and participation was also an issue in the beginning of 2016. Two patient members resigned and we needed more patient/family representation. With the advent of new PFAC leadership in 2016 and additional staff support, we were able to recruit 4 new patient/family members. This was a success, but we still need more patient members and we want to ensure that those who recently joined will remain committed.

Challenge 3:

Integration:

Integration system-wide for the PFAC was actually a success this year. However, a separate advisory council exists at one of CHA's community health centers (The Malden Care Center) and we thought it was important to establish rapport and understanding between both groups. The work of the Malden PAC are specific to that clinic, but we still needed to increase communication to avoid duplicate work. It took some time to coordinate efforts, but there have been significant improvements in synergy and communication over the past several months. We need to do more to ensure that the Malden PAC and CHA (system-wide) PFAC are strategically aligned with the overall CHA system and we will continue to work together and form stronger relationships over this coming year.

Challenge 4:

Project Timelines:

It has sometimes been difficult to identify the appropriate resources, ownership and decision makers on whom the PFAC depend to improve timelines of community-driven PFAC projects from concept to completion. In the past, it was difficult to have work completed between meetings and have people claim ownership to keeping things on track. With new leadership and increased staff support, we have greatly improved our ability to completing tasks and staying on track. We would still like more patient/family buy-in to project completion and hope to increase participation this coming year.

Challenge 5:

Meeting Times and Location:

Scheduling the most effective meeting times and locations for all PFAC members to be able to attend regularly and provide consistent member feedback and participation was challenging. The meeting time changed and is now held from 5-6:30pm on the third Thursday of every month. This time is working for now and if necessary we may change it. We hold all of our meetings at the Cambridge Hospital and we know this may be a problem for patients who would like to be involved but live further away. This coming year we plan to increase recruitment in our other communities and it may be necessary to alternate our meeting location.

The PFAC members serve on the following hospital-wide committees, projects, task forces, work groups, or Board committees (click all that apply):

Behavioral Health/substance use	Ethics
Bereavement	Institutional Review Board (IRB)
Board of Directors	Lesbian, gay, bisexual, and transgender (LGBT) – sensitive care
Care Transitions	Patient Care Assessment
Code of Conduct	Patient Education
Community Benefits	Patient and Family Experience Improvement
Critical Care	Pharmacy Discharge Script Program

Culturally competent care	Quality and Safety
Discharge Delays	Quality/Performance Improvement
Drug Shortage	Surgical Home
Eliminating Preventable Harm	Other
Emergency Department Patient/Family Experience Improvement	N/A – the PFAC members do not serve on these

H

ow do members on these hospital-wide committees or projects report back to the PFAC about their work?

One of our PFAC members participates in the Health Integration program (HIP) at our Central Street location. This site specializes in behavioral health and our PFAC member is playing a critical role in supporting patients seen at this clinic. She provides updates to the group during our monthly PFAC meetings. In addition, the Quality department has recently asked that a PFAC member sit on one of their restraint/reclusion committees. We have members who plan to take this on and it should begin within the next few months.

The PFAC provided advice or recommendations to the hospital on the

following areas mentioned in the Massachusetts law (click all that apply):

Institutional Review Boards

Quality improvement initiatives

Patient and provider relationships

N/A – the PFAC did not provide advice or recommendations to the hospital on these areas in FY 2016

Patient education on safety and quality matters

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

Advisory boards/groups or panels

Selection of reward and recognition programs

Award committees

Standing hospital committees that address quality

Co-trainers for clinical and

nonclinical staff, in-service programs, and health professional trainees	Task forces
Search committees and in the hiring of new staff	N/A – the PFAC members did not participate in any of these activities

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

Complaints and serious events

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

Quality of care

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

Quality Report (such as asthma care, immunization, stroke care)

sections, high risk deliveries)

Resource use and patient satisfaction

Inpatient care management (such as electronically ordering medicine, specially trained doctors for ICU patients)

Resource use (such as length of stay, readmissions)

Patient experience/satisfaction scores (eg. HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems)

Other

Other

N/A – the hospital did not share performance information with the PFAC

Please explain why the hospital shared only the data you checked in the previous questions:

The Quality Department is now fully integrated into the PFAC and with that has come many improvements in information sharing. We plan to have the department share even more in this coming year. Over the past year they have shared Truven reports and other important information that they thought the PFAC would be interested in learning about.

Please describe how the PFAC was engaged in discussions around these data above and any resulting quality improvement initiatives:

Up to this point they have heard from several reports but have not yet created a project from the findings. They have provided input into billing issues, wait times, and the patient experience of care.

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

National Patient Safety Hospital Goals

Identifying patient safety risks

Preventing mistakes in surgery

Identifying patients correctly

Using alarms safely

Preventing infection

Using medicines safely

Prevention and errors

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

Decision-making and advanced planning

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

health care proxies

consent

Additional quality initiatives

Disclosure of harm and apology

Rapid response teams

Integration of behavioral health
care

Other

Other

N/A – the hospital did not share
performance information with the
PFAC

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

Yes

No

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)

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

None of our members are involved in research studies

Please describe other ways that members of your PFAC are approached about advising on research studies:

A few months ago we were approached from HCFA to support a request for funding through the Patient-Centered Outcomes Research Institute (PCORI) Eugene Washington PCORI Engagement Awards grant. We are pleased to join Health Care For All (HCFA) as a joint Community of Practice partner within this program and we believe our work as researchers and consumer advocates will be better informed and coordinated as a result of this partnership. We are waiting to hear if this request is funded and if so we look forward to having the PFAC participate in this research alongside PCORI funded

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 6: PFAC Annual Report

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

The following individuals approved this report prior to submission (list name and indicate whether staff or patient/family advisor):

Sarah Primeau - Staff
Mary Cassesso - Staff
Barbara August - Patient

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 other process:

Staff wrote the report but received input and suggestions from all PFAC members at a meeting held this summer. It was then approved by all co-chairs.

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:

We post the report online.

Yes, link:

<http://www.challiance.org/donate/patient-family-advisory-council.aspx>

No

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

Yes, phone number/e-mail address:

617-591-4947
sprimeau@challiance.org

No

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

Yes, link:

<http://www.challiance.org/donate/patient-family-advisory-council.aspx>

No, we don't have such a section on our website

Please provide an email address if you would like to receive a confirmation with a copy of this report after the report is submitted:

sprimeau@challiance.org

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