



## **PFAC Annual Report Form**

Health Care For All (HCFA) promotes health justice in Massachusetts by working to reduce disparities and ensure coverage and access for all. HCFA uses direct service, policy development, coalition building, community organizing, public education and outreach to achieve its mission. HCFA's vision is that everyone in Massachusetts has the equitable, affordable, and comprehensive care they need to be healthy.

#### Why complete an annual report for my PFAC?

Under Massachusetts law, hospital-wide PFACs are required to write annual reports by October 1<sup>st</sup> each year. These reports must be made available to members of the public upon request. As in past years, HCFA is requesting a copy of each report and submitted reports will be posted on HCFA's website, <a href="https://www.hcfama.org">www.hcfama.org</a>. HCFA recommends using this template to assist with information collection, as well as the reporting of key activities and milestones.

#### What will happen with my report and how will HCFA use it?

We recognize the importance of sharing of information across PFACs. Each year, we

- > make individual reports available online
- > share the data so that PFACs can learn about what other groups are doing

#### Who can I contact with questions?

Please contact us at <a href="PFAC@hcfama.org">PFAC@hcfama.org</a> or call us at 617-275-2982.

If you wish to use this Word document or any other form, please email it to <a href="PFAC@hcfama.org">PFAC@hcfama.org</a>.

Reports should be completed by October 1, 2018.

2018 Patient and Family Advisory Council Annual Report Form

## **Section 1: General Information**

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: 2a. Name and Title: Michele Urban, MSN, RN 2b. Email: michele.urban@baystatehealth.org 2c. Phone: 413-568-2811 ext 5744  Not applicable  4. Patient/Family PFAC Co-Chair Contact: 3a. Name and Title: Frank Horrigan 3b. Email: horriganf@comcast.net 3c. Phone: 4'13-896-4547  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:	1. Hospital Name: Baystate Noble Hospital
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: 2a. Name and Title: Michele Urban, MSN, RN 2b. Email: michele.urban@baystatehealth.org 2c. Phone: 413-568-2811 ext 5744   Not applicable  4. Patient/Family PFAC Co-Chair Contact: 3a. Name and Title: Frank Horrigan 3b. Email: horriganf@comcast.net 3c. Phone: 413-896-4547   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:	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.
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: 2a. Name and Title: Michele Urban, MSN, RN 2b. Email: michele.urban@baystatehealth.org 2c. Phone: 413-568-2811 ext 5744   Not applicable  4. Patient/Family PFAC Co-Chair Contact: 3a. Name and Title: Frank Horrigan 3b. Email: horriganf@comcast.net 3c. Phone: 4'13-896-4547   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:	2a. Which best describes your PFAC?
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   Don't know   2c. Will another hospital within your system also submit a report?   Yes   No   Don't know   Don't know   3. Staff PFAC Co-Chair Contact:   2a. Name and Title: Michele Urban, MSN, RN   2b. Email: michele.urban@baystatehealth.org   2c. Phone: 413-568-2811 ext 5744   Not applicable   4. Patient/Family PFAC Co-Chair Contact:   3a. Name and Title: Frank Horrigan   3b. Email: horriganf@comcast.net   3c. Phone: 4'13-896-4547   Not applicable   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:	☐ We are the only PFAC at a single hospital – <b>skip to #3 below</b>
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<ul> <li>Not applicable</li> <li>5. Is the Staff PFAC Co-Chair also the Staff PFAC Liaison/Coordinator?  <ul> <li></li></ul></li></ul>	
<ul> <li>5. Is the Staff PFAC Co-Chair also the Staff PFAC Liaison/Coordinator?</li></ul>	
Yes – skip <b>to</b> # <b>7 (Section 1)</b> below  No – describe below in # <b>6</b> 6. Staff PFAC Liaison/Coordinator Contact: 6a. Name and Title:	☐ Not applicable
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6. Staff PFAC Liaison/Coordinator Contact: 6a. Name and Title:	∑ Yes – skip to #7 (Section 1) below
6a. Name and Title:	☐ No – describe below in #6
	6. Staff PFAC Liaison/Coordinator Contact:
	6a. Name and Title: 6b. Email:

bc. 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):
$\square$ N/A – we did not recruit new members in FY 2018
8. Total number of staff members on the PFAC: 5
9. Total number of patient or family member advisors on the PFAC: 7
10. The name of the hospital department supporting the PFAC is: Nursing Administration
11. The hospital position of the PFAC Staff Liaison/Coordinator is: Chief Nursing Officer
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 child care or elder care
☐ Stipends
☐ Translator or interpreter services
☐ Other (Please describe):

## **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: Westfield, Montgomery, Southwick, Agawam, West Springfield, Russell, Huntington, Tolland, Granville, Chester and Blandford

☐ Don't know

14. Tell us about racial and ethnic groups in these areas (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 America n	% Native Hawaiian or other Pacific Islander	% White	% Other	% Hispanic, Latino, or Spanish origin	
14a. Our defined catchment area	0.02	0.43	1.46	0.01	87.01	5.04	6.03	Don't know
14b. Patients the hospital provided care to in FY 2018	0.02	0.43	1.46	0.01	87.01	5.04	6.03	Don't know
14c. The PFAC patient and family advisors in FY 2018					100.0			Don't know

15. Tell us about languages spoken in these areas (please provide percentages; <u>if you are unsure of the percentages select "don't know")</u>:

	Limited English Proficiency (LEP)	
	%	
15a. Patients the hospital provided care to in FY 2018		⊠ Don't know
15b. PFAC patient and family advisors in FY 2018	0	☐ Don't know

15c. What percentage of patients that the hospital provided care to in FY 2018 spoke the following as their primary language?

	<b>%</b>
Spanish	
Portuguese	
Chinese	
Haitian Creole	
Vietnamese	
Russian	
French	
Mon-Khmer/Cambodian	
Italian	
Arabic	
Albanian	
Cape Verdean	

Don't know

15d. In FY 2018, what percentage of PFAC patient and family advisors spoke the following as their primary language?

	%
Spanish	

Portuguese	
Chinese	
Haitian Creole	
Vietnamese	
Russian	8%
French	
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:

Presenting BNH PFAC to the Westfield Rotary Club, Westfield Senior Center and Westfield Boys & Girls Club Events. Patient rounding and offering patients an opportunity to participate in BNH PFAC.

# **Section 4: PFAC Operations**

17. Our process for developing and distributing agendas for the PFAC meetings (choose):
$\square$ Staff develops the agenda and sends it out prior to the meeting
$\square$ Staff develops the agenda and distributes it at the meeting
$\square$ PFAC members develop the agenda and send it out prior to the meeting
$\square$ 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)
$\square$ 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: Requests are made for agenda topics via email to the committee members prior to the meetings.
17b. If other process, please describe: Committee members have established standing agenda items: quality metrics, regulatory reporting, grievances, and committee member reports of BNH committee involvement
18. The PFAC goals and objectives for 2018 were: (check the best choice):
☐ Developed by staff alone
Developed by staff and reviewed by PFAC members
<ul><li>✓ Developed by PFAC members and staff</li><li>✓ N/A – we did not have goals for FY 2018 – Skip to #20</li></ul>
11/A – we did not have goals for F1 2016 – <b>3kip to #20</b>
19. The PFAC had the following goals and objectives for 2018:  1. Recruitment of new members
<ol> <li>Community Outreach</li> <li>Participation in BNH Committee</li> </ol>
4. PFAC Members participate in rounding
20. Please list any subcommittees that your PFAC has established: Development of the Annual Report
"Observation Status" Subgroup

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:
Email
□ N/A – We don't communicate through these approaches
Section 5: Orientation and Continuing Education
23. Number of new PFAC members this year:
24. Orientation content included (check all that apply):
☐ "Buddy program" with experienced members
<ul><li> ☐ "Buddy program" with experienced members</li><li>☐ Check-in or follow-up after the orientation</li></ul>
Check-in or follow-up after the orientation
☐ Check-in or follow-up after the orientation ☐ Concepts of patient- and family-centered care (PFCC)
☐ Check-in or follow-up after the orientation ☐ Concepts of patient- and family-centered care (PFCC) ☐ General hospital orientation
<ul> <li>☐ Check-in or follow-up after the orientation</li> <li>☐ Concepts of patient- and family-centered care (PFCC)</li> <li>☐ General hospital orientation</li> <li>☒ Health care quality and safety</li> </ul>
<ul> <li>□ Check-in or follow-up after the orientation</li> <li>□ Concepts of patient- and family-centered care (PFCC)</li> <li>□ General hospital orientation</li> <li>☒ Health care quality and safety</li> <li>☒ History of the PFAC</li> </ul>
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<ul> <li>□ Check-in or follow-up after the orientation</li> <li>□ Concepts of patient- and family-centered care (PFCC)</li> <li>□ General hospital orientation</li> <li>⋈ Health care quality and safety</li> <li>⋈ History of the PFAC</li> <li>⋈ Hospital performance information</li> <li>⋈ Immediate "assignments" to participate in PFAC work</li> <li>⋈ Information on how PFAC fits within the organization's structure</li> </ul>
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<ul> <li>□ Check-in or follow-up after the orientation</li> <li>□ Concepts of patient- and family-centered care (PFCC)</li> <li>□ General hospital orientation</li> <li>⋈ Health care quality and safety</li> <li>⋈ History of the PFAC</li> <li>⋈ Hospital performance information</li> <li>⋈ Immediate "assignments" to participate in PFAC work</li> <li>⋈ Information on how PFAC fits within the organization's structure</li> <li>⋈ In-person training</li> <li>⋈ Massachusetts law and PFACs</li> </ul>
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24a. It other, describe: Volunteer Orientation

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
$\boxtimes$ Other (Please describe below in #25a)
☐ N/A – the PFAC did not receive training
25a. If other, describe: Compassionate Connections Workshop, HCAHPS patient survey results

## Section 6: FY 2018 PFAC Impact and Accomplishments

The following information only concerns PFAC activities in the fiscal year 2018.

26. The five greatest accomplishments of the PFAC were:

Accomplishment	Idea came from (choose	PFAC role can be best	
	one)	described as (choose one)	
26a. Accomplishment 1: Recruitment	☐ Patient/family advisors of the PFAC ☐ Department, committee, or unit that requested PFAC input	☐ Being informed about topic ☐ Providing feedback or perspective ☑ Discussing and influencing decisions/agenda ☐ Leading/co leading	
26b. Accomplishment 2:Community Outreach	<ul> <li>☑ Patient/family advisors of the PFAC</li> <li>☑ Department, committee, or unit that requested PFAC input</li> </ul>	☐ Being informed about topic ☐ Providing feedback or perspective ☐ Discussing and influencing decisions/agenda ☐ Leading/co leading	
26c. Accomplishment 3: Participation in BNH Committees	☐ Patient/family advisors of the PFAC ☑ Department, committee, or unit that requested PFAC input	☐ Being informed about topic ☐ Providing feedback or perspective ☐ Discussing and influencing decisions/agenda ☐ Leading/co leading	
26d. Accomplishment 4: PFAC Members Rounding	☐ Patient/family advisors of the PFAC ☑ Department, committee, or unit that requested PFAC input	☐ Being informed about topic ☐ Providing feedback or perspective ☐ Discussing and influencing decisions/agenda ☐ Leading/co leading	

	26e. Accomplishment 5:	☐ Patient/family	☐ Being informed about
		advisors of the PFAC	topic
		☐ Department,	Providing feedback or
		committee, or unit that	perspective
		requested PFAC input	☐ Discussing and influencing
			decisions/agenda
			☐ Leading/co leading
27. T	The five greatest challenges the PFAC	C had in FY 2018:	
	27a. Challenge 1: Recruitment for	membership more repres	sentative of BNH patient
	population		
	27b. Challenge 2: Members and p	rospective members shar	e that there are competing
	requests for their time.		
	27a Challange 2.		
	27c. Challenge 3:		
	27d. Challenge 4:		
	27 di Charlenge II		
	27e. Challenge 5:		
	2. 0. 0		
	□ N/A – we did not encounter	any challenges in EV 2019	
	□ N/A – we did not encounter	any chanenges in F1 2016	

	FAC 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
$\geq$	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
$\triangleright$	Patient Education
$\geq$	Patient and Family Experience Improvement
	Pharmacy Discharge Script Program
$\triangleright$	Quality and Safety
$\triangleright$	Quality/Performance Improvement
	Surgical Home
	Other (Please describe):
	$\square$ N/A – the PFAC members do not serve on these – <b>Skip to</b> #30

the Massachu	setts law (check all that apply):
□ Ir	astitutional Review Boards
⊠ Pa	atient and provider relationships
⊠ Pa	atient education on safety and quality matters
$\Box$ Q	quality improvement initiatives
□ N FY 20	I/A – the PFAC did not provide advice or recommendations to the hospital on these areas in $18$
31. PFAC mer	mbers participated in the following activities mentioned in the Massachusetts law (check
$\square$ A	dvisory boards/groups or panels
$\square$ A	ward committees
⊠ C traine	o-trainers for clinical and nonclinical staff, in-service programs, and health professional
	earch committees and in the hiring of new staff
_	election of reward and recognition programs
	tanding hospital committees that address quality
	ask forces
_	I/A – the PFAC members did not participate in any of these activities
that apply):	ital shared the following public hospital performance information with the PFAC (check all Complaints and serious events
	omplaints and investigations reported to Department of Public Health (DPH)
	lealthcare-Associated Infections (National Healthcare Safety Network)
⊠ Se	atient complaints to hospital
	atient complaints to hospital erious Reportable Events reported to Department of Public Health (DPH) Quality of care
32b. (	erious Reportable Events reported to Department of Public Health (DPH)
32b. ( ⊠ H	erious Reportable Events reported to Department of Public Health (DPH)  Quality of care
32b. ( ⊠ H ⊠ Jo care)	erious Reportable Events reported to Department of Public Health (DPH)  Quality of care  (igh-risk surgeries (such as aortic valve replacement, pancreatic resection)
32b. (	erious Reportable Events reported to Department of Public Health (DPH)  Quality of care  (igh-risk surgeries (such as aortic valve replacement, pancreatic resection)  oint Commission Accreditation Quality Report (such as asthma care, immunization, stroke  Medicare Hospital Compare (such as complications, readmissions, medical imaging)  Maternity care (such as C-sections, high risk deliveries)
32b. (	erious Reportable Events reported to Department of Public Health (DPH)  Quality of care  (igh-risk surgeries (such as aortic valve replacement, pancreatic resection)  oint Commission Accreditation Quality Report (such as asthma care, immunization, stroke  Medicare Hospital Compare (such as complications, readmissions, medical imaging)
32b. (	erious Reportable Events reported to Department of Public Health (DPH)  Quality of care  (igh-risk surgeries (such as aortic valve replacement, pancreatic resection)  oint Commission Accreditation Quality Report (such as asthma care, immunization, stroke  Iedicare Hospital Compare (such as complications, readmissions, medical imaging)  Iaternity care (such as C-sections, high risk deliveries)  Resource use, patient satisfaction, and other  apatient care management (such as electronically ordering medicine, specially trained doctors
32b. (	erious Reportable Events reported to Department of Public Health (DPH)  Quality of care  (igh-risk surgeries (such as aortic valve replacement, pancreatic resection)  oint Commission Accreditation Quality Report (such as asthma care, immunization, stroke  Medicare Hospital Compare (such as complications, readmissions, medical imaging)  Maternity care (such as C-sections, high risk deliveries)  Resource use, patient satisfaction, and other  matient care management (such as electronically ordering medicine, specially trained doctors  CU patients)  attent experience/satisfaction scores (eg. HCAHPS - Hospital Consumer Assessment of

☐ N/A – the hospital did not share performance information with the PFAC – <b>Skip to #35</b>
33. Please explain why the hospital shared only the data you checked in Q 32 above:
Committee Request
34. Please describe how the PFAC was engaged in discussions around these data in #32 above and any resulting quality improvement initiatives:
The information identified in the sections regarding complaints, serious events, quality and patient satisfaction are shared with PFAC membership and their opinions are communicated to appropriate department leaders as opportunities for improvement.  Development of BNH PFAC brochure
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
☐ Preventing mistakes in surgery
☐ Using medicines safely
☐ Using alarms safely
35b. Prevention and errors
$\boxtimes$ Care transitions (e.g., discharge planning, passports, care coordination, and follow up between care settings)
☐ 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
oxtimes 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): CARe: Communication, Apology, Resolution program
☐ 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
$\square$ Involved in study planning and design
$\square$ 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
$\square$ Researchers contact individual members, who report back to the PFAC
$\square$ Other (Please describe below in #38a)
$\square$ None of our members are involved in research studies
38a. If other, describe:
39. About how many studies have your PFAC members advised on?
□ 3-5
☐ More than 5
☐ None of our members are involved in research studies
— Note 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):

Vieweg
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: https://www.baystatehealth.org/about-us/community-programs/health-initiatives/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: 413-794-5656 ☐ No
44. Our hospital has a link on its website to a PFAC page.  Yes, link: https://www.baystatehealth.org/about-us/community-programs/health-initiatives/patient-family-advisory-council
☐ No, we don't have such a section on our website

Frank Horrigan, Barbara Bream-Jenson, Marlene Clark, Liliya Adzigirey, Michele Urban, Jennifer Panniello, Mandona Salehi, Dr. Britt Percy, Donna Tatlock, C. Drewski, J. Degrande, K. Angco-