

## 2016 Annual PFAC Report: Boston Children's Hospital Family and Teen Council

Q130. 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):

Q126. Will another PFAC at your hospital also submit a report?

- Yes
- No
- Don't know

Q127. Will another hospital within your system also submit a report?

- Yes
- No
- Don't know

Q2. Staff PFAC Co-Chair Contact:

Name and Title:

Email:

Phone:

Q2a. Is the Staff PFAC Co-Chair also the Staff PFAC Liaison/Coordinator?

- Yes
- No
- N/A

Q3. Patient/Family PFAC Co-Chair Contact:

Name and Title:   
Email:   
Phone:

Q4. Staff PFAC Liaison/Coordinator Contact (if applicable):

Name and Title:   
Email:   
Phone:

Q23.

**Section 1: PFAC Organization**

Q6. This year, the PFAC recruited new members through the following approaches (check all that apply):

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Word of mouth / through existing members                       | <input checked="" type="checkbox"/> Case managers / care coordinators    |
| <input checked="" type="checkbox"/> Promotional efforts within institution to patients or families | <input type="checkbox"/> Patient satisfaction surveys                    |
| <input checked="" type="checkbox"/> Promotional efforts within institution to providers or staff   | <input type="checkbox"/> Community-based organizations                   |
| <input checked="" type="checkbox"/> Facebook and Twitter   | <input type="checkbox"/> Houses of worship                               |
| <input type="checkbox"/> Recruitment brochures   | <input type="checkbox"/> Community events                                |
| <input type="checkbox"/> Hospital publications   | <input checked="" type="checkbox"/> Other                                |
| <input type="checkbox"/> Hospital banners and posters  | <input type="checkbox"/> N/A - we did not recruit new members in FY 2016 |

Q6a. Please describe other recruitment approach:

We created a FAC recruitment flyer specific and sent it to all social workers for posting in their respective clinics or distributing directly to prospective FAC candidates. We also posted this flyer in our Hale Family Center for Families where it is visible to a very large and diverse population of families.

Q7. Total number of staff members on the PFAC:

7

Q8. Total number of patient or family member advisors on the PFAC:

15

Q9. The name of the hospital department supporting the PFAC is:

Patient Care Services

Q10. The hospital position of the PFAC Staff Liaison/ Coordinator is:

Project Manager, Health Literacy/Patient & Family Education

Q11. The hospital provides the following for PFAC members to encourage their participation in meetings (click all that apply):

Parking, mileage, or meals

Translator or interpreter services

Assistive services for those with disabilities

Provision / reimbursement for child care or elder care

Stipends

Payment for attendance at annual PFAC conference

Payment for attendance at other conferences or trainings

Annual gifts of appreciation

Conference call phone numbers or "virtual meeting" options

Meetings outside 9am-5pm office hours

Other

N/A - the hospital does not reimburse PFAC members

Q11a. Please describe other provision by the hospital for PFAC members:

Annual Appreciation Dinner

## Q24. Section 2: Community Representation

Q108. The PFAC regulations require every PFAC to represent the community served by the hospital, which is described below.

Q12. Our catchment area is geographically defined as (if you are unsure select "don't know"):

Boston Children's Hospital is the largest major pediatric tertiary care facility in the Northeast and one of the largest pediatric medical centers in the United States. It is the primary pediatric teaching affiliate of Harvard Medical School, and home to the largest, best-funded research enterprise in the country based at a pediatric hospital. Boston Children's provides services in a number of facilities. The main hospital campus is located in the Longwood Medical Area (medical academic area of Boston) and Boston Children's has expanded over the years to provide care at six satellite facilities in the greater Boston area.

- Martha Eliot Health Center: A community health center in Jamaica Plain, Mass., that offers primary and preventative care to children, adolescents and young adults located less than two miles from Boston Children's Main Campus.
- Waltham: A pediatric facility with operating rooms, post-anesthesia recovery area, radiology capabilities, specialty clinics and 11 inpatient beds located 15 miles from Boston Children's Main Campus.
- Peabody: A pediatric outpatient specialty facility located 21 miles from Boston Children's Main Campus.
- Lexington: An outpatient facility with operating rooms, post-anesthesia recovery and specialty clinics located 22 miles from Boston Children's Main Campus.
- Weymouth: An ambulatory care facility located 16 miles south of Boston Children's Main Campus
- North Dartmouth: An outpatient facility with 16 pediatric specialties located approximately 60 miles from Boston Children's Main Campus.

The main campus not only serves as a tertiary and trauma center for the greater Boston area, but it is also the #1 provider of primary and secondary care for low-income Massachusetts children and Boston's inner-city diverse and poorer populations. Boston Children's also serves children and families throughout Massachusetts, New England, and the United States and all over the world. Most of Boston Children's patients come from the greater Boston area. However, more than 30 percent of patients who receive inpatient care travel great distances to come to Boston Children's. The below table provides the patient distribution by market area for the fiscal year FY2015. Geographical Area Urban Core- 14.68% (inpatient); 31.06% (outpatient) Eastern Massachusetts - 49.34% (inpatient); 52.27% (outpatient) Other Massachusetts - 7.53% (inpatient); 4.27% (outpatient) New England - 13.13% (inpatient); 6.44% (outpatient) National - 8.20% (inpatient); 2.89% (outpatient) International - 7.08% (inpatient); 3.06% (outpatient)

Q12D.

Don't know catchment area

Q121.

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

Q13aR. 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"):

*This question was not displayed to the respondent*

Q91.

Don't know racial groups

Q 13aE What percentage of people in the defined catchment area are of Hispanic, Latino, or Spanish origin?

*This question was not displayed to the respondent.*

Q92.

Don't know origins

Q 13bR In FY 2016, the hospital provided care to patients from the following racial groups (please provide percentages):

*This question was not displayed to the respondent.*

Q93.

Don't know racial groups

Q13bE. What percentage of patients that the hospital provided care to in FY 2016 are of Hispanic, Latino, or Spanish origin?

Q95.

Don't know origins

Q 13cR In FY 2016, the PFAC **patient and family advisors** came from the following racial groups (please provide percentages):

*This question was not displayed to the respondent.*

Q97.

Don't know racial groups

13cE. What percentage of **PFAC patient and family advisors** in FY 2016 were of Hispanic, Latino, or Spanish origin?

Q99.

Don't know origins

**Q122. Tell us about languages spoken in your area (please provide percentages; if you are unsure of the percentages select "don't know").**

Q 117. What percentage of patients that the hospital provided care to in FY 2016 have limited English proficiency (LEP)?

*This question was not displayed to the respondent.*

Q118.

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

Q 126. What percentage of patients that the hospital provided care to in FY 2016 spoke the following as their primary language?

*This question was not displayed to the respondent.*

Q127.

Don't know primary languages

Q119. What percentage of PFAC patient and family advisors in FY 2016 have limited English proficiency (LEP)?

Q120.

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

Q 123. In FY 2016, what percentage of PFAC patient and family advisors spoke the following as their primary language?

*This question was not displayed to the respondent.*

Q124.

Don't know primary languages

Q14.

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

Ensuring appropriate representation of our membership is an ongoing priority for our FAC. In late 2015 and early 2016, two part-time Family Partnerships Coordinators joined our Hale Family Center for Families staff and serve as staff members on our Family Advisory Council. One Family Partnership Coordinator's role has focused on supporting the FAC, including with the recruitment of new members. She recently launched a campaign to diversify membership, which includes recruiting families of varying races/ethnicities, socioeconomic status and hospital experience. She developed FAC recruitment materials and is working closely with key clinical and administrative staff to recruit new members, including nurses, physicians, nurse practitioners, social workers and case managers. Finally, to understand the diversity of our present family partners, this Family Partnership Coordinator developed an anonymous online survey to collect demographic information. Our second part-time Family Partnership Coordinator works with our Staff Nurse III in the Hale Family Center for Families to support our Wellness Program, which offers alternative therapies free of charge to families. In addition, she supports our Family to Family mentoring program as well as the creation of support groups. In this role, this Family Partnership Coordinator comes to understand families' challenges and needs during their time here at the hospital, and has the opportunity to learn if these families could be candidates for our FAC. In addition, Boston Children's Primary Care at Longwood and Martha Eliot Health Center have formed their own FACs to understand and address the needs of the children and families they serve. Boston Children's offers program-specific FACs, such as ones in the Neonatal Intensive Care Unit (NICU) as well as Autism and Psychiatry practices. Lastly, the Hale Family Center for Families has a full-time program coordinator dedicated to working with our Latino and Spanish-speaking families. We are presently looking to hire a part-time Family Partnerships Coordinator focused solely on providing support to our Latino families.

Q110. **Section 3: PFAC Operations**

Q15. 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
- 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
- PFAC members and staff develop agenda together and distribute it **at the meeting**
- Other
- N/A – the PFAC does not use agendas

Q112. If staff and PFAC members develop the agenda together, please describe the process:

Each month, a Family Advisory Council Steering Committee is held and led by the parent co-chair and staff co-chair. FAC staff members also attend. The goal is to develop an agenda for the upcoming FAC meeting. In addition, FAC members are welcome at any point in time to suggest presenters and/or agenda items for upcoming meetings. Following the conclusion of the Steering Committee meeting, a FAC staff member drafts an agenda for final approval before sending it to FAC members.

Q113. If other process, please describe:

*This question was not displayed to the respondent*

Q16.

The PFAC goals and objectives for 2016 were: (select the best choice):

- 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
- Developed by staff alone

Q17. The PFAC had the following goals and objectives for 2016:

1. Creation of the FAC Seal of Approval: The FAC set the goal to create a “Seal of Approval” that empowered them to acknowledge and support documents, projects and strategic initiatives that: • Improve an aspect(s) of the patient/family experience • Incorporate the patient/family voice FAC members created guidelines and criteria for who could receive the Seal and worked with a graphic designer to design a Seal that represents both collaboration and diversity. They also developed a Marketing toolkit to explain to staff the importance of the Seal. Finally, the FAC compiled a list of documents, projects and strategic initiatives that could be eligible for the Seal. FAC members are presently in the voting stages to determine who should receive the Seal. Responses are due via SurveyMonkey by Monday, October 3, 2016. 2. Growing Our Virtual Advisors Forum: A brainchild of FAC members, this forum was launched in August 2015 and allows families to join a private social network where they can share feedback with Boston Children’s staff from the comfort of their own homes. In 2016, the FAC aimed to increase membership in this forum of local, regional, national and international parents/caregivers to this forum. To date, there are 39 members — including two who live internationally — who have high levels of engagement. 3. Expand Our Family Engagements: In 2016, the FAC aimed to increase the number of engagement opportunities for families. The number rose from 35 committees and workgroups to 62. These engagements span from quality and safety to research and redesign of both the hospital’s green space and new clinical tower. 4. Strategic Planning: The FAC is currently leading a formal strategic planning process to better define its vision and mission, and to increase its effectiveness in staying true to the mission and achieving collective goals.

Q18. Please list any subcommittees that your PFAC has established:

We have created the FAC Seal subcommittee and the Strategic Planning subcommittee to lead efforts associated with two of our 2016 goals. We also created an Emergency Department Family Advisory Council on which seven FAC members serve along with Emergency Department leadership and key personnel. This will be an ongoing advisory relationship.

Q19. How does the PFAC interact with the hospital Board of Directors (click all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> PFAC submits annual report to Board     | <input checked="" type="checkbox"/> PFAC member(s) are on board-level committee(s)                    |
| <input type="checkbox"/> PFAC submits meeting minutes to Board   | <input type="checkbox"/> N/A – the PFAC does not interact with the Hospital Board of Directors        |
| <input type="checkbox"/> PFAC member(s) attend(s) Board meetings | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Board member(s) attend(s) PFAC meetings | <input type="checkbox"/> Action items or concerns are part of an ongoing “Feedback Loop” to the Board |

Q114. Please describe other interactions with the hospital Board of Directors.

*This question was not displayed to the respondent*

Q20. Describe the PFAC's use of email, listservs, or social media for communication:

In the summer of 2014, a private page on the free social networking site Yammer was created to allow our FAC members to connect with one another between meetings, read meeting minutes, take surveys and more. All of our FAC members are on this site. Prior to Yammer, the FAC utilized an e-mail DL and private Facebook page (which is no longer used) to communicate with each other.

Q109.

#### **Section 4: Orientation and Continuing Education**

Q21. Number of new PFAC members this year:

4

Q22. Orientation content included (click all that apply):

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

Q115. Please describe other orientation content:

*This question was not displayed to the respondent.*

Q23. The PFAC received training on the following topics (click all that apply):

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Concepts of patient- and family-centered care (PFCC) | <input checked="" type="checkbox"/> Health care quality and safety measurement  |
| <input type="checkbox"/> Patient engagement in research                                  | <input type="checkbox"/> 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) |
| <input type="checkbox"/> Types of research conducted in the hospital                     | <input checked="" type="checkbox"/> Other   |
| <input checked="" type="checkbox"/> Hospital performance information                     | <input type="checkbox"/> Health literacy  |
| <input type="checkbox"/> Not Applicable  |   |

Q116. Please describe other topics:

As a group, our FAC received education/training on the above topics as it pertained to agenda items and presentations delivered to the group by senior leadership within the hospital. Several individual members of the FAC also have received relevant training as members of various committees/workgroups/project on ALL of the above topics listed.

Q111. Section 5: FY 2016 PFAC Impact and Accomplishments

**Q83. The following information only concerns PFAC activities in the fiscal year 2016.**

**Q24. The five greatest accomplishments of the PFAC were:**

Q24a. Accomplishment 1:

Incorporation of two Family Advisory Council members onto the leadership committee of Boston Children's High Reliability Organization initiative. These families helped to design an organization-wide marketing strategy as well as an error prevention toolkit for patients and families. FAC members also completed error prevention training.

Q24aI. The idea for Accomplishment 1 came from:

- Patient/family advisors of the PFAC
- Department, committee, or unit that requested PFAC input

Q24b. Accomplishment 2:

Appointing a FAC member to serve on a board-level committee

Q24bI. The idea for Accomplishment 2 came from:

- Patient/family advisors of the PFAC
- Department, committee, or unit that requested PFAC input

Q24c. Accomplishment 3:

Establishment of Emergency Department Family Advisory Council

Q24cI. The idea for Accomplishment 3 came from:

- Patient/family advisors of the PFAC
- Department, committee, or unit that requested PFAC input

Q24d. Accomplishment 4:

Implementation of Family Partnership Coordinator Roles (2 part-time roles in the Hale Family Center for Families dedicated to supporting family partnerships and initiatives)

Q24d. The idea for Accomplishment 4 came from:

- Patient/family advisors of the PFAC
- Department, committee, or unit that requested PFAC input

Q24e. Accomplishment 5:

Direct family impact on employees via presentations by families at New Hire Orientation and Service Excellence trainings

Q24e. The idea for Accomplishment 5 came from:

- Patient/family advisors of the PFAC
- Department, committee, or unit that requested PFAC input

Q25. **The five greatest challenges the PFAC had in FY 2016:**

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

Q25a. Challenge 1:

Ensuring cultural, ethnic, educational and socio-economic diversity on the FAC.

Q25b. Challenge 2:

Demand for family voices/feedback is greater than supply.

Q25c. Challenge 3:

Incorporating families into more quality and safety initiatives (e.g. Root Cause Analyses) within the organization.

Q25d. Challenge 4:

Partnership with department/clinic specific FACs.

Q25e. Challenge 5:

Better preparation of family members (and staff) to ensure effective integration onto the new committees/workgroups they are assigned to.

Q26. The PFAC members serve on the following hospital-wide committees, projects, task forces, work groups, or Board committees (click all that apply):

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Behavioral Health/substance use                      | <input checked="" type="checkbox"/> Eliminating Preventable Harm                               |
| <input checked="" type="checkbox"/> Bereavement  | <input checked="" type="checkbox"/> Emergency Department Patient/Family Experience Improvement |
| <input checked="" type="checkbox"/> Care Transitions                                     | <input type="checkbox"/> Ethics  |
| <input type="checkbox"/> Code of Conduct   | <input type="checkbox"/> Institutional Review Board (IRB)                                      |
| <input type="checkbox"/> Community Benefits  | <input checked="" type="checkbox"/> Patient Care Assessment                                    |
| <input type="checkbox"/> Critical Care   | <input checked="" type="checkbox"/> Patient Education  |
| <input type="checkbox"/> Other   | <input checked="" type="checkbox"/> Patient and Family Experience Improvement                  |
| <input type="checkbox"/> N/A – the PFAC members do not serve on these                    | <input type="checkbox"/> Pharmacy Discharge Script Program                                     |
| <input type="checkbox"/> Board of Directors  | <input checked="" type="checkbox"/> Quality and Safety   |
| <input type="checkbox"/> Discharge Delays  | <input checked="" type="checkbox"/> Quality/Performance Improvement                            |
| <input type="checkbox"/> Lesbian, gay, bisexual, and transgender (LGBT) – sensitive care | <input type="checkbox"/> Surgical Home   |
| <input type="checkbox"/> Drug Shortage   | <input type="checkbox"/> Culturally competent care   |

Q117. Please describe other committees, projects, task forces, work groups, or Board committees:

*This question was not displayed to the respondent.*

Q27.

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

Members either utilize Yammer to report back to the group about their individual engagements and committee/workgroup/initiative updates, or they present to the group at a monthly meeting.

Q28. The PFAC provided advice or recommendations to the hospital on the following areas mentioned in the Massachusetts law (click all that apply):

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Quality improvement initiatives                 | <input type="checkbox"/> Institutional Review Boards  |
| <input checked="" type="checkbox"/> Patient education on safety and quality matters | <input type="checkbox"/> N/A – the PFAC did not provide advice or recommendations to the hospital on these areas in FY 2016 |
| <input checked="" type="checkbox"/> Patient and provider relationships              |   |

Q29. PFAC members participated in the following activities mentioned in the Massachusetts law (click all that apply):

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

Q30. The hospital shared the following public hospital performance information with the PFAC (click all that apply):

Q30a. Complaints and serious events

- |  |  |
|--|--|
| <input type="checkbox"/> Complaints and investigations reported to Department of Public Health (DPH) | <input type="checkbox"/> Healthcare-Associated Infections (National Healthcare Safety Network) |
| <input type="checkbox"/> Serious Reportable Events reported to Department of Public Health (DPH)     | <input type="checkbox"/> Patient complaints to hospital  |

Q30b. Quality of care

- |   |   |
|---|---|
| <input type="checkbox"/> Joint Commission Accreditation Quality Report (such as asthma care, immunization, stroke care) | <input type="checkbox"/> Maternity care (such as C-sections, high risk deliveries)                    |
| <input type="checkbox"/> Medicare Hospital Compare (such as complications, readmissions, medical imaging)               | <input type="checkbox"/> High-risk surgeries (such as aortic valve replacement, pancreatic resection) |

Q30c. Resource use and patient satisfaction

- |   |   |
|---|---|
| <input type="checkbox"/> Patient experience/satisfaction scores (eg. HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems) | <input type="checkbox"/> Inpatient care management (such as electronically ordering medicine, specially trained doctors for ICU patients) |
| <input type="checkbox"/> Resource use (such as length of stay, readmissions)  |   |

Q30d. Other

- |   |                                |
|---|--------------------------------|
| <input type="checkbox"/> N/A – the hospital did not share performance information with the PFAC | <input type="checkbox"/> Other |
|---|--------------------------------|

Q 119. Please describe other hospital performance information:

*This question was not displayed to the respondent.*

Q31. Please explain why the hospital shared only the data you checked in the previous questions:

Q32. Please describe how the PFAC was engaged in discussions around these data above and any resulting quality improvement initiatives:

Q33. The PFAC participated in activities related to the following state or national quality of care initiatives (click all that apply):

Q33a. National Patient Safety Hospital Goals

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

Q33b. Prevention and errors

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

Q33c. Decision-making and advanced planning

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

Q33d.

Additional quality initiatives

- Rapid response teams
- Disclosure of harm and apology
- Integration of behavioral health care

Q33e. Other

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

Q 120. Please describe other initiatives:

*This question was not displayed to the respondent.*

Q34. Were any members of your PFAC engaged in advising on research studies?

- Yes
- No

Q35. 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)

Q36.

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

Q121. Please describe other ways that members of your PFAC are approached about advising on research studies.

*This question was not displayed to the respondent.*

Q37.

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

Q104.

**Section 6: PFAC Annual Report**

Q107.

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

Q37.5. The following individuals approved this report prior to submission (list name and indicate whether staff or patient/family advisor):

Susan Shaw, Staff Co-Chair William O'Donnell, Parent Co-Chair Kristin Erekson, FAC Liaison/Staff Member

Q38. 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

Q122. Please describe other process:

*This question was not displayed to the respondent*

Q106.

**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:**

Q39. We post the report online.

- Yes, link:
- No

Q40. We provide a phone number or e-mail address on our website to use for requesting the report.

- Yes, phone number/e-mail address:  
FamilyPartnerships@childrens.harvard.edu
- No

Q41. Our hospital has a link on its website to a PFAC page.

- Yes, link:
- No, we don't have such a section on our website