

# 2016 Annual PFAC Report: Lahey Hospital and Medical Center

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:	<input type="text" value="Denise Skrocki, Direc"/>
Email:	<input type="text" value="denise.a.skrocki@lah"/>
Phone:	<input type="text" value="781-744-8519"/>

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: Denise Skrocki, Direc  
Email: denise.a.skrocki@lah  
Phone: 781-744-8519

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):

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

Q6a. Please describe other recruitment approach:

*This question was not displayed to the respondent.*

Q7. Total number of staff members on the PFAC:

11

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

14

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

Quality & Safety –Patient Experience.

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

Director, Patient Experience. For Peabody PFAC – Nurse Manager Ambulatory Surgery.

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:

PFAC members are recognized and honored for their service at the annual Volunteer Luncheon.

## 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"):

Eastern Massachusetts (North of Boston), Southern New Hampshire, York County Maine (Total population=2,655,623).

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"):

American Indian or Alaska Native	<input type="text" value=".3%"/>
Asian	<input type="text" value="6%"/>
Black or African American	<input type="text" value="4%"/>
Native Hawaiian or other Pacific Islander	<input type="text" value="0%"/>
White	<input type="text" value="82%"/>
Other	<input type="text" value="7.7%"/>

Q91.

Don't know racial groups

Q13aE. What percentage of people in the defined catchment area are of Hispanic, Latino, or Spanish origin?

11%

Q92.

Don't know origins

Q13bR. In FY 2016, the hospital provided care to patients from the following racial groups (please provide percentages):

American Indian or Alaska Native	<input type="text" value="0%"/>
Asian	<input type="text" value="4%"/>
Black or African American	<input type="text" value="2%"/>
Native Hawaiian or other Pacific Islander	<input type="text" value="0%"/>
White	<input type="text" value="80%"/>
Other	<input type="text" value="14%"/>

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?

3%

Q95.

Don't know origins

Q13cR. In FY 2016, the PFAC **patient and family advisors** came from the following racial groups (please provide percentages):

American Indian or Alaska Native	<input type="text"/>
Asian	<input type="text"/>
Black or African American	<input type="text"/>
Native Hawaiian or other Pacific Islander	<input type="text"/>
White	<input type="text" value="100%"/>
Other	<input type="text"/>

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?

0

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)

Q126. What percentage of patients that the hospital provided care to in FY 2016 spoke the following as their primary language?

Spanish	<input type="text" value="1"/>
Portuguese	<input type="text" value=".2"/>
Chinese	<input type="text" value=".04"/>
Haitian Creole	<input type="text" value=".04"/>
Vietnamese	<input type="text" value=".05"/>
Russian	<input type="text" value=".1"/>
French	<input type="text" value=".02"/>
Mon-Khmer/Cambodian	<input type="text" value=".1"/>
Italian	<input type="text" value=".05"/>
Arabic	<input type="text" value=".1"/>
Albanian	<input type="text" value=".1"/>
Cape Verdean	<input type="text" value="0"/>

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)

Q123. In FY 2016, what percentage of PFAC **patient and family advisors** spoke the following as their primary language?

Spanish	<input type="text" value="0"/>
Portuguese	<input type="text" value="0"/>
Chinese	<input type="text" value="0"/>
Haitian Creole	<input type="text" value="0"/>
Vietnamese	<input type="text" value="0"/>
Russian	<input type="text" value="0"/>
French	<input type="text" value="0"/>
Mon-Khmer/Cambodian	<input type="text" value="0"/>
Italian	<input type="text" value="0"/>
Arabic	<input type="text" value="0"/>
Albanian	<input type="text" value="0"/>
Cape Verdean	<input type="text" value="0"/>

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:

We continue to recruit new members to the PFAC with particular focus on achieving a membership representative of the population served. We have developed a PFAC brochure and will reach out to specific ethnic groups to engage members.

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:

Agenda items are requested from the membership at the end of each meeting. Some agenda items relate to goals and a running list is kept to assure we address items as proposed by the membership. The final agenda is developed in collaboration by the co-chairs.

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. Access improvements post HER implementation: Improve ease of access and timely appointments. 2. Increase the number of Patient & Family Advisors on hospital Quality & Safety Committee and other hospital committees and task forces 3. Facility improvements: Improved signage/wayfinding, improve safety in select stairwells. 4. Recruit new members to the PFAC to achieve a diverse membership reflective of the population served. 5. Process improvements: Discharge process, Communication re: Food Services, Parking services. 6. Promote PFAC: Develop Brochure with communication plan to help recruitment efforts.

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

PFAC member recruitment subcommittee

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> PFAC submits annual report to Board | <input 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 checked="" 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.

PFAC activities may be reflected in presentations as needed. A formal report is presented to the Quality & Safety committee annually.

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

Our main vehicle for communication is email. Text messaging with specific members related to specific work or topics is also employed. Members are encouraged to join the MAHCFA list serves and participate in webinars and workgroups. We hope to expand our use of social media in the future.

Q109.

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

Q21. Number of new PFAC members this year:

Burlington = 4 , Peabody = 4

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

- |   |  |
|---|--|
| <input type="checkbox"/> Meeting with hospital staff                                      | <input checked="" 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 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 checked="" type="checkbox"/> Health care quality and safety                        | <input checked="" 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 type="checkbox"/> Information on how PFAC fits within the organization's structure |  |

Q115. Please describe other orientation content:

All PFAC advisors complete the Volunteer Orientation program and annual updates. Hospital performance is shared with the members throughout the year.

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 checked="" 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 type="checkbox"/> Hospital performance information                                | <input type="checkbox"/> Health literacy   |
| <input type="checkbox"/> Not Applicable  |  |

Q116. Please describe other topics:

- Status of patients in transition, new CMS rules for “Observation” status.
- Understanding the voice of the patient at Lahey Hospital & Medical Center – review of patient verbatims from surveys.
- Reducing Avoidable Hospital Readmissions
- Operations: Food Services, Signage, Entertainment, and Parking status, concerns, opportunities.
- Lahey Health Web Site Development: Regulations that support or challenge recommended improvements.
- Benefits of MA HCFA annual PFAC meetings: Reflections from attendees.
- Early ambulation of ventilated patients.

**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:

Development of the PFAC recruitment sub-committee.

Q24a1. The idea for Accomplishment 1 came from:

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

Q24b. Accomplishment 2:

Improved signage for Cancer Services locations

Q24b1. The idea for Accomplishment 2 came from:

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

Q24c. Accomplishment 3:

Entertainment: Improvements in use and utility of inpatient TV and system.

Q24c/. The idea for Accomplishment 3 came from:

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

Q24d. Accomplishment 4:

Patients on committees: • Readmission SWAT Team • Baldrige Assessment • Discharge Process Improvement Team • Patient Education Task Force • Patient Falls Committee • Departmental relocations • NICHE program

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:

Improved Communications: Related to parking services and food services for patients and families.

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:

Recruitment with attention to a diverse membership has been our most challenging item this past year.

Q25b. Challenge 2:

Achieving recommended improvements in the light of the current economic challenges and multiple, though important, priorities.

Q25c. Challenge 3:

Identifying thoughtful and effective solutions to the parking challenges for patients and families.

Q25d. Challenge 4:

Educating Lahey Colleagues to the PFAC roles and responsibilities and potential options for partnership.

Q25e. Challenge 5:

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

- |  |   |
|--|---|
| <input type="checkbox"/> Behavioral Health/substance use                                 | <input checked="" type="checkbox"/> Eliminating Preventable Harm                    |
| <input type="checkbox"/> Bereavement   | <input 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 checked="" 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 checked="" type="checkbox"/> Discharge Delays                                     | <input 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 checked="" 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 provide committee work report out's at PFAC monthly meetings or may provide a formal presentation as update to the council.

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 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 checked="" type="checkbox"/> Healthcare-Associated Infections (National Healthcare Safety Network) |
| <input checked="" type="checkbox"/> Serious Reportable Events reported to Department of Public Health (DPH) | <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Patient experience/satisfaction scores (eg. HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems) | <input checked="" type="checkbox"/> Inpatient care management (such as electronically ordering medicine, specially trained doctors for ICU patients) |
| <input checked="" 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 |
|---|--------------------------------|

Q119. 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:

The hospital is committed to transparency. The information shared was directly related to the collaborative agenda items for each meeting. We have previously shared the Joint Commission survey results and any follow up items required if needed and will continue to do so. We are very transparent related to issues involving patients and families with the PFAC.

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

A Quality & Safety Report is provided by the Chief Medical Officer which includes the Quality & Safety Dashboard, Hospital Acquired Infections, Immunizations, Mortality, Readmissions, patient complaints/comments and any timely information specific to the Lahey Hospital & Medical Center Quality of Care. Leadership is transparent about the findings. Patient/Family advisors have been invited to sit on committees such as Patient Falls, Readmissions, Discharge Process Improvement, Workplace Violence, Medication Reconciliation, Pressure Ulcer Improvement, Patient Experience, Quality & Safety Committee, etc. Patients/family advisors are engaged as partners on the teams whenever possible. Improvements are made at the committee level and reported back to the PFAC.

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

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Identifying patients correctly | <input checked="" type="checkbox"/> Preventing infection             |
| <input type="checkbox"/> Using medicines safely                    | <input checked="" type="checkbox"/> Identifying patient safety risks |
| <input type="checkbox"/> Using alarms safely                       | <input type="checkbox"/> Preventing mistakes in surgery              |

Q33b. Prevention and errors

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Hand-washing initiatives   | <input type="checkbox"/> Team training  |
| <input checked="" type="checkbox"/> Checklists   | <input checked="" type="checkbox"/> Electronic Health Records –related errors |
| <input checked="" type="checkbox"/> Fall prevention  | <input checked="" type="checkbox"/> Safety                                    |
| <input checked="" type="checkbox"/> Care transitions (e.g., discharge planning, passports, care coordination, and follow up between care settings) | <input type="checkbox"/> Human Factors Engineering                            |

Q33c. Decision-making and advanced planning

- |  |   |
|--|---|
| <input type="checkbox"/> Informed decision making/informed consent       | <input type="checkbox"/> Health care proxies  |
| <input type="checkbox"/> Improving information for patients and families | <input checked="" type="checkbox"/> End of life planning (e.g., hospice, palliative, advanced directives) |

Q33d.

Additional quality initiatives

- |   |  |
|---|--|
| <input type="checkbox"/> Rapid response teams           | <input type="checkbox"/> Integration of behavioral health care |
| <input type="checkbox"/> Disclosure of harm and apology |  |

Q33e. Other

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

*This question was not displayed to the respondent.*

Q36.

How are members of your PFAC approached about advising on research studies?

*This question was not displayed to the respondent.*

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?

*This question was not displayed to the respondent.*

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):

Helen Cushman Jim Smith Judi Catalano Denise Skrocki Kevin Cushman Ralph Stover Joanne Conroy Andrew Villanueva Jennifer Cyrs Debbie Torchetti Melissa Culkins Debbie Zarrella Den Delorey Barry Yanes Rosemarie Delacy Ruth Gerath Tracy Galvin Patrice Baril Joyce Graham Robert Butterworth Rosemary Kinser Julie Carey Dotty MacDonald Marlene McArdle Stephanie Lenzi Robert Marquis Rich Pozniak Barbara Habina Maureen McLaughlin Patrice Baril Rosalie Schniederjans Susan Rummell

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:

Collaborative process: the Co-chairs of the PFACs both wrote and/or edited the report

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:

Phone: 781-744-1039 e-mail: PFAC@Lahey.org

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