



## PFAC Annual Report Form

Health Care for All (HCFA) is a Massachusetts nonprofit advocacy organization. We work to create a health care system that provides comprehensive, affordable, accessible, and culturally competent care to everyone, especially the most vulnerable among us. We achieve this as leaders in public policy, advocacy, education and service to consumers in Massachusetts.

- **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>. These reports must be made available to members of the public upon request. As we have in past years, we are requesting a copy of your report, and suggest that you use our template/web based system to assist you in collecting information.

- **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
- use all information submitted to develop the annual Massachusetts PFAC Report
- share the data so that PFACs can learn about what other groups are doing and HCFA can learn about the best ways for us to support PFACs

If you choose to use the template, we encourage you to use our web-based survey. Follow [this link](#) to complete your report. Once the survey is completed, you will be directed to a summary of your responses, which you will be able to either save as a PDF or copy and paste into another document for your own reporting.

If you wish to use this Word document or any other form, please email it to [PFAC@hcfama.org](mailto:PFAC@hcfama.org).

- **Who can I contact with questions?**

Please contact us at [PFAC@hcfama.org](mailto:PFAC@hcfama.org) or call us at 617-275-2919.

Reports should be completed by October 1, 2017.

## 2017 Patient and Family Advisory Council Annual Report Form

### The survey questions concern PFAC activities in fiscal year 2017 only.

1. Hospital Name: Baystate Franklin Medical Center

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.

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: Joanne Peterson (through 9/22/17) and Tony Triano (after 9/22/17)
- 2b. Email: [joanne.peterson@baystatehealth.org](mailto:joanne.peterson@baystatehealth.org) or [anthony.triano@baystatehealth.org](mailto:anthony.triano@baystatehealth.org)
- 2c. Phone: 413-773-2286 or 413-773-2295
- Not applicable

4. Patient/Family PFAC Co-Chair Contact:

- 3a. Name and Title: Heidi Streeter
- 3b. Email: hsstreeter@verizon.net
- 3c. Phone: 413-896-6293
- 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:

- 5a. Name and Title: \_\_\_\_\_

5b. Email: \_\_\_\_\_

5c. Phone: \_\_\_\_\_

Not applicable

## Section 1: 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 and Twitter
- Hospital banners and posters
- Hospital publications
- Houses of worship
- 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: via the patient relations complaint resolution process

8. Total number of staff members on the PFAC: 2.

9. Total number of patient or family member advisors on the PFAC: 12.

10. The name of the hospital department supporting the PFAC is: Process Improvement

11. The hospital position of the PFAC Staff Liaison/ Coordinator is Manager, Process Improvement

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: \_\_\_\_\_)
- N/A

## Section 2: 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: Franklin County plus bordering towns in the North Quabbin and northern Hampshire County regions as well as southern Vermont and New Hampshire border towns.  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 American	Native Hawaiian or other Pacific Islander	White	Other	Hispanic, Latino, or Spanish origin	
14a. Our defined catchment area	0.0%	1.0%	1.0%	0.1%	95.0%	2%	4%	<input type="checkbox"/> Don’t know
14b. Patients the hospital provided care to in FY 2017	0.2%	0.6%	2.0%	0.0%	95.5%	1.7%	3.9%	<input type="checkbox"/> Don’t know
14c. The PFAC patient and family advisors in FY 2017	We do not ask the racial and/or ethnic makeup of our member-advisors but believe our membership to be representational of our catchment area’s demographics.							<input type="checkbox"/> Don’t know

15. Tell us about languages spoken in these areas (please provide percentages; if you are unsure of the percentages select “don’t know”):

	Limited English proficiency (LEP) %	
15a. Patients the hospital provided care to in FY 2017	1.00% (FY 16)	<input type="checkbox"/> Don’t know
15b. PFAC patient and family advisors in FY2017	0.00%	<input type="checkbox"/> Don’t know

**15c. What percentage of patients that the hospital provided care to in FY 2017 spoke the following as their primary language?**

Total <b>unduplicated patients</b> served this fiscal year hospital wide:	33,544
Total <b>inpatient encounters</b> this fiscal year hospital wide:	5,091
Total <b>outpatient encounters</b> this fiscal year hospital wide:	112,015
Total <b>Interpreter Service requests</b> this fiscal year, including Face to Face, telephonic, video, ASL:	1,264
Total completed Interpreter Service requests this fiscal year, including Face to Face, telephonic, video, ASL:	1,264
Total number of <b>ED visits</b> this fiscal year:	25957
Total number of <b>ED Interpreter Service requests</b> this fiscal year:	258
Total number of completed ED interpretation sessions this fiscal year:	258

Language	Number of requests	As a percentage of unduplicated patients
Arabic	0	< 1%
ASL	35	< 1%
Khmer/Cambodian	17	< 1%
Chinese – Mandarin	56	< 1%
French	1	< 1%
Greek	1	< 1%
Gujarati	0	< 1%
Hindi	0	< 1%
Japanese	0	< 1%
Korean	24	< 1%
Nepali	4	< 1%
PortugueseContinental	8	< 1%
Portuguese-Brazilian	3	< 1%
Romanian	125	< 1%
Spanish	708	2%
Thai	5	< 1%
Tibetan	30	< 1%
Turkish	0	< 1%
Urdu	1	< 1%
Vietnamese	1	< 1%
Other	96	< 1%
<b>Calculated Total</b>	<b>1,115</b>	

**15d. In FY 2017, what percentage of PFAC patient and family advisors spoke the following as their primary language?**

	%
Spanish	0
Portuguese	0
Chinese	0
Haitian Creole	0
Vietnamese	0
Russian	0
French	0
Mon-Khmer/Cambodian	0
Italian	0
Arabic	0
Albanian	0
Cape Verdean	0
Moldovan	1 Person

Don't know

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

Our advisors are representative of our catchment area. We have members young and old, of different socio-economic backgrounds, and from all corners of our largely rural service area. Some of our members work, others are retired, and some live with a disability. We are proud to have an advisor who is an advocate for and has lived experience in the local mental health support community. We have learned from our Moldovan advisor, and will seek to apply those lessons to recruit one or more members from the Hispanic/Latino community.

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## Section 3: PFAC Operations

### 17. Our process for developing and distributing agendas for the PFAC meetings (choose):

- 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. (Please describe below in #17a)
- 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:

### 17b. If other process, please describe:

PFAC members are invited to email or call co-chairs with any agenda topics. We also allow for new agenda items to be suggested at the start of every meeting. Our agenda planning process is largely driven by goals established collaboratively with the member-advisors.

### 18. The PFAC goals and objectives for 2017 were: (check 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 for FY 2017 – **Skip to #18**

### 19. The PFAC had the following goals and objectives for 2017:

1. To attend the Baystate Health Patient Experience Conference
2. To plan and execute hosting a Baystate system-wide collaborative PFAC meeting
3. To collaborate with the PFACs of other Baystate Health hospitals on issues of mutual concern
4. To manage the transition of the PFACs senior leader sponsor with minimal impact to advisors
5. To recruit and retain additional advisors
6. To learn more about the Baystate Medical Practices, how they are related to the hospital, and how PFAC may be impactful
7. To educate advisors and hospital leaderships on the mutual benefit of having advisors at safety/quality committee meetings, and to develop a plan for embedding advisors on standing committees according to interests

### 20. Please list any subcommittees that your PFAC has established:

None

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**21. How does the PFAC interact with the hospital Board of Directors (check all that apply):**

- 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: PFAC submits semi-annual (twice a year) reports to the Quality Committee of the Baystate Health Board of Trustees.)
- 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:**

We use email regularly for agendas, minutes, meeting reminders, new events of interest in-between meetings, staffing or leadership changes, and general communications amongst ourselves.

We do have advisors who do not or cannot communicate by email (for example, section of Franklin County not yet served by internet; limited access to technology) so we communicate via telephone and/or mail.

- N/A – We don't communicate through these approaches

## Section 4: Orientation and Continuing Education

23. Number of new PFAC members this year: 2

24. Orientation content included (check all that apply):

- "Buddy program" with experienced members
- Check-in or follow-up after the orientation
- Concepts of patient- and family-centered care (PFCC)
- General hospital orientation
- Health care quality and safety
- History of the PFAC
- Hospital performance information
- Immediate "assignments" to participate in PFAC work
- Information on how PFAC fits within the organization's structure
- In-person training
- Massachusetts law and PFACs
- Meeting with hospital staff
- Patient engagement in research
- PFAC policies, member roles and responsibilities
- Skills training on communication, technology, and meeting preparation
- Other (Please describe below in #24a)
- N/A – the PFAC members do not go through a formal orientation process

24a. If other, describe: PFAC advisors are part of the volunteer department onboarding system

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 patient discharge, etc)
- Hospital performance information
- Patient engagement in research
- Types of research conducted in the hospital
- Other (Please describe below in #25a)
- N/A – the PFAC did not receive training

25a. If other, describe:

## Section 5: FY 2017 PFAC Impact and Accomplishments

The following information only concerns PFAC activities in the fiscal year 2017.

### 26. The five greatest accomplishments of the PFAC were:

Accomplishment	Idea came from...	PFAC role can be best described as...
<p><b>26a. Accomplishment 1:</b></p> <p>Advisors executed a plan we developed together to host a system-wide collaborative at BFMC – this included tours, a presentation on the history of the hospital, meal and agenda planning, etc.</p>	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input	<input type="checkbox"/> Being informed about topic <input type="checkbox"/> Providing feedback or perspective <input checked="" type="checkbox"/> Discussing and influencing decisions/agenda <input checked="" type="checkbox"/> Leading/co leading
<p><b>26b. Accomplishment 2:</b></p> <p>PFAC advisors met with hospital President and Chief Administrative Officer, Cindy Russo, so that she could provide updates about labor management at the hospital and hear advisors’ perspectives on nursing negotiations, the possibility of a nursing strike, and the election of bargaining units in other areas of the hospital. Following the strike, there was additional facilitated conversation at the advisor level in regard to media coverage and community perspectives.</p>	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input	<input checked="" type="checkbox"/> Being informed about topic <input checked="" type="checkbox"/> Providing feedback or perspective <input type="checkbox"/> Discussing and influencing decisions/agenda <input type="checkbox"/> Leading/co leading
<p><b>26c. Accomplishment 3:</b></p> <p>The PFAC advisors learned about the work of CHART II (Community Hospital Acceleration, revitalization, and Transformation) from a grant leader and clinician. The advisors were able to learn about the work the CHART team has done to reduce readmissions by “meeting the patients where they are at” – including in tent camps or homeless shelters. Follow up opportunities may include advisor input on a web-based resource in development.</p>	<input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input	<input checked="" type="checkbox"/> Being informed about topic <input checked="" type="checkbox"/> Providing feedback or perspective <input type="checkbox"/> Discussing and influencing decisions/agenda <input type="checkbox"/> Leading/co leading
<p><b>26d. Accomplishment 4:</b></p> <p>Wayfinding is a topic that BFMC’s advisors especially love to influence. A new map was being designed and the PFAC was able to list sixteen opportunities to improve the usefulness and readability of the map.</p>	<input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input	<input type="checkbox"/> Being informed about topic <input checked="" type="checkbox"/> Providing feedback or perspective <input type="checkbox"/> Discussing and influencing decisions/agenda <input type="checkbox"/> Leading/co leading

<p><b>26e. Accomplishment 5:</b></p> <p>The advisors have gracefully handled multiple transitions this year. The PFAC's administrative co-chair, who also established the initial PFAC, left the organization in September 2016. The current administrative co-chair will be leaving the organization at the end of September 2017. One advisor has asked to leave, and others to be semi-permanently excused due to health concerns for themselves or loved ones. Two additional advisors have been recruited and began attending, one in July and one in September.</p>	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input	<input checked="" type="checkbox"/> Being informed about topic <input checked="" type="checkbox"/> Providing feedback or perspective <input checked="" type="checkbox"/> Discussing and influencing decisions/agenda <input type="checkbox"/> Leading/co leading
<p><b>26f. Accomplishment 6:</b></p> <p>A goal was to learn more about the various committees at BFMC and determine if there was mutual interest in adding an advisor. There are several advisors interested, and some nurse leaders. This goal and accomplishment are not complete and are a focus of ongoing work.</p>	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input	<input type="checkbox"/> Being informed about topic <input checked="" type="checkbox"/> Providing feedback or perspective <input checked="" type="checkbox"/> Discussing and influencing decisions/agenda <input type="checkbox"/> Leading/co leading
<p><b>26g. Accomplishment 7:</b></p> <p>The advisors had wondered what BFMC's relationship was to the adjacent Baystate Medical Practices. They wondered if there were ways PFAC could be helpful, and if it really made sense for the hospital and the practices to be divided, since patients see them all as one operation. To that end, administrative and medical leadership from the practices will attend the September 21 PFAC meeting, and advisors will be recruited from the family medicine practice to join the PFAC. This will be an ongoing goal in to 2018.</p>	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input	<input type="checkbox"/> Being informed about topic <input checked="" type="checkbox"/> Providing feedback or perspective <input checked="" type="checkbox"/> Discussing and influencing decisions/agenda <input type="checkbox"/> Leading/co leading

**27. The five greatest challenges the PFAC had in FY 2017:**

**27a. Challenge 1:**

Despite adding two advisors this year, recruitment continues to be a challenge. It is difficult to find interested parties who are available on a consistent basis. This is a particular challenge for parents of young children and working families, whom we very much want to engage in patient and family centered care initiatives.

**27b. Challenge 2:**

The PFAC has experienced changes in leadership and membership which has impacted the council's ability to move from one of reactive advising to one of leading

**27c. Challenge 3:**

The whole BFMC community was impacted by labor relations and a nursing strike. This took agenda time at PFAC meetings, for example.

**27d. Challenge 4:**

The PFAC has been asked to think about how advisors might impact hand hygiene – whether that might be impacting the educational material given to patients/visitors, or participation on committees or doing secret observations is still unresolved. This challenge is due in large part to this not being a topic of high interest to the membership.

**27e. Challenge 5:**

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N/A – we did not encounter any challenges in FY 2017

**28. The PFAC 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
- 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
- Patient Education
- Patient and Family Experience Improvement
- Pharmacy Discharge Script Program
- Quality and Safety
- Quality/Performance Improvement
- Surgical Home
- Other (Please describe: \_\_\_\_\_)
- N/A – the PFAC members do not serve on these – **Skip to #30**

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

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

- Institutional Review Boards
- Patient and provider relationships
- Patient education on safety and quality matters
- Quality improvement initiatives

N/A – the PFAC did not provide advice or recommendations to the hospital on these areas in FY 2017

**31. PFAC members participated in the following activities mentioned in the Massachusetts law (check all that apply):**

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

**32. The hospital shared the following public hospital performance information with the PFAC (check all that apply):**

**32a. Complaints and serious events**

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

**32b. Quality of care**

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

**32c. Resource use, patient satisfaction, and other**

- Inpatient care management (such as electronically ordering medicine, specially trained doctors for ICU patients)
- Patient experience/satisfaction scores (eg. HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems)
- Resource use (such as length of stay, readmissions)
- Other (Please describe: \_\_\_\_\_)

N/A – the hospital did not share performance information with the PFAC – **Skip to #35**

**33. Please explain why the hospital shared only the data you checked in Q 32 above:**

The amount and types of data shared is limited largely by advisor appetite for these data as well as for time on the agenda. Our PFAC has increased the frequency of meetings and still cannot cover all of these materials as well as other the agenda items.

**34. Please describe how the PFAC was engaged in discussions around these data in #32 above and any resulting quality improvement initiatives:**

More and more data are being shared with the advisors. The advisors were educated about the history and context for some of these measures (for example, perusing Hospital Compare together in a meeting) as well as having the data provided. Our PFAC benefits from having a direct connection to quality, process improvement, and patient relations functions. The PFAC co-chair is the manager for these areas and is able to be a conduit between the clinical teams and the advisors.

**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 mistakes in surgery
- Using medicines safely
- Using alarms safely

**35b. Prevention and errors**

- Care transitions (e.g., discharge planning, passports, care coordination, and follow up between care settings)
- Checklists
- 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
- 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 \_\_\_\_\_)

N/A – the PFAC did not work in quality of care initiatives in 2017

**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

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)

**38. 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 (Please describe below in #38a)

None of our members are involved in research studies

**38a. If other, describe:**

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**39. 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.

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

This report will be shared electronically via mail with all advisors, and will be on the agenda for approval the September 21, 2017 meeting.

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: <http://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: Hyperlink to an email
- No

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

- Yes, link: <http://www.baystatehealth.org/about-us/community-programs/health-initiatives/patient-family-advisory-council>
- No, we don't have such a section on our website