



HEALTH CARE FOR ALL



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 1st 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, www.hcfama.org. 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 PFAC@hcfama.org or call us at 617-275-2982.

If you wish to use this Word document or any other form, please email it to
PFAC@hcfama.org.

Reports should be completed by October 1, 2020.

2020 Patient and Family Advisory Council Annual Report Form

The survey questions concern PFAC activities in fiscal year 2020 only: (July 1, 2019 – June 30, 2020).

Section 1: General Information

1. Hospital Name: Dana-Farber Cancer Institute

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.

1a. 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):

1b. Will another PFAC at your hospital also submit a report?

- Yes
- No
- Don't know

1c. 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: N/A
- 2b. Email:
- 2c. Phone:
- Not applicable

4. Patient/Family PFAC Co-Chair Contact:

- 3a. Name and Title: Erica Bernstein, Co-Chair, Adult PFAC
- 3b. Email: ebapfac@gmail.com
- 3c. Phone:
- 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: Renee Siegel, Program Manager
- 6b. Email: Renee_siegel@dfci.harvard.edu
- 6c. Phone: 617-632-4527
- 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):
- N/A – we did not recruit new members in FY 2020

8. Total number of staff members on the PFAC: 5 voting staff members on the Adult PFAC and 5 voting staff members on the Pediatric PFAC

9. Total number of patient or family member advisors on the PFAC: 20 patients/caregivers for the Adult PFAC and 12 for the Pediatric PFAC

10. The name of the hospital department supporting the PFAC is: Nursing and Patient Care Services

11. The hospital position of the PFAC Staff Liaison/Coordinator is: Program/Project Manager

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 childcare or elder care (we have the ability to make this available, but have not provided this yet)
- Stipends (we have the ability to make this available, but have not provided this yet)
- Translator or interpreter services
- Other (Please describe):
- N/A

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:

Dana-Farber defines the catchment area as Boston’s priority neighborhoods, which include Roxbury, Mission Hill, Dorchester, Mattapan, and Jamaica Plain. Dana-Farber’s prioritization of these five neighborhoods within its local service area reflects a commitment to reducing the health disparities in cancer care and improving the overall health and well-being of neighborhood residents.

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								
Dorchester	Included	9.4%	45.5%		21.5%	5.6%	18.1%	<input type="checkbox"/> Don’t know
Jamaica Plain	in ‘other’	6.2%	11.2%	Included in	55.1%	3.9%	23.7%	
Mattapan		1.8%	73%	‘other’	6.8%	3.1%	15.3%	
Mission Hill		18.5%	15.9%		43.9%	1.7%	20.0%	
Roxbury		3.7%	51.5%		10.5%	4.3%	30.0%	
14b. Patients the hospital provided care to in FY 2020	Included in ‘other’	2.97%	4.22%	Included in ‘other’	82.46%	3.81%	1.05%	<input type="checkbox"/> Don’t know
14c. The PFAC patient and family advisors in FY 2020	0%	6%	6%	0%	85%	0%	3%	<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 2020	3.8%	<input type="checkbox"/> Don't know
15b. PFAC patient and family advisors in FY 2020	0	<input type="checkbox"/> Don't know

15c. What percentage of patients that the hospital provided care to in FY 2020 spoke the following as their primary language?

	%
Spanish	1.5%
Portuguese	.3%
Chinese-Cantonese	.1%
Chinese-Mandarin	.3%
Haitian Creole	.1%
Vietnamese	.1%
Russian	.3%
French	0%
Mon-Khmer/Cambodian	Unknown
Italian	0%
Arabic	.4%
Albanian	.1%
Cape Verdean	Unknown

Don't know

15d. In FY 2020, 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	1%
Arabic	1%
Albanian	0
Cape Verdean	0
Yoruba	1%

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: To ensure that the Adult PFAC and Pediatric PFAC are representative of the entire patient voice, DFCI staff and PFAC members have recently created a combined Adult and Pediatric PFAC Inclusion, Diversity & Equity Workgroup. Members of this subcommittee meet regularly to discuss recruitment strategies, as well as training and development opportunities for current Council members – both PFACs completed an unconscious bias training through the Dana-Farber Human Resources Department and are currently working on a “I, D, E Check List” for PFAC members to account for diversity and equity when participating on Dana-Farber projects and committees. The PFAC marketing team, joint Adult and Pediatric PFAC subcommittee, has deployed targeted recruitment messages for newsletters that reach diverse patient populations. We've sent messages targeting young adult patients, people of color, the LGBT patient and caregiver community, and former pediatric patients for the Pediatric PFAC. We have also launched an e-advisor program for adult and pediatric oncology patients and family members to participate in patient engagement activities remotely. The program’s mission is to offer a flexible option for involvement – there is an abbreviated screening, onboarding, and training process.

In addition, both PFACs have partnered closely with Dana-Farber’s Chief Inclusion and Diversity Officer to provide insight on Dana-Farber’s organization-wide diversity, inclusion, and equity goals and strategies. The Chief Inclusion and Diversity Officer has attended several monthly PFAC meetings and also has regular check-ins scheduled with PFAC’s program manager.

Section 4: 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: Two to four weeks prior to each Adult and Pediatric PFAC meetings, the Program Manager and PFAC co-chairs have a planning meeting. During the planning meeting, the Program Manager and co-chairs introduce potential presentations/talks and the group determines which presentations are relevant and plans the sequence of the meetings. These planning meetings also include discussions around meeting activities and workgroups. In some cases, the co-chairs and manager will meet with the interested presenter beforehand to ensure the topic is a good fit for an upcoming meeting - they will also use this time to prep the presenter. The Program Manager creates a draft agenda after the planning meeting and sends to the Co-Chairs for approval prior to

distributing to the other members and staff. The agenda and meeting presentations (when appropriate) are sent to the Council the Friday before the meeting.

17b. If other process, please describe:

18. The PFAC goals and objectives for 2020 were: (check the best choice):

- Developed by staff alone
- Developed by staff and reviewed by PFAC members
- Developed by PFAC members and staff: First developed by PFAC members and then reviewed by staff
- N/A – we did not have goals for FY 2020– **Skip to #20**

19. The PFAC had the following goals and objectives for 2020:

Pediatric PFAC 2020 Goals: The Pediatric PFAC was unable to establish goals during 2020 due to the timing of COVID-19 and its impact on the goal-setting process.

Adult PFAC 2020 Goals:

- Adult PFAC will continue to work with DFCI staff and leadership to identify and provide a trained patient/family core group to participate in research related activities.
- Adult PFAC will continue to work with DFCI staff and leadership to support and implement initiatives aimed at the growth of patient volume locally, nationally and internationally.
- Adult PFAC will continue to work with DFCI staff and leadership to deepen the patient and family centered experience at the Institute.
- Adult PFAC will work towards having an inclusive and diverse council with high levels of engagement.
- Adult PFAC will continue to work on measures to improve operational efficiency, DFCI engagement, and council member productivity.

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

- Pediatric PFAC Jimmy Fund Clinic Walkaround Workgroup
- Adult and Pediatric PFAC Marketing and Recruitment Team
- Adult and Pediatric Inclusion, Diversity, and Equity Workgroup

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):
- 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: Majority of communication in between meetings are via email (or over the phone). PFAC works closely with Dana-Farber's Communications Department to utilize social media tools for recruitment and promoting awareness

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

Section 5: Orientation and Continuing Education

23. Number of new PFAC members this year: 3 on the Adult PFAC and 3 on the Pediatric PFAC (6 total)

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:

All Adult and Pediatric PFAC members complete a Volunteer Services training, PFAC training, and an Occupational Health screening (when PFAC is able to volunteer onsite).

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
- Other (Please describe below in #25a)
- N/A – the PFAC did not receive training

25a. If other, describe: Unconscious Bias Trainings

Section 6: FY 2020 PFAC Impact and Accomplishments

The following information only concerns PFAC activities in the fiscal year 2020.

26. Please share the following information on the PFACs accomplishments and impacts:

26a. What were the three greatest accomplishments/impacts of the PFAC related to providing feedback or perspective?

Accomplishment/Impact	Idea came from (choose one)
<p>Adult PFAC Accomplishment/Impact 1: Covid-19 safety procedures communication to patients/family: Adult PFAC members were involved with giving feedback to communication strategies around safety guidelines, visiting guidelines during the pandemic, encouragement to return to in-person visits after the surge, and to directly help patients adjust to telehealth by volunteering for patient reminder appointments and telehealth instructions.</p> <p>Pediatric PFAC Accomplishment/Impact 1: Pediatric PFAC Jimmy Fund Clinic Walk Around Program - members met with patients and families on a monthly basis to discuss opportunities/concerns related to the patient experience and submitted a written report to leadership. Any safety concerns were brought to staff immediately.</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input
<p>Adult PFAC Accomplishment/Impact 2: Transition to outpatient approaches to previously inpatient</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input

chemotherapeutic treatments: Adult PFAC members worked closely with staff to inform patient-centered strategies to move BMT and intensive chemotherapeutic regimens from the hospital to outpatient strategies. Involved in all levels from patient communication to safety protocols to patient financial support.

Pediatric PFAC

Accomplishment/Impact 2:

Successfully recruited new Pediatric PFAC membership to account for members who are transitioning off the Pediatric PFAC due to the newly instituted term limits.

Adult PFAC

Accomplishment/Impact 3:

Research support: Adult PFAC members helped with multiple PCORI and other research programs as advisors and evaluators.

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

26b. What were the three greatest accomplishments/impacts of the PFAC related to influencing the institution's financial and programmatic decisions?

Accomplishment/Impact

Idea came from (choose one)

Adult PFAC

Accomplishment/Impact 1:

Satellite expansion: Adult PFAC has been involved in multiple levels of planning for DFCI expansion. Adult PFAC members have partnered with DFCI to successfully plan and open multiple satellites from design to patient services to patient/family communication to available clinical services.

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

Pediatric PFAC

Accomplishment/Impact 1:

<p>Pediatric PFAC provided feedback on a new Young Adult Program physical waiting space to build community amongst the young adult patient population.</p>	
<p>Adult and Pediatric PFAC Accomplishment/Impact 2: Philanthropy planning: Adult PFAC members consulted with Philanthropy on adjustments to events due to COVID-19 and the Pediatric PFAC assisted with the design of a new display that would raise significant funds through naming opportunities.</p>	<p><input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input</p>
<p>Adult and Pediatric PFAC Accomplishment/Impact 3: Legislative advocacy: Adult and Pediatric PFAC members participated in advocacy to support issues (e.g. Census2020, Telehealth legislation) that affect DFCI's financial outlook.</p>	<p><input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input</p>

26c. What were the three greatest accomplishments/impacts of the PFAC related leading/co-leading programs and initiatives?

Accomplishment/Impact	Idea came from (choose one)
<p>Adult and Pediatric PFAC Accomplishment/Impact 1: Inclusion & Diversity: Adult and Pediatric PFAC has had an ongoing I&D workgroup for many years and was well positioned to support DFCI in responding to the racial and social injustice in 2020. The PFACs have worked together with DFCI's Office of Inclusion and Diversity on numerous programs (listening programs, support for and participation in unconscious bias training, and in advocating for transparency around patient cancer care equity).</p>	<p><input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input</p>

<p>Adult and Pediatric PFAC Accomplishment/Impact 2: Development of COVID-19 open forums targeted to adult and pediatric patients and families detailing DFCI response to COVID-19 and information sharing.</p>	<p><input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input</p>
<p>Adult PFAC Accomplishment/Impact 3: Improving formal tracking of Adult PFAC activities and influence in order to support PFAC member engagement and sense of fulfillment.</p>	<p><input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input</p>

27. The five greatest challenges the PFAC had in FY 2020:

Challenge 1: COVID-19 pandemic/crisis

Challenge 2: Transitioning all PFAC volunteering and activities to virtual; having to pause in-person volunteering programs including the Weekend Initiative and the JFC Walkaround Program (Pediatric PFAC)

Challenge 3: Responding to racial inequity/injustice from the PFAC and patient perspective

Challenge 4:

Challenge 5:

N/A – we did not encounter any challenges in FY 2020

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 (Adult and Pediatric PFAC via QIRM)
- Care Transitions (Presentations to Adult and Pediatric PFAC)
- Code of Conduct
- Community Benefits (Presentations to Adult and Pediatric PFAC)
- Critical Care (Adult and Pediatric PFAC)
- Culturally Competent Care (Presentations Adult and Pediatric PFAC)
- Discharge Delays
- Diversity & Inclusion (Presentations to Adult and Pediatric PFAC)

- Drug Shortage
- Eliminating Preventable Harm (Adult and Pediatric PFAC)
- Emergency Department Patient/Family Experience Improvement
- Ethics
- Institutional Review Board (IRB)
- Lesbian, Gay, Bisexual, and Transgender (LGBT) – Sensitive Care (Adult PFAC)
- Patient Care Assessment (Adult and Pediatric PFAC)
- Patient Education (Adult PFAC)
- Patient and Family Experience Improvement (Adult and Pediatric PFAC)
- Pharmacy Operations and Quality (Adult and Pediatric PFAC)
- Quality and Safety (Adult and Pediatric PFAC)
- Quality/Performance Improvement (Adult and Pediatric PFAC)
- Surgical Home
- Other (Please describe): COVID-19 and transition to telehealth (Adult and Pediatric PFAC)
- 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?

Verbal updates at Adult PFAC and Pediatric PFAC meetings (we are working on a more efficient/effective system).

This year, the Adult PFAC also created a reporting form for members to complete on a monthly basis which allows members to select the status of various projects and committees.

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 2020

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: As mentioned above, 1 Adult and 1 Pediatric PFAC member participate in a board/leadership level committee named the "Quality Improvement and Risk Management Committee" (QIRM). This high-level and confidential committee shares information addressed in all check boxes above and engages PFAC during and after meetings. The 2 PFAC representatives are core members of this committee. Additionally, we have 1 Adult and 1 Pediatric PFAC representatives on the Grievance Committee and a staff representative on the Quality Improvement Committee.

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

They are active participants on project teams and committees. Members receive meeting materials prior to meetings via email as well as review materials during meetings with other project team members. They play active roles and participate as any other project team member would.

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

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

- Yes (Adult PFAC)
- 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:

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 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):

Renee Siegel, MSW, LCSW Program Manager, PFAC
Deanna Abrams, Co-Chair, Pediatric PFAC
Nicole Abair, Co-Chair, Pediatric PFAC
Gabby Spear, Co-Chair, Adult PFAC
Erica Bernstein, Co-Chair, Adult PFAC

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:
- 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:
- No

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

- Yes, link: www.dana-farber.org/pfac
- No, we don't have such a section on our website