



PFAC Annual Report

Form

Health Care For All (HCFA) advocates for health justice in Massachusetts by working to promote health equity 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 envisions a day when 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 which will be posted on HCFA's website, <https://hcfama.org/pfac/>. 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 atappan@hcfama.org or call us at 617-275-2982.

Please email completed forms to PFAC@hcfama.org.

Reports should be completed by October 1, 2021.

2021 Patient and Family Advisory Council Annual Report Form

The survey questions concern PFAC activities in fiscal year 2021 only: (July 1, 2020 – June 30, 2021).

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 the completion of an individual report for each hospitals-wide PFAC.

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): (We have an Adult PFAC and Pediatric PFAC; this report is for both)

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:
- 2b. Email:
- 2c. Phone:
- Not applicable

4. Patient/Family PFAC Co-Chair Contact:

- 3a. Name and Title:
Nicole Abair, Pediatric PFAC, Co-Chair
- 3b. Email:
nrabair05@gmail.com
- 3c. Phone: 617-875-2904
- Not applicable

Erica Bernstein, Adult PFAC, Co-Chair
ebapfac@gmail.com
617-669-6654

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: Monica Lazaro Davadi, Program Manager, PFAC
- 6b. Email: monican_lazarodavadi@dfci.harvard.edu
- 6c. Phone: (786)908-3812
- 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:

Pedi 10 staff members (5 have voting privileges)

Adult 11 staff members (5 have voting privileges)

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

Pedi 10 members

Adult 18 members

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 Manager, Patient and Family Advisory Councils

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 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. The racial and ethnic groups in these areas include (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		9.4%	45.5%		21.5%	5.6%	18.1%	<input type="checkbox"/> Don't know
Dorchester	Included in 'other'	6.2%	11.2%	Included in 'other'	55.1%	3.9%	23.7%	
Jamaica Plain		1.8%	73%		6.8%	3.1%	15.3%	
Mattapan		18.5%	15.9%		43.9%	1.7%	20.0%	
Mission Hill Roxbury		3.7%	51.5%		10.5%	4.3%	30.0%	
14b. Patients the hospital provided care to in FY 2021	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 2021	0%	6%	6%	0%	85%	0%	3%	<input type="checkbox"/> Don't know

15. The languages spoken in these areas include (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 2021	6.16%	<input type="checkbox"/> Don't know
15b. PFAC patient and family advisors in FY 2021	0%	<input type="checkbox"/> Don't know

15c. What percentage of patients that the hospital provided care to in FY 2021 spoke the following as their primary language?

	%
Spanish	2.79%
Portuguese	0.46%
Chinese	0.13%
Haitian Creole	0.16%
Vietnamese	0.13%
Russian	0.33%
French	0.02%

Mon-Khmer/Cambodian	Unknown
Italian	0.05%
Arabic	0.54%
Albanian	0.06%
Cape Verdean	0.21%

Don't know

15d. In FY 2021, what percentage of PFAC patient and family advisors spoke the following as their primary language?

	%
Spanish	7.1%
Portuguese	0%
Chinese	0%
Haitian Creole	0%
Vietnamese	0%
Russian	0%
French	0%
Mon-Khmer/Cambodian	0%
Italian	3.57%
Arabic	0%
Albanian	0%
Cape Verdean	0%

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:

Both Adult and Pedi PFAC are committed to an antiracist and social justice approach to addressing the patient and family experience, specifically amplifying the voices of patient communities with historical cancer care inequities. We aim to ensure that PFAC nurtures an inclusive culture and advocates for equity in health care throughout our interactions with DFCI.

While we are in the process of improving representation, we strive to provide education and training to help our current advocates advocate for all. To ensure that the Adult PFAC and Pediatric PFAC advocate for the diversity of patient/family voices, DFCI staff and PFAC members have been meeting monthly for the Inclusion, Diversity & Equity Workgroup. Members of this subcommittee meet to discuss recruitment strategies, health equity, training, and development opportunities for current and future Council members.

Both Adult and Pedi PFAC have used targeted recruiting messages in internal and external newsletters to reach our diverse patient populations, specifically young adults, people of color, and LGBTQ+ patients and caregivers. We are working on relaunching the e-advisor program to be more inclusive of all patient populations at D-F, allowing 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.

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 before each Adult and Pediatric PFAC meeting, the Program Manager and PFAC co-chairs have a planning meeting. During the planning meeting, the Program Manager and co-chairs introduce potential presentations, meeting topics, leadership/staff presenters, and working sessions. The group determines which presentations are relevant and plans the sequence of the meeting. In some cases, the co-chairs and Program Manager will meet with an interested presenter beforehand to ensure the topic is a good fit for an upcoming meeting - they will also use this time to discuss ways that the presenter can engage the council members through specific questions and or direct feedback. The Program Manager creates a draft agenda after the planning meeting and sends it to the Co-Chairs for approval. All presenters are asked to submit their presentations a week prior to the scheduled meeting. 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 2021 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 2020– **Skip to #20**

19. The PFAC had the following goals and objectives for 2021:

Pedi:

- Pedi PFAC will further the council’s growth toward being an antiracist and inclusive group that fully supports the inclusion, diversity, and equity goals of DFCI.
- Pedi PFAC will transform in person programs to a virtual format to actively engage and support pediatric patients and families while the physical presence of council members at the Institute is prohibited.
- Pedi PFAC will explore current gaps in communications, care, and programs during the transition to pediatric cancer survivorship care.
- Pedi PFAC will identify new opportunities to collaborate with DFCI, Boston Children’s Hospital, and Jimmy Fund Clinic leadership and workgroups.
- Pedi PFAC will improve its internal administrative functions, such as recruiting, project tracking, and overall impact.

Adult:

- 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.
- APFAC will continue to work with DFCI staff and leadership to support and implement initiatives aimed at inclusive and diverse growth of patient volume locally, nationally, and internationally.
- APFAC will continue to work with DFCI staff and leadership to support excellent and equitable patient and family centered experiences across the Institute.
- APFAC will work towards having an inclusive, diverse, and anti-racist council with high levels of engagement poised to advocate for all patients/family equitably.
- APFAC, as a cancer center PFAC gold standard, will continue to work on operational efficiency, DFCI engagement, and council member productivity and to mentor other PFACs nationally.

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

Ongoing

- Adult and Pedi Marketing and Recruitment
- Adult and Pedi Inclusion, Diversity, and Equity Workgroup
- Adult and Pedi Nominating Workgroup
- Pedi PFAC Weekend Initiative at Boston Children's Hospital

New

- Pedi Best Practices in Patient Engagement in a Pediatric Hospital Setting
- Adult Transitions of Care
- Adult PFAC Bylaws Review 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:

All PFAC meetings are currently held over zoom. Majority of communication in between meetings are via email (zoom 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:

Six new APFAC members and one Pedi PFAC member

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 in-person training was stopped in 2021 and a virtual option was put in place

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:

Pedi PFAC completed unconscious bias and listening and speaking with candor.

Adult PFAC completed by end of 2021 on unconscious bias, listening and speaking with candor, courageous conversations, PCORI principles, and how to tell your story for advocacy, cross-cultural communication

Section 6: FY 2021 PFAC Impact and Accomplishments

The following information concerns PFAC activities in the fiscal year 2021.

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>Accomplishment/Impact 1:</p> <p><u>Adult PFAC</u></p> <p>Accomplishment/Impact 1: Covid-19 vaccination communication to patients/family: Adult PFAC members were involved with giving feedback to communication strategies around vaccination and integral to the offering of panels and videos in multiple languages that highlighted Covid-19 vaccination info and ongoing safety and visitor guidelines.</p> <p><u>Pedi PFAC</u></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>Provided feedback on a change in current practice/policy for pediatric solid tumor patients about treatment in an outpatient setting rather than admission to the hospital for fever and neutropenia. Also reviewed parent/caregiver education sheet on new policy and process.</p>	
<p>Accomplishment/Impact 2:</p> <p><u>Adult PFAC</u> Research advocacy: APFAC supported multiple research projects from leaders of support to focus groups to communication review. APFAC trained its members in PCORI research fundamentals and in integrating and inclusion, diversity, and equity lens into research advocacy. APFAC co-chairs initiated a development plan to increase PFAC involvement in future research partnerships.</p> <p><u>Pedi PFAC</u> Provided feedback and a patient/caregiver perspective on three different workgroups as part of the clinical restructuring at the Jimmy Fund Clinic. Specifically, lab flow workstream, telephone management, and patient communications workgroups.</p>	<p><input checked="" type="checkbox"/> Patient/family advisors of the PFAC</p> <p><input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input</p>
<p>Accomplishment/Impact 3:</p> <p><u>Adult PFAC</u> Provided high level feedback on multiple business initiatives that centered the patient/family voice in shared desired outcomes of improved equitable cancer care.</p> <p><u>Pedi PFAC</u> Provided feedback on patient/caregiver communications regarding COVID vaccine policies as well as changes to family presence in the Jimmy Fund Clinic</p>	<p><input checked="" type="checkbox"/> Patient/family advisors of the PFAC</p> <p><input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input</p>

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)
<p>Accomplishment/Impact 1:</p> <p><u>Adult PFAC</u></p>	<p><input checked="" type="checkbox"/> Patient/family advisors of the PFAC</p> <p><input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input</p>

<p>New Location: Adult PFAC oversaw the successful opening of a new location with “patient” run throughs and ongoing feedback on available virtual and in person patient services in the setting of Covid-19.</p> <p><u>Pedi PFAC</u> Collaborated with the Philanthropy department on a new naming opportunity display targeted to raise \$1M.</p>	
<p>Accomplishment/Impact 2:</p> <p><u>Adult PFAC</u> Satellite expansion: Adult PFAC has been involved in multiple levels of planning from design to patient services to patient/family communication to available clinical services for DFCI expansion. Adult PFAC members have partnered with DFCI to successfully plan, open, and evaluate opening success measures of multiple satellites.</p>	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input
<p>Accomplishment/Impact 3:</p> <p><u>Adult & Pedi PFAC</u> Legislative advocacy: Adult and Pediatric PFAC members participated in advocacy to support legislative issues that affect DFCI’s financial outlook.</p>	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input

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>Accomplishment/Impact 1:</p> <p><u>Adult and Pediatric PFAC</u> Inclusion, Diversity, & Equity (IDE): Separate Adult and Pedi PFAC workgroups on inclusion and diversity were unified as a single PFAC workgroup dedicated to championing IDE values throughout PFAC participation at DFCI. The PFACs have worked together with DFCI’s Office of Inclusion and Diversity on numerous programs (e.g. shared development of IDE relevant training programs for PFAC and staff; participation in IDE executive and action team workgroups).</p>	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input

Pedi PFAC

Collaborated with the Psychosocial Department to support a new, online support option for teens going through cancer treatment (Teen Chat). Assisted in the development of a comprehensive teen mentor response FAQ, the production of marketing materials, and serve as teen mentors

Accomplishment/Impact 2:

Adult PFAC

Bilingual services: Adult PFAC has championed providing information about key initiatives upfront in multiple languages (e.g. Covid forums; Patient Reported Data; Spanish language DFCI Facebook page; Patient Experience offerings in all languages)

Pedi PFAC

Collaborated with the PsychoSocial Department on a new parent/caregiver support program, Connections: Pediatric Cancer Caregiver Support. The joint collaboration of DFCI and Momcology, a national 501 © (3) non-profit organization provides a place for peer-guided support, evidence-based strategies and open discussion. Serve as Parent leaders and facilitate these bimonthly virtual meetings.

Accomplishment/Impact 3:

Adult PFAC

Revision of Adult PFAC onboarding, bylaws, and tracking activities to reflect current virtual approach and to incorporate inclusion, diversity, equity lens into PFAC processes.

Pedi PFAC

Conducted an extensive study of best practices in patient engagement in pediatric hospital setting. An online survey was completed by 20 major medical centers, and this was followed up with telephone interviews. Findings were supplemented with secondary research. The report will be used to assess opportunities for more effective engagement of patients

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

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

and caregivers in the pediatric setting.

27. The five greatest challenges the PFAC had in FY 2021:

Challenge 1: Transitioning impactful in-person patient and caregiver support programs to a virtual format due to limitations on in-person physical presence at DFCI.

Challenge 2: Maintaining continuity of projects, initiatives and other Adult and Pedi PFAC work during internal DFCI program management staff changes.

Challenge 3: Connecting with patients and families to amplify concerns and opportunities.

Challenge 4: Fostering a sense of community among Pedi and Adult PFAC members while all activities remain virtual.

Challenge 5: Increasing PFAC diversity to better represent our catchment area.

N/A – we did not encounter any challenges in FY 2021

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? Verbal/ email updates at Adult PFAC and Pediatric PFAC meetings

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:

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 representative 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): Institute-wide vaccination communications
- N/A – the PFAC did not work in quality of care initiatives

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

- Yes
- No – **Skip to #40 (Section 6)**

37. In what ways are members of your PFAC engaged in advising on research studies? Are they:

- Educated about the types of research being conducted
- 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: Researchers contact the PFAC Program Manager

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):

- Monica Lazaro Davadi, MPH, Program Manager, PFAC
- Chloe Steimle Co-Chair, Pediatric PFAC
- Nicole Abair, Co-Chair, Pediatric PFAC
- Kireina Bell Sancho, Co-Chair, Adult PFAC
- Erica Bernstein, Co-Chair, Adult PFAC
- Patricia Stahl, Senior Manager, Volunteer Services and Programs

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: pfac@dfci.harvard.edu
- 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