

Patient and Family Advisory Council (PFAC) Annual Report Form



Massachusetts law requires all acute and rehabilitation hospitals in the state to have a PFAC and report annually on its activities. To do this, you may fill out the form below for the past fiscal year (July 1 – June 30) and submit to the Betsy Lehman Center by October 1. Please email completed forms to PFAC@BetsyLehmanCenterMA.gov. While you are only required to submit information on your hospital-wide PFAC, you can choose to submit multiple forms if your hospital has additional PFACs. You can also include information about specialty PFACs in open-ended answers, or at the end of the report under “additional information.”

The information provided on this form is public record. The report forms will be posted on the Betsy Lehman Center website and sent to hospital leadership, and the Center will aggregate the information into a statewide annual PFAC report. Learn more about the Center’s PFAC work and see past reports at BetsyLehmanCenterMA.gov/PFAC.

GENERAL INFORMATION

1. Hospital name: **Salem Hospital**
2. How many PFACs does your hospital have in total? **1**
3. The information on this form reflects the work of a PFAC that serves as:
 - ☒ The sole PFAC at our hospital, ACO, or organization
 - ☐ A hospital-wide PFAC, but there are additional department, unit, population-specific, or specialty PFACs as well
 - ☐ A hospital department, unit, or specialty PFAC
 - ☐ A hospital-based PFAC that also serves an ACO
 - ☐ A system-wide PFAC
4. Patient/family co-chair
Name: **Bonnie Weiss**
Email: **(no longer in role since June 30)**
5. Hospital co-chair
Name: **Sue Nevins**
Job title: **Staff Educator - Birthplace Labor & Delivery**
Email: **snevins@mgb.org**
Phone number: **(978) 354-3314**
6. In which department/service line is the PFAC function in your hospital located?
 - ☒ Patient Experience, Patient Services, or Patient and Family Relations
 - ☐ Volunteer Services
 - ☐ Community Relations
 - ☐ Social Work
 - ☐ Quality and Safety
 - ☐ Nursing
 - ☐ Other:

7. How much of the hospital co-chair's (or designated PFAC staff member's) role within your organization is dedicated to PFAC work? **A quarter or less of their role**
8. How often does your PFAC meet? **Monthly**
Other:
9. How do you typically convene your PFAC? **A mix of both in-person and virtually**
If a mix, please describe:

PFAC MEMBERSHIP

10. PFAC membership [as of June 30]
- Total number of members: **6 to 10**
 - Total number of patient/family advisers: **1 to 5**
 - Total number of staff advisers: **1 to 5**
11. Has your PFAC changed in size within the last year? **Yes, we have more members**

Please describe changes in your PFAC size, including reasons for these changes:

We welcomed two new PFAC members, including one Patient Family Advisor and one staff member. These additions were made possible through networking and the strong relationships we have built across the hospital. Their involvement brings new perspectives and voices to PFAC, further strengthening our ability to collaborate with staff, patients, and families. As we look ahead, we will continue building on these relationships and expanding our outreach to create a diverse and engaged PFAC that reflects and supports the community we serve.

12. If members of the PFAC are subject to term limits, please select the length of terms: **3-5 years**
13. Are there limitations around how many terms a member can serve? Please describe any in the field below.

Staff Co-Chairs: Serve a 3-year maximum term, with one opportunity to renew for an additional 3 years.
Patient Family Advisors (PFAs): Serve a 3-year maximum term, with one opportunity to renew for an additional 3 years.
Patient Family Advisor (PFA) Co-Chairs: Serve a 3-year maximum term, with one opportunity to renew for an additional 3 years. Terms served as a PFA Co-Chair are in addition to the member's terms as a PFA.

14. Which recruiting efforts does your hospital use to identify and attract new PFAC members from the community? (select all that apply)

- | | |
|--|--|
| ☒ After visit summary or survey messages | ☒ Patient/family feedback |
| ☐ Clinicians' recommendations | ☐ Social media |
| ☐ Discussions with people in the clinic | ☒ Tables at hospital entrances |
| ☒ Hospital website | ☒ Visits to the units |
| ☐ Grievances | ☒ Word of mouth |
| ☒ Pamphlets | Other: |

COMMUNITY REPRESENTATION

State regulations call for hospital PFAC membership to be reflective of the community it serves. Two sets of data can help better understand the hospital's community.

- Race/Ethnicity: Find data about the race and ethnicity of the community served by your hospital by looking at your [catchment area data](#) and [hospital discharge data](#).
- Languages spoken: Please record the most current data your hospital has for languages spoken by your patient population, which is best sourced within your hospital. This information may have already been submitted to the Center for Health Information and Analysis (CHIA).

	Percentage of patient population
Spanish	8.38
Portuguese	0.8
Chinese	0.09
Haitian Creole	0.53
Vietnamese	0.14
Russian	0.00
French	0.06
Mon-Khmer/Cambodian	0.33
Italian	0.06
Arabic	0.00
Albanian	0.00
Cape Verdean	0.01
Limited English proficiency (LEP)	0.00

Consider the data above when answering questions 15-17.

15. What demographic representation is missing from your PFAC, and where is there room for improvement?

Currently, our PFAC does not fully reflect the demographic diversity of the community we serve. There is great opportunity to increase representation across a broader range of cultural, racial, socioeconomic, age, disability, and other lived experiences within our community. We are working to strengthen our recruitment and outreach efforts to reach individuals and communities who may be underrepresented in our current membership. This includes exploring new approaches to recruitment, expanding community outreach, and being more intentional about connecting with individuals whose experiences and perspectives may not currently be represented on the PFAC.

16. There are many ways to describe the array of perspectives in a community, including age, income, gender, sexual orientation, gender identity, disability, veteran status, career, chronic or rare disease status, religion, etc. How would you describe your PFAC membership's representation of the community it serves more broadly?

Our PFAC currently includes members with a variety of personal, professional, and healthcare experiences, providing valuable perspectives on the patient and family experience at Salem Hospital. However, we recognize that our membership does not yet fully reflect the breadth and diversity of the community we serve. We see an opportunity to expand representation across a broader range of ages, cultural and racial backgrounds, socioeconomic experiences, abilities, healthcare experiences, and other perspectives that make up our community. We are actively working to strengthen our recruitment and outreach efforts to identify and engage individuals whose voices and experiences are currently underrepresented within our PFAC. Our goal is to build a PFAC that more closely reflects the diversity of our patients, families, and community. We view this as an ongoing effort and are committed to creating a membership that brings a broader range of perspectives to discussions, decision-making, and improvement efforts at Salem Hospital.

17. Describe any strategies and activities during the last year to align PFAC membership with the diversity of the community served by your organization.

The Salem Hospital PFAC is using several recruitment strategies to identify, engage, and attract new PFAC members from diverse backgrounds. Mass General Brigham fielded a survey in early 2026 in which patients and family members could express interest in joining a PFAC. From that survey our goal is to build a PFAC that more closely reflects the diversity of our patient population and the broader community we serve.

IMPACT AND ENGAGEMENT

18. How often do PFAC members engage in these ways with initiatives presented to them?

- a. Approval: *The department asks for approval from the PFAC on an already completed initiative* Sometimes
- b. Feedback: *The department asks the PFAC for input on a project in progress* Sometimes
- c. Codesign: *The PFAC is involved at the inception of the project* Sometimes
- d. Other, please specify:

19. How often do you keep track of these types of metrics?

- a. Process metrics: *How it's done (e.g., number of meetings, number of initiatives, etc.)* Always
- b. Outcome metrics: *The result (e.g., improvement in scores, reduction in falls, etc.)* Sometimes
- c. Impact metrics: *The value (e.g., change in outcomes due to PFAC involvement)* Sometimes

20. Describe key work accomplished by the PFAC last year. For example, in what ways did the PFAC provide feedback/perspective, lead or co-lead programs and initiatives, or influence the institution's financial and programmatic decisions? Include at least three accomplishments.

Patient Family Advisor Participation in HRO Rounds

Working in partnership with the Associate Chief Medical Officer for Salem Hospital, several Patient Family Advisors (PFAs) participated in High Reliability Organization (HRO) rounds. During these rounds, PFAs asked thoughtful questions and provided valuable insight into discussions surrounding several key metrics. Their participation brought the patient and family perspective directly into these important conversations and created an opportunity for hospital leaders to hear firsthand how these efforts may impact the patient experience.

Quiet at Night Initiative

Salem PFAC reviewed the Quiet at Night (QaN) initiative and provided feedback on the sleep menus being developed for patients. Quiet at Night is a strategic metric discussed weekly during HRO rounds and is an important part of supporting patient recovery. PFAC's involvement provided an opportunity to consider the patient perspective while exploring ways to create a quieter environment that allows patients to rest, recover, and heal.

Building Partnerships Across the Hospital

Over the past year, Salem PFAC welcomed guest speakers from several areas of the hospital, including inpatient departments, the Emergency Department, Transportation, Spiritual Care, and the Office of the Associate Chief Medical Officer. These conversations provided PFAC members with a greater understanding of hospital workflows, priorities, and goals, while also creating opportunities for meaningful dialogue and collaboration.

With each guest speaker, PFAC members actively engaged in the discussion, asked questions, and shared feedback from the patient and family perspective. These conversations have helped strengthen relationships between PFAC and hospital departments and have created a strong foundation for continued collaboration and opportunities to incorporate the patient voice into the work being done across Salem Hospital.

21. How do you promote the accomplishments of your PFAC? (Select all that apply)

- ☒ Newsletter
- ☐ Presentation
- ☒ Report
- ☒ Word of mouth
- ☐ We currently do not promote

Other:

22. Indicate the committees within your organization on which a PFAC member serves. (Select all that apply)

- | | | |
|--|--|---|
| ☐ Behavioral Health/Substance Use | ☐ Diversity and Inclusion | ☐ Patient Education |
| ☒ Bereavement | ☒ Drug Shortage | ☐ Patient and Family Experience Improvement |
| ☐ Board of Directors | ☐ Eliminating Preventable Harm | ☒ Pharmacy Discharge Script Program |
| ☐ Care Transitions | ☒ Emergency Department Patient/Family Experience Improvement | ☒ Quality and Safety |
| ☐ Code of Conduct | ☒ Ethics | ☒ Quality/Performance Improvement |
| ☐ Community Benefits | ☒ Institutional Review Board (IRB) | ☐ Surgical Home |
| ☐ Critical Care | ☐ Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ+) | Other: <input type="text"/> |
| ☐ Culturally Competent Care | ☒ Patient Care Assessment | |
| ☐ Discharge Delays | | |

23. Are there any PFAC-led workgroups or projects you would like to highlight?

Salem PFAC spearheaded a collaborative effort to reintroduce domestic abuse support information in several high-traffic bathrooms throughout the hospital. Staff Co-Chair Sue Nevins successfully obtained rack cards from Healing Abuse Working for Change (HAWC), a Salem-based organization that provides services to survivors of domestic abuse across 23 cities and towns throughout Massachusetts' North Shore.

Tim Short, Patient Family Relations liaison to PFAC, worked collaboratively with hospital leadership to obtain approval for placing the rack cards in designated bathrooms and partnered with Project Management to have rack card holders installed.

Julie Quinlivan, a Patient Family Advisor, volunteered to monitor the availability of the rack cards at each location. She worked closely with Catherine Lake, an intern in the Volunteer Services Department, who created a tracking system to help PFAC monitor whether the cards were being utilized. Julie would then notify Sue, who would contact HAWC when additional cards were needed.

Through the combined efforts of PFAC members, hospital leadership, Project Management, and HAWC, this project has created a more accessible and discreet resource for patients, families, and visitors. By making information readily available throughout the hospital, we are helping connect individuals who may be experiencing domestic abuse—or who may be concerned about someone they know—with resources and support. This initiative demonstrates the positive impact that collaboration between Patient Family Advisors, staff, and community partners can have in strengthening patient- and family-centered care.

24. What were the greatest challenges your PFAC faced?

As we have moved through the year, we have seen a stronger response from key departments that have been invited to attend PFAC meetings and share information about their work. While there is still an opportunity to build greater awareness across the hospital about engaging PFAC early in the development of goals and projects, we are encouraged by the relationships that have begun to develop.

Looking ahead, we hope to continue building on this momentum and strengthen our partnerships with the departments and guest speakers who have engaged with PFAC. Our goal is to create more opportunities for collaboration and to position PFAC as a valued resource for providing the patient and family perspective, offering feedback, and supporting continued improvements in quality and safety throughout the hospital.

PATIENT SAFETY

Patient safety is the prevention of harm to patients while receiving health care. It's a fundamental principle of health care, and it's considered the foundation of high-quality care. Patient and family input and insight about safety considerations and risks is an essential component of safety improvement work.

25. For each of the following items, indicate your PFAC's level of involvement.

- a. Patient/family advisers were represented at board meetings: **Never**
- b. Patient/family advisers were consulted on safety goal-setting and metrics: **Occasionally**
- c. Patient/family advisers participated in safety improvement initiatives: **Occasionally**

26. Summarize your PFAC's contributions to patient safety work at your organization.

PFAC Staff Member Donna Barrett brought the "Stay with Me" program to PFAC for members to review and provide feedback. Following PFAC's review, the program was brought to the Nursing Shared Governance Council for approval.

The "Stay with Me" program involves staff remaining within arm's reach of the patient, facing the patient and providing their undivided attention throughout the mobilization and toileting process, whether the patient is using the bathroom or a bedside commode. As part of the program, a sign is placed in the patient's bathroom and room, and the patient is educated about the program.

The goal of the "Stay with Me" program is to provide enhanced supervision for patients at high risk for falls while they are being mobilized and/or using the toilet or bedside commode. The program aims to decrease the number of falls associated with toileting and minimize the risk of serious injury should a fall occur.

GOAL SETTING

27. Did the hospital/organization leadership share its goals for the year with the PFAC membership? **Yes**

28. Did the work accomplished by your PFAC help advance the organization's goals? **Somewhat**

29. Does your PFAC have goals for the current year? **Yes**

If yes, what are your PFAC's goals for the year?

Generate new opportunities for Salem PFAC to review and provide input on hospital initiatives or data related to patient care, safety, quality, and experience.

30. Do these goals support the organization's goals and priorities for the year? **Yes, the goals directly relate**

If yes, in what ways do these goals support the organization's goals and priorities?

With our stated goal of creating new opportunities to review and provide input on hospital initiatives and data related to patient care, safety, quality, and experience, we believe this work aligns closely with Salem Hospital's focus on becoming a High Reliability Organization (HRO), as well as the HRO rounds that Patient Family Advisors (PFAs) are now attending.

As PFAs participate in HRO rounds and develop a deeper understanding of the projects, priorities, and metrics being discussed, we hope to create opportunities for department leaders to return to PFAC meetings to share their work, seek input, and engage in meaningful collaboration with PFAC members. This approach will help strengthen the connection between HRO work and the patient and family perspective, while creating opportunities for PFAC to provide valuable feedback that can support improvements in quality, safety, and the overall patient experience.

ADDITIONAL INFORMATION

31. Have you made any changes to your PFAC over the last year? Please describe.

One of the most significant changes for the Salem PFAC this year was welcoming two new Co-Chairs. Sue Nevins stepped forward to serve as Staff Co-Chair, while Bonnie Weiss took on the role of Patient Family Advisor Co-Chair. Both Sue and Bonnie embraced their roles, providing strong leadership as they helped advance and promote the important work of PFAC.

Sue and Bonnie demonstrated a shared commitment to ensuring that the voice of the patient and family remains at the center of PFAC's work. Their energy, dedication, and enthusiasm helped create a strong foundation for the council. As we look toward the future, we are excited about the opportunities ahead. We hope the PFAC will continue to strengthen its partnerships throughout Salem Hospital, expand its impact, and find new ways to ensure that the patient and family perspective is heard and valued in the decisions that shape care.

32. Is there anything else your hospital would like to highlight that has not been captured above?

As the liaison to PFAC, I cannot fully express my gratitude and appreciation for each member of Salem PFAC. Every member brings compassion, thoughtfulness, and a genuine commitment to the important work we are doing to strengthen the patient and family voice at Salem Hospital. Each project PFAC undertakes is a testament to our shared belief in patient- and family-centered care and our commitment to expanding the reach and impact of PFAC throughout the hospital.

This commitment was clearly demonstrated through the Spring Open House that PFAC members organized. Bonnie Weiss, Patient Family Advisor Co-Chair, was instrumental in bringing this project to life. The event included an information table where PFAC members could engage with hospital staff, patients, and visitors, as well as a trivia game designed to encourage participation and create opportunities for meaningful conversations. We were also extremely excited to welcome Jane Powers from the Betsy Lehman Center, whose participation added another valuable perspective and helped further strengthen our mission.

What stands out most is the way PFAC members work together as a team. They listen to one another with care and respect, thoughtfully consider different perspectives, and remain open-minded when viewpoints differ. This willingness to listen, learn, and understand one another creates an environment where every member feels valued and where diverse perspectives can contribute to meaningful conversations, stronger collaboration, and better outcomes.

Salem Hospital is incredibly fortunate to have such a dedicated group of Patient Family Advisors along with staff from the hospital, and I feel equally fortunate to have the opportunity to work alongside each of them. Their passion, collaboration, and commitment continue to inspire me and strengthen our collective efforts to ensure that the patient and family voice is heard, respected, and incorporated into the work we do. I look forward to continuing to build on this strong foundation together as we find new ways to engage our hospital community, strengthen partnerships, and make a meaningful difference for the patients and families that utilize Salem Hospital for their health care needs.

Tim Short

33. This report was prepared and reviewed by:

- a. Name: **Tim Short**
- b. Title: **Patient Family Relations Specialist**
- c. List additional people's names and titles as needed below:

Bonnie Weiss, Patient Family Advisor Co-Chair
Sue Nevins, Staff Co-Chair
Donna Barrett, Staff Member
Julie Quinlivan, Patient Family Advisor
Kate Anno, Patient Family Advisor
Kristie Nardini, Staff Member
Carol Dullea, Patient Family Advisor
Mary Ellen Tobey, Patient Family Advisor
Ralph McHatton, Staff Member

34. This report is for the state's fiscal year ending June 30, **2026**