

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: **South Shore 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: **Nadine Shweiri**
Email: **dinishweiri@gmail.com**
5. Hospital co-chair
Name: **Carol Keohane MS, RN**
Job title: **SVP, Chief Quality and Safety Officer**
Email: **ckeohane@southshorehealth.org**
Phone number: **7816248475**
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? **Quarterly**
Other:
9. How do you typically convene your PFAC? **A mix of both in-person and virtually**
If a mix, please describe: **Members are encouraged to be in person but we also offer virtual option**

PFAC MEMBERSHIP

10. PFAC membership [as of June 30]
- a. Total number of members: **11 to 15**
 - b. Total number of patient/family advisers: **1 to 5**
 - c. Total number of staff advisers: **1 to 5**
11. Has your PFAC changed in size within the last year? **Yes, we have fewer members**

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

Unfortunately, we experienced some member turnover due to health concerns, retirement, and relocation. In response, we have launched several recruitment and outreach initiatives to identify and engage new PFAC members. We recently welcomed a younger member to the council, an important step in maintaining a broad range of perspectives and ensuring our membership increasingly reflects the racial, ethnic, socioeconomic, gender, and generational diversity of the communities we serve. We are also actively interviewing another prospective member.

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

We do not currently have term limits for our members. South Shore Health's PFAC is comprised of up to 15 members including former patients and or family members. Additionally, PFAC includes a representative from Acute Care, Ambulatory Care, Home Care, the Cancer Center, Patient Experience Advisors, Exec Director of Risk Management and Patient Safety, and Chief Quality and Safety Officer as the Executive Sponsor and Co-chair. We strive to have the appropriate number of former patients and or family members to adequately reflect the community South Shore Health serves.

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
- ☒ Clinicians' recommendations
- ☒ Discussions with people in the clinic
- ☐ Hospital website
- ☒ Grievances
- ☐ Pamphlets

- ☒ Patient/family feedback
- ☐ Social media
- ☐ Tables at hospital entrances
- ☐ Visits to the units
- ☒ Word of mouth

Other: **Foundation and Volunteer Services contacts**

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	0.75
Portuguese	1.96
Chinese	0.13
Haitian Creole	0.56
Vietnamese	0.38
Russian	0.06
French	0.04
Mon-Khmer/Cambodian	0.01
Italian	0.03
Arabic	0.30
Albanian	0.14
Cape Verdean	0.12
Limited English proficiency (LEP)	N/A

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?

South Shore Health's PFAC reflects a broad cross-section of the communities we serve. Through intentional recruitment and outreach efforts, we have expanded representation across age groups, racial and ethnic backgrounds, and lived experiences, including the addition of a younger member this year. While progress has been made, we continue to recruit individuals from underrepresented populations to further strengthen the council's diversity and ensure it reflects the patients and families we serve. In addition to demographic diversity, we seek members whose experiences and interests align with organizational priorities and community needs, enabling the PFAC to provide meaningful input that informs decision-making and enhances the patient and family experience.

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?

South Shore Health's PFAC reflects a broad range of ages, lived experiences, and healthcare perspectives. Current membership includes advocates for individuals with disabilities, sensory processing differences, and behavioral and mental health needs. We continue to actively recruit members from diverse racial, ethnic, cultural, and socioeconomic backgrounds to ensure the Council reflects the evolving demographics of the communities we serve. This diversity of perspectives strengthens the PFAC's ability to provide meaningful input that advances equitable, patient- and family-centered care and supports organizational decision-making that is responsive to community needs.

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

Over the past year, South Shore Health has continued to advance PFAC engagement efforts to ensure diverse patient and family perspectives are incorporated into organizational planning and improvement activities. The Council participated in a review of South Shore Health's sensory informed pediatric care environments, touring sensory-friendly care delivery spaces and providing feedback on how care settings can better support children's and families with sensory sensitivities, disabilities and other unique needs. PFAC members also provided input on the organizations new cardiac ablation program, offering patient and family perspectives on communication, care coordination, and the overall care experience for clinically and demographically diverse patient population. These discussions helped ensure that patient centered considerations were incorporated into further program development and evaluation. Throughout the year, PFAC members participated in reviews of patient experience initiatives, strategic priorities, and service improvements through a lens of human understanding and equity. Council discussions encouraged leaders to consider how healthcare environments, communication, care processes, and support services are experienced by individuals with differing backgrounds, abilities, cultures, and life circumstances. Members contributed perspectives informed by caregiving responsibilities, disability, behavioral health experiences, healthcare navigation challenges, and other factors that shape how patients and families engage with the health system.

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* **Rarely**
- b. Feedback: *The department asks the PFAC for input on a project in progress* **Often**
- c. Codesign: *The PFAC is involved at the inception of the project* **Sometimes**
- d. Other, please specify:

As new programs get developed or expanded, we aim to have the program presented to our PFAC so that they can review, ask questions and provide input on how the effort can further contribute to and focus on the organization's mission. This intentional approach offers feedback and suggestions from the patient and family perspective to key stakeholders and operational leaders.

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.)* **Often**
- 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.

Over the past year, South Shore Health's PFAC made meaningful contributions to organizational improvement by:

1. Providing feedback on sensory-informed pediatric care environments, helping ensure care spaces are responsive to the needs of children and families with sensory and developmental challenges.
 2. Contributing patient and family perspectives to the Cardiac Ablation Program, offering insight into communication, education, and care experiences for patients undergoing complex cardiac procedures.
 3. Advancing patient experience and communication initiatives, including providing suggestions for infection-prevention education materials and recommendations to improve patient understanding, engagement, and health literacy
 - 4 Continued to provide input on South Shore Health's Health Care Equity Strategic plan aimed at advancing health care equity for our patients and delivering patient centered, culturally competent care.
- Through ongoing dialogue with organizational leaders, PFAC members provided feedback on patient experience priorities and improvement efforts, encouraging consideration of how care processes, communication, and healthcare environments are experienced by patients and families with diverse backgrounds, abilities, and life circumstances.
- This work highlights the importance of the patient and family perspective in advancing programs, care delivery, communication strategies, and organizational improvement efforts.

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?

While South Shore Health did not create PFAC-led workgroups during the reporting period, PFAC members actively participated in initiative-specific advisory activities focused on patient experience and human understanding, health equity, sensory-informed pediatric care, cardiac ablation services, and patient education related to infection prevention. Through these engagements, PFAC members provided direct feedback that informed care delivery, communication strategies, program development, and patient-centered improvement efforts.

An example of this is reflected in the input from PFAC members regarding patient education and Infection Prevention communication. PFAC members reviewed South Shore Health's hospital-acquired infection prevention initiatives and discussed approaches for educating patients and families regarding appropriate testing, antibiotic stewardship, and infection prevention. Members provided recommendations on how to better communicate important health information, improve patient understanding, and align organizational messaging with patient and family needs. Through these advisory activities, the PFAC helped inform program development, care delivery improvements, and patient-centered communication strategies across the organization.

24. What were the greatest challenges your PFAC faced?

During the past year, the PFAC's primary challenges included maintaining and expanding membership, improving representation of the diverse communities served by South Shore Health, and ensuring meaningful engagement of patient and family advisors in organizational initiatives. The Council experienced membership transitions due to retirements and resignations, requiring active recruitment of new members. The Council focused on strengthening membership recruitment and sustaining diverse participation, recognizing the ongoing importance of ensuring broad patient and family representation.

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: **Regularly**
- b. Patient/family advisers were consulted on safety goal-setting and metrics: **Occasionally**
- c. Patient/family advisers participated in safety improvement initiatives: **Regularly**

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

South Shore Health's PFAC continued to play a meaningful advisory role throughout 2026 by partnering with organizational leaders on patient safety, quality, patient experience, and service improvement initiatives. Key contributions included review of the system's progress on its Health Equity Strategic plan, hospital-acquired infection prevention efforts, participation in sensory-informed pediatric care initiatives, feedback on cardiac service line programs, and guidance on patient experience improvement strategies. PFAC members actively promoted a more experiential approach to engagement by providing recommendations related to health equity, maternal-child services, wayfinding, caregiver support, and the overall patient journey. The Council also supported ongoing membership recruitment efforts intended to better reflect the diversity of the communities served by South Shore Health. Through these activities, PFAC helped ensure that patient and family perspectives remained embedded in organizational decision-making and improvement efforts across the health system.

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? **Yes**

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

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

Continue to provide feedback and input on SSH strategic priority to reduce/prevent hospital acquired infections, improve and ensure health equity and improve patient experience across the care continuum.

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?

PFAC continued to serve as a formal mechanism for incorporating the patient and family voice into organizational priorities. Council activities during the year aligned with South Shore Health's strategic goals related to:

Quality and patient safety,
Patient experience,
Communication and education,
Equitable care delivery,
Community engagement, and
Service design

ADDITIONAL INFORMATION

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

We have not made any changes to PFAC over the past year. Together we review PFAC's charter annually to ensure members continue to provide valuable voice of the patients and communities served by the Organization.

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

Not at this time.

33. This report was prepared and reviewed by:

a. Name: Carol Keohane, MS, RN

b. Title: Senior Vice President and Chief Quality and Safety Officer

c. List additional people's names and titles as needed below:

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