

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: **Southcoast Health**
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: **Kathleen Campanirio**
Email: **klcamp1939@gmail.com**
5. Hospital co-chair
Name: **Yinka Oluwole**
Job title: **Executive Director Service Excellence and Patient Experience**
Email: **oluwoleo@southcoast.org**
Phone number: **508-973-5947**
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?
Other: **Twice a Month a 30 min meeting and 1.5 hour meeting**
9. How do you typically convene your PFAC? **A mix of both in-person and virtually** ☒
If a mix, please describe: **We encourage advisors to attend in person and offer a virtual option for anyone that can't come in person.**

PFAC MEMBERSHIP

10. PFAC membership [as of June 30]
- a. Total number of members: **26 to 30** ☒
 - b. Total number of patient/family advisers: **16 to 20** ☒
 - c. Total number of staff advisers: **16 to 20** ☒
11. Has your PFAC changed in size within the last year? **No, our PFAC has stayed the same size** ☒
Please describe changes in your PFAC size, including reasons for these changes:

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.

Not at this time.
Our advisors are highly engaged and have elected to remove term limits. To maintain fresh perspectives and diverse input, we periodically rotate advisors across committees, especially those involving long-term projects and commitments.

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: <input type="text"/> |

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	33%
Portuguese	23%
Chinese	1%
Haitian Creole	13%
Vietnamese	2%
Russian	2%
French	2%
Mon-Khmer/Cambodian	8%
Italian	4%
Arabic	5%
Albanian	1%
Cape Verdean	22%
Limited English proficiency (LEP)	42%

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?

Patients who speak Spanish or Portuguese.

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 includes people with many different backgrounds and life experiences, helping us better reflect the communities we serve.

Members bring different perspectives based on their age, gender, military service, careers, health experiences, caregiving roles, and other parts of their lives. When recruiting new members, we actively look for people whose experiences can help us learn more and ensure a variety of voices are included.

We understand that some personal experiences and identities can be sensitive to discuss. We approach these conversations with respect because they help us create an inclusive and welcoming council. Today, our PFAC includes older adults, younger adults, veterans, caregivers, members of the LGBTQ+ community, people living with disabilities, and individuals managing chronic or complex health conditions. These diverse perspectives make our discussions stronger and help us better understand the needs of our patients and families.

As we continue to grow, we would like to expand representation from culturally and linguistically diverse communities, including people whose primary language is not English. We also hope to include more young adults, parents of young children, caregivers of children with complex medical needs, cancer survivors, individuals with behavioral health experiences, people in recovery from substance use disorders, and patients or families who have experienced hospice or palliative care. Bringing in these additional voices will help ensure our PFAC continues to reflect the full diversity of the communities we serve.

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

Our PFAC has continued to focus on ensuring that diverse voices are heard and represented. One example came directly from an African American PFAC member who identified a need for greater awareness and education about Sickle Cell Disease. In response, we partnered with our Black Employee Resource Group (ERG), the More Voice of Color Coalition, to provide an educational session on Sickle Cell Disease during one of the ERG's meetings. The session was well received and highlighted the importance of understanding the experiences and healthcare needs of individuals living with this condition.

Building on that success, we expanded the effort by offering an organization-wide Lunch and Learn during Black History Month titled Beyond the Blood: Unmasking Bias in Sickle Cell Disease. This program increased awareness, promoted health equity, and demonstrated how PFAC member feedback can directly influence organizational learning and improvement.

In addition, one of our PFAC members who is part of the LGBTQIA+ community actively participates in our More Pride ERG and regularly attends events alongside staff members. Their involvement helps foster meaningful dialogue, strengthen connections between patients, families, and employees, and ensure LGBTQIA+ perspectives are represented in organizational conversations.

By listening to and acting on the perspectives of members from diverse backgrounds, we continue to strengthen our commitment to inclusion and ensure that the voices of the communities we serve help shape our programs, education efforts, and patient care initiatives.

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* Rarely ☒
- d. Other, please specify:

Co-design is the heart of our vision. We aspire to create a future where patients and families are not simply asked to provide feedback, but are valued as true partners in shaping care at Southcoast Health. Rather than being invited to review ideas after they have been developed, PFAC advisors will play an active role from the very beginning, helping to design solutions, improve processes, and influence decisions that impact the communities we serve. This commitment is reflected in the guiding principle we have adopted, "Nothing for us without us," a powerful reminder that the best healthcare experiences are created when patients and families have a voice at the table from the start.

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.

Over the past year, the PFAC played an active role in improving the patient and family experience by providing feedback, partnering on improvement initiatives, and ensuring the patient voice was incorporated into organizational decision-making.

1. Improved Ambulatory Surgery Communication and Patient Understanding

PFAC members partnered with a multidisciplinary team to address gaps in pre-operative communication that were contributing to patient confusion and dissatisfaction. The need for this work was identified through the review of patient experience data in ambulatory surgery settings. PFAC advisors helped standardize pre-operative and discharge education materials across the health system, ensuring patients receive clear, consistent, and easy-to-understand information throughout their surgical journey. This collaboration will help strengthen communication, improve patient understanding, and help create a more reliable and patient-centered experience.

2. Enhanced the MRI Patient Experience

Through the MRI "Patient Voices in Imaging" workgroup, PFAC members reviewed patient feedback and helped address concerns related to MRI preparation and noise levels. Advisors collaborated with the Imaging team to develop patient-friendly educational resources that clearly explain what patients can expect during an MRI exam. Based on PFAC recommendations, audio recordings of actual MRI sounds were added to the organization's website, allowing patients to better prepare for the experience and helping to reduce anxiety before their appointment.

3. Improved Access to Care Through Service Center Scripting

Following a presentation from Primary Care leadership, PFAC members identified an opportunity to improve how patients are connected with providers through the Service Center's "Find-a-Doc" process. PFAC advisors partnered with Service Center leaders to review and enhance call scripting, making it clearer, more inclusive, and easier for staff to support patients. Their feedback helped create a more patient-centered approach to connecting patients with the right provider. After implementation, PFAC members returned to review recorded calls and collaborated on the development of a standardized evaluation tool that service line leaders can use to assess the quality and consistency of patient interactions.

4. Strengthened Patient Trust in New Technology Initiatives

PFAC provided feedback on patient-facing communications related to artificial intelligence initiatives. By partnering with Marketing and Communications to review new clinic poster materials, advisors helped ensure messaging was clear, transparent, and understandable for Southcoast Health's diverse patient population. Their input supported efforts to build trust and confidence as new technologies were introduced into the care environment.

These initiatives demonstrate how PFAC members serve as valued partners in improving care delivery, patient communication, access to services, and organizational decision-making. By bringing the patient and family perspective into key projects, PFAC helped drive meaningful improvements across the health system.

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?

24. What were the greatest challenges your PFAC faced?

The greatest challenge our PFAC faced this past year remains one we continue to work through today: ensuring that colleagues across the organization understand and embrace the true purpose of PFAC as a co-design partner. While awareness of PFAC has grown, we are often invited to provide feedback after projects are already well underway, limiting opportunities for meaningful patient and family input during the planning and design phases.

This challenge has become even more important as Southcoast Health continues to grow and evolve. With the expansion of our service area, the addition of new locations and practices, and the onboarding of new providers and employees, the need to intentionally incorporate the patient and family voice across the organization has never been greater. As our health system grows, so does the responsibility to ensure that decisions remain grounded in the needs, perspectives, and experiences of the communities we serve.

In some cases, existing committees create separate subgroups to address patient experience concerns rather than integrating PFAC members directly into the broader committee structure. As a result, valuable patient and family perspectives may not be incorporated early enough to meaningfully influence decisions and outcomes. At the same time, growth creates new opportunities and responsibilities for PFAC, requiring us to continually expand our membership, welcome new voices, and ensure representation reflects the evolving communities we serve.

To address this challenge, we continue to educate leaders and teams about the value of co-design and the importance of engaging PFAC at the beginning of projects. Our goal is to foster a culture in which patient and family advisors are recognized as essential partners in designing, improving, and evaluating care. Co-design is the heart of our vision, and our guiding principle, "Nothing for us, without us," serves as a constant reminder that the best solutions are created when patients and families have a seat at the table from the very beginning.

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: **Never** ☐
- c. Patient/family advisers participated in safety improvement initiatives: **Occasionally** ☐

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

PFAC Contributions to Patient Safety

Over the past year, the Southcoast Health PFAC has been an active partner in patient safety efforts across the organization, bringing the patient and family perspective to initiatives focused on communication, care transitions, patient education, and quality improvement. PFAC advisors participated in several patient safety and quality committees, including

1. Sepsis Committee
2. Stroke Committee
3. Falls Committee
4. Healthcare Proxy Workgroup

The PFAC helped to ensure that safety initiatives reflected the needs and experiences of patients and families.

PFAC members also contributed to projects designed to reduce risk and improve patient understanding. Advisors partnered with clinical teams to standardize pre-operative and discharge instructions for ambulatory surgery patients, helping ensure patients receive clear, consistent information before and after procedures.

In addition, PFAC advisors supported efforts to improve communication and care navigation through projects such as

1. MyChart communication standards
2. Various committees working on patient education materials,
3. The healthcare proxy initiative
4. Patient experience rounding

These activities helped identify barriers, improve understanding, and promote safer, more patient-centered care.

By serving on quality committees, partnering on improvement projects, and co-designing patient-facing resources, PFAC members helped strengthen Southcoast Health's culture of safety and reinforced the organization's commitment to ensuring that care is designed with patients and families, not just for them

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?

1. Enhance Patient Experience: PFAC will partner with at least 5 departments to co-design and implement one patient-centered improvement initiative (e.g., discharge checklist, signage enhancement) based on patient feedback.
2. Increase PFAC Visibility & Engagement: PFAC will publish quarterly updates in internal communications to increase awareness and engagement among staff and patients.
3. Improve Communication & Education: PFAC will review and provide feedback on 5 high-use patient education materials to improve clarity, empathy, and accessibility.
4. Regular Monitoring and Reporting: PFAC will publish an annual impact report that includes at least 3 measurable outcomes from PFAC initiatives and feedback shared with leadership.
5. Community Engagement: PFAC will achieve 80% attendance at all PFAC monthly meetings.
6. Equity & Inclusion: PFAC will collaborate with the ERGs

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?

Yes. The PFAC goals closely support Southcoast Health's organizational priorities:

1. Patient Experience: Co-designing improvement initiatives, reviewing patient education materials, and collaborating with ERGs help ensure care is patient-centered, accessible, and responsive to diverse needs.
2. Operational Excellence: Reviewing materials, measuring outcomes, and publishing an annual impact report promote continuous improvement, accountability, and informed decision-making.
3. Brand Elevation: Quarterly communications, community engagement, and public reporting of PFAC impact demonstrate Southcoast Health's commitment to patient and family partnership.
4. Employer of Choice: Increased PFAC visibility and collaboration with ERGs foster a culture of inclusion, engagement, and patient-centered care among staff. Overall, these goals help ensure that patient and family perspectives are integrated into organizational initiatives and support Southcoast Health's strategic priorities.

ADDITIONAL INFORMATION

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

Following the Betsy Lehman Center Spring 2025 Forum, which emphasized the importance of developing meaningful and measurable PFAC goals, we revised our PFAC goals and established specific metrics to track progress and impact.

We also implemented a quarterly PFAC newsletter shared with organizational leaders. The newsletter highlights PFAC projects, accomplishments, and the impact of patient and family advisor contributions, helping to increase awareness of PFAC's role in driving improvements across the organization

The quarterly PFAC newsletter highlights PFAC accomplishments, improvement projects, patient safety and quality initiatives, advisor spotlights, staff and patient perspectives, current workgroups, and measurable impacts on patient experience, communication, access to care, and organizational decision-making. The newsletter serves as a key tool for sharing PFAC successes with leadership and promoting patient and family partnership throughout the organization.

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

We are incredibly proud of the meaningful contributions our PFAC continues to make across Southcoast Health. Through advocacy, collaboration, and a steadfast commitment to elevating the patient and family voice, PFAC advisors have helped shape initiatives that improve the care experience for patients, families, and staff. The impact of this work extends beyond our organization, with healthcare peers recognizing Southcoast Health's commitment to patient-centered care and service excellence. Recently, at an NRC Health event, peers from other Health systems mentioned Southcoast PFAC as an example of strong performance and sustained dedication to patient experience. This recognition reflects the value of authentic patient and family partnership and reinforces our belief that meaningful engagement, guided by our philosophy of "Nothing for us, without us," leads to better outcomes, stronger relationships, and a more compassionate healthcare experience for all.

One visible symbol of this impact is the PFAC Seal, which is placed on materials and initiatives reviewed and supported by PFAC advisors. The seal signifies that the patient and family perspective was incorporated into the work and serves as a powerful reminder of our commitment to co-design. It has also become an effective way to promote PFAC's role and elevate the patient voice throughout the organization.

33. This report was prepared and reviewed by:

a. Name: **Yinka Oluwole**

b. Title: **Excutive Director, Service Excellence & Patient Experience**

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

Kathleen Campanirio, Community co chair
Den DeMarinis, Jr., Patient Advisor
Mary Lou Francis, Patient Advisor
Joan Menard, Patient Advisor
Janet Gillis, Patient Advisor
Geovanny Sequeira, Patient Advisor
Renee Leadbetter, Patient Advisor
Alicia Pimentel, ACNO St. Luke's Hospital
Jadene Elden, VP Revenue Cycle
Tracey Benson, Service Excellence Specialist
Trish Wollner, Service Exc & Patient Exp manager
Cheyanne Dill, Patient Service-Exp Specialist
Melissa Svay-Yang, Patient Service-Exp Spec Sr

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