



**BETSY  
LEHMAN  
CENTER**  
for Patient Safety



## PFAC Annual Report Form

Annual reports are an opportunity for Patient and Family Advisory Councils to summarize their work in the prior year, track progress toward goals, and share successes as well as challenges with the broader community.

### Why complete an annual report for my PFAC?

In Massachusetts, hospital-wide PFACs are required to produce annual reports by October 1 of each year. These reports must be made available to members of the public upon request. In past years, Health Care For All (HCFA) has collected and aggregated hospital reports to share with the wider community.

This template was designed by HCFA to assist with information collection, as well as the reporting of key activities and milestones. As of 2023, the responsibility for collecting and sharing PFAC reports with the broader community has been assumed by the Betsy Lehman Center for Patient Safety. The Center is also planning to revitalize efforts to support PFAC work across the state and will have more information in the coming months on those efforts.

### What will happen with my report?

PFAC reports submitted will be available online in early November at:  
[BetsyLehmanCenterMA.gov/PFAC](https://BetsyLehmanCenterMA.gov/PFAC)

### Who can I contact with questions?

Please contact [Janell.Wilkinson@BetsyLehmanCenterMA.gov](mailto:Janell.Wilkinson@BetsyLehmanCenterMA.gov) or call 617-701-8271.

Please email this completed form to  
[PFAC@BetsyLehmanCenterMA.gov](mailto:PFAC@BetsyLehmanCenterMA.gov) by October 1, 2023.

# 2023 Patient and Family Advisory Council Annual Report Form

*The survey questions concern PFAC activities in fiscal year 2022 only: (July 1, 2022 – June 30, 2023).*

## Section 1: General Information

### 1. Hospital Name: **UMass Memorial Medical Center**

*NOTE: Massachusetts law requires every hospital to make a report about its PFAC publicly available. The Center strongly encourages the completion of an individual report for each hospital-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):

#### 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: **Stacy Keddy, RN – ICU Nurse Manager**
- 2b. Email: **stacy.keddy@umassmemorial.org**
- 2c. Phone: **425-247-8375**
- ☐ Not applicable

### 4. Patient/Family PFAC Co-Chair Contact:

- 3a. Name and Title: **Donna Boulay**
- 3b. Email: **dmboulay23@gmail.com**
- 3c. Phone: **508-333-4506**
- ☐ Not applicable

### 5. Is the Staff PFAC Co-Chair also the Staff PFAC Liaison/Coordinator?

- ☐ Yes – skip to #7 (Section 1) below
- ☒ No – describe below in #6

### 6. Staff PFAC Liaison/Coordinator Contact:

- 6a. Name and Title: **Billie Adler, Patient Experience Specialist | PFAC Program Manager**
- 6b. Email: **billie.adler@umassmemorial.org**
- 6c. Phone: **508-414-6001**
- ☐ 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): **Office of Patient Advocacy**
- ☐ N/A – we did not recruit new members in FY 2022

8. Total number of staff members on the PFAC: **Five**

9. Total number of patient or family member advisors on the PFAC: **15**

10. The name of the hospital department supporting the PFAC is:

**Patient/Family Experience, which is under the umbrella of our Patient/Family-Centered Care Services and Care Continuum at UMass Memorial Medical Center.**

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

**Billie Adler, Patient Experience Specialist | PFAC Program Manager**

12. The hospital provides the following for PFAC members to encourage their participation in meetings (check all that apply):

- ☐ Annual gifts of appreciation
- ☐ Assistive services for those with disabilities
- ☒ Conference call phone numbers or “virtual meeting” options
- ☒ Meetings outside 9am-5pm office hours
- ☒ Parking, mileage, or meals
- ☐ Payment for attendance at annual PFAC conference
- ☒ Payment for attendance at other conferences or trainings
- ☐ Provision/reimbursement for childcare or elder care
- ☐ 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: **Worcester County**

☐ 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								<input checked="" type="checkbox"/> Don’t know
14b. Patients the hospital provided care to in FY 2023	<b>0.3%</b>	<b>2.8%</b>	<b>6.9%</b>	<b>0.0%</b>	<b>69.7%</b>	<b>2.9%</b>	<b>16.6%</b>	<input type="checkbox"/> Don’t know
14c. The PFAC patient and family advisors in FY 2023			<b>20%</b>		<b>80%</b>			<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 2023	<b>11%</b>	<input type="checkbox"/> Don’t know
15b. PFAC patient and family advisors in FY 2023	<b>0%</b>	<input type="checkbox"/> Don’t know

15c. What percentage of patients that the hospital provided care to in FY 2022 spoke the following as their primary language?

	%
Spanish	6.0%
Portuguese	2.3%
Chinese	0.1%
Haitian Creole	0.5%
Vietnamese	0.4%
Russian	0.1%
French	0.0%
Mon-Khmer/Cambodian	n/a
Italian	0.0%
Arabic	0.4%
Albanian	0.3%
Cape Verdean	0.0%

☐ Don't know

15d. In FY 2023, what percentage of PFAC patient and family advisors spoke the following as their primary language?

	%
Spanish	0
Portuguese	0
Chinese	0
Haitian Creole	0
Vietnamese	0
Russian	0
French	0
Mon-Khmer/Cambodian	0
Italian	0
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:**

**We are continuing to advance efforts to recruit members who are representative of the Greater Worcester community and our Medical Center's patient population. Developing culturally sensitive recruitment materials and reaching out to leaders of ethnically diverse community organizations.**

**In addition, a PFAC member has been an active participant on the UMass Memorial Health Diversity, Equity, Inclusion and Belonging Committee (DEIB) and shared the committee's work/perspectives relative to Patient/Family Engagement.**

## 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:

**Volunteer co-chair, staff co-chair and PFAC Program Manager develop agenda and distribute to members prior to the meeting. Over the course of the year, PFAC members suggest ideas for meeting topics/presentations/speakers.**

17b. If other process, please describe:

### 18. The PFAC goals and objectives for 2023 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 2022– **Skip to #20**

### 19. The PFAC had the following goals and objectives for 2023:

- **Establish a more diverse membership by recruiting and bringing onboard members from the following communities:**
  - 1) **Black/African American community**
  - 2) **Southeast Asian community**
  - 3) **Latino community**
  - 4) **Millennial and Gen X populations**
  - 5) **High utilization patients (frequent inpatient stays)**
- **Assist and implement a volunteer rounding program**
- **Celebrate/sponsor PX week in April and PFAC Week in October**
- **Broaden awareness about PFAC and the work we do across the Medical Center and in our community**

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

**Several members participated in a PFAC-based subcommittee to support the Community Closet project, a Medical Center initiative to provide clean clothing to patients on discharge.**

**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):

**PFAC doesn't interact directly with the hospital Board of Directors, but reports indirectly to the Board through the following channels:**

**Annual reports and meeting minutes are submitted to the Clinical Performance Council (CPC), which in turn reports to the Patient Care Assessment Committee (PCAC) of the board.**

- ☐ 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:**

**We communicate with members via email and have a PFAC Facebook page and Instagram page.**

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

**Section 5: Orientation and Continuing Education**

**23. Number of new PFAC members this year: Three**

**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:

**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:

**Section 6: FY 2023 PFAC Impact and Accomplishments**

*The following information concerns PFAC activities in the fiscal year 2023.*

**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)
<b><u>Accomplishment/Impact 1:</u></b>  <b>Partnered with the project mgmt. team on the design/build of the hospital's new inpatient building (North Pavilion). PFAC members toured mock patient rooms and provided input and ideas about the architecture/design. The feedback collected was incorporated into the design of the new inpatient rooms.</b>  <b>PFAC members also provided input and ideas for the Healing Garden that will be located on the premises of the new building.</b>	<input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input – <b>PFAC Program manager reached out to Facilities to initiate partnership on this project and facilitated collaboration throughout the project.</b>
<b><u>Accomplishment/Impact 2:</u></b>  <b>PFAC partnered with UMass Chan graduate-level nursing student on her fellowship project to improve the waiting room experience in the ED. The group worked with her on several phases of the project, including:</b> <ul style="list-style-type: none"> <li>• <b>Signage</b></li> <li>• <b>Self-service Rounding Tool script</b></li> </ul>	<input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input  <b>This was year-long partnership involved several components and meetings/discussion with PFAC.</b>



- ED webpage development on the utilization of the self-service rounding tool

**Accomplishment/Impact 3:**

PFACs members worked with the Palliative Care team and medical residents on the 'My Life, My Story' project – interviewing patients and recording their stories to put in a collection of narratives for respective patients/families.

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

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

Accomplishment/Impact	Idea came from (choose one)
<p><b><u>Accomplishment/Impact 1:</u></b></p> <p>Collaborated with Patient/Family-Centered Care on the initial phase of defining the FY23 Care Partners program. Participated in focus groups during the discovery phase of defining what a Care Partner is and contributed to developing the program's mission statement.</p> <p>PFAC members were featured in the Care Partners video that was created to socialize caregivers about the project and aired during PX Week – they spoke about their lived experiences with being a care partner for a loved one.</p>	<p><input type="checkbox"/> Patient/family advisors of the PFAC</p> <p><input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input</p>
<p><b><u>Accomplishment/Impact 2:</u></b></p> <p>Collaborated with the SHARE Union contract negotiation team to provide consumer perspectives on care, relative to what caregivers need to best serve the patient population to ensure the contract would best support care providers. This project was a first of its kind nationwide.</p>	<p><input type="checkbox"/> Patient/family advisors of the PFAC</p> <p><input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input</p>
<p><b><u>Accomplishment/Impact 3:</u></b></p> <p>Provided patient feedback that was influential in making changes to the development of MyChart platform.</p>	<p><input type="checkbox"/> Patient/family advisors of the PFAC</p> <p><input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input</p>

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

Accomplishment/Impact	Idea came from (choose one)
<b><u>Accomplishment/Impact 1:</u></b> <b>Provided feedback and support for Food Services rollout of the At-Your-Request dining program – members sampled menu items and provided input on menu selections.</b>	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input <b>The Patient Experience Manager of our Food Services program is a staff member on our PFAC, and her involvement promotes and supports an high level of engagement between the two entities.</b>
<b><u>Accomplishment/Impact 2:</u></b> <b>PFAC members participated on a physician/patient panel during the First-Year Medical Student Orientation for the first time – this is part of a continuing effort to develop a synchronistic relationship with the medical school and our MS1 students who participate on PFAC during their first year of education/training.</b>	<input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input <b>PFAC Program Manager is continuing to collaborate with the medical school to engage students in our PFAC Program to enhance their learning; building knowledge about our health care organization and directly interacting with patients/families to understand what's important to them.</b>
<b><u>Accomplishment/Impact 3:</u></b> <b>PFAC engagement on committees and participating in Patient Experience Week and PFAC Week rounding is building brand awareness and elevating staff engagement with PFAC – more teams/leaders are coming to PFAC to gather feedback for QI's and process improvement initiatives.</b>	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input

27. The five greatest challenges the PFAC had in FY 2023:

Challenge 1: Finding a balance between remote/in-person/hybrid meeting formats [post pandemic challenge].

Challenge 2: Despite efforts to diversify membership, our PFAC is not truly representative of our patient population.

Challenge 3: Scheduling challenges with hospital committee meetings.

Challenge 4: Lack of participation on the part of some members who actively attend meetings.

Challenge 5: Some onboarding challenges due to shifting onboarding from the Office of Volunteer Services to the PFAC Program Manager.

☐ N/A – we did not encounter any challenges in FY 2023

**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):

**Cancer Committee, Food Services Committee, EVS Committee, Patient Care Assessment Committee (PCAC), Readmissions Committee, and Patient/Family Experience improvement committees in the following areas: ED, Ambulatory Surgery, and Endoscopy**

- ☐ 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? Committee members report out at our monthly 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 2022

**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 (e.g. 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:**

- **The hospital shared the above information with the PFAC through meeting presentations, email, etc. Subject matter experts were asked to attend meetings to report on Medical Center progress in relation to these areas.**
- **The Chief Quality Officer of the Medical Center and the Sr. Director of Patient- and Family-Centered Care met with our PFAC to report out and inform us about operations, measures, outcomes, and quality and safety in a variety of areas.**

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

- **Quality and Safety: Our Chief Quality Officer met with our PFAC to discuss current quality/safety initiatives and gather feedback about the masking mandate. PFAC feedback was then brought forward to senior leaders.**
- **We also provided feedback and input to team leaders working on system improvement projects related to Social Determinants of Health and SDOH screening intervention measures to improve quality and safety.**

**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): **Masking guidelines, Informatics and Dementia Law, Diversity in Wound Care**
- ☐ 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:

**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):**

**Stacy Keddy, PFAC Staff Co-Chair**  
**Donna Boulay, PFAC Volunteer Co-Chair**

**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: <https://www.ummhealth.org/patients-visitors/patient-and-family-advisory-councils-pfac>
- ☐ 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@umassmemorial.org](mailto:pfac@umassmemorial.org)
- ☐ No

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

- ☒ Yes, link:  
<https://www.ummhealth.org/patients-visitors/patient-and-family-advisory-councils-pfac>
- ☐ No, we don't have such a section on our website