

Patient and Family Advisory Council (PFAC) Annual Report Form



Patient and Family Advisory Councils (PFACs) are an integral part of health care organizations. All licensed hospitals, as well as accountable care organizations devoted to MassHealth members, are required to convene a PFAC on a regular basis and tap its members' expertise and lived experience to help the health care organization better meet the needs of its patients.

The Betsy Lehman Center for Patient Safety oversees PFAC work in Massachusetts. Read more [on the Center's website](#).

Use this form to capture the essential activities of your PFAC during the past fiscal year (July 1 – June 30) and submit to the Betsy Lehman Center by October 1. If your hospital has multiple PFACs, please fill it out for the work of your hospital-wide PFAC, and use the last section to describe the work of any additional PFAC groups. The Center will generate a report from the information submitted and return it to you to distribute throughout the organization and post to your organization's website. The Center will also aggregate information and share an annual report of all PFAC activities in the state.

SECTION I: 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:
 - a. Name:
 - b. Email address:
5. Hospital co-chair:
 - a. Name: **Donna Y. Barrett**
 - b. Title: **Nurse Director**
 - c. Email address: **dybarrett@mgb.org**
 - d. Phone number: **978-825-6300 x1041**
6. PFAC membership [as of June 30]:
 - a. Total number of members: **6 to 10**
 - b. Total number of patient/family advisers: **1 to 5**
 - c. Total number of staff advisers: **1 to 5**

7. Preferred PFAC membership:
- Total number of members: **11 to 15**
 - Total number of patient/family advisers: **6 to 10**
 - Total number of staff advisers: **6 to 10**
8. If patient/family members of the PFAC are subject to term limits, please select the length of terms: **3 years**
9. Which recruiting efforts does your hospital use to identify and attract new PFAC members from the community? (select all that apply)
- | | |
|--|---|
| <input checked="" type="checkbox"/> After visit summary or survey messages | <input type="checkbox"/> Patient/family feedback |
| <input type="checkbox"/> Clinicians' recommendations | <input type="checkbox"/> Social media |
| <input type="checkbox"/> Discussions with people in the clinic | <input type="checkbox"/> Tables at hospital entrances |
| <input checked="" type="checkbox"/> Hospital website | <input type="checkbox"/> Visits to the units |
| <input type="checkbox"/> Grievances | <input checked="" type="checkbox"/> Word of mouth |
| <input checked="" type="checkbox"/> Pamphlets | Other: <input type="text"/> |
10. How often does your PFAC meet? **Monthly**
- If other, please specify:
11. How do you typically convene your PFAC? **A mix of both in-person and virtually**
- If a mix, please describe: **In Person and through Microsoft teams**
12. How often do PFAC members engage in these ways with initiatives presented to them? (Please respond to each.)
- Approval: The department asks for approval from the PFAC on a completed initiative **Never**
 - Feedback: The department asks the PFAC for input on a project in progress **Never**
 - Codesign: The PFAC is involved at the inception of the project **Never**
 - Other, please specify:
- During the fiscal year, PFAC activities were temporarily paused, which limited our ability to engage in the initiatives outlined above.**

SECTION II: ABOUT THE COMMUNITY

13. State regulations call for hospital PFAC membership to be reflective of the community it serves. Two sets of data can help better understand the racial/ethnic makeup of the community and primary languages spoken.
- a. Race/Ethnicity: Use the links in the table below to find data about the race and ethnicity of the community served by your hospital. If your hospital gathers this information differently, please enter it here.

	Percentage of population	
	Catchment area	Patients served
White	75.6664	71.7
Black	5.8	12
Hispanic	7.69	unk
Asian	14.81	3.5
Native Hawaiian and Pacific Islander (NHPI)	0.024	0.1
American Indian or Alaska Native (AIAN)	0.10	0.1
Other	6.06	12.6
Multi	21.00	unk

- b. Languages spoken: The best source will be within your hospital. You may need to ask colleagues in community relations, patient experience, informatics or other record-keepers for this information.

	Percentage of patient population
Spanish	3.39
Portuguese	0.52
Chinese	0.45
Haitian Creole	0.35
Vietnamese	0.21
Russian	no data
French	0.03
Mon-Khmer/Cambodian	0.07
Italian	0.07
Arabic	No data
Albanian	no data
Cape Verdean	0.24
Limited English proficiency (LEP)	n/a

- c. How well do the demographics of your PFAC match the demographics of your hospital's patient population? Fair


14. 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?

As we continue exploring ways to enhance recruitment and ensure our Patient and Family Advisory Council (PFAC) more fully reflect the diverse communities we serve, we remain mindful of the importance of inclusion at every step. Our current members understand the challenges that come with building a truly representative PFAC and approach each discussion and decision with a commitment to inclusivity and respect for varied perspective and voices. One of our valued PFAC staff members also serves as a practicing pharmacist at Salem Hospital. In their leadership role, they are deeply committed to advancing equity within the pharmacy department. They work to ensure that all patient populations—regardless of background or circumstance—receive access to the appropriate medications for their conditions, both during hospitalization and upon discharge. Having this kind of perspective within our PFAC is not only meaningful—it's essential. Their insight bridges frontline healthcare with the lived experiences of patients and families, helping to guide our work in ways that truly matter.

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

During a significant part of the fiscal year, PFAC activities were temporarily paused, which limited our ability to align PFAC membership with the diversity of the community served by our organization.

SECTION III: KEY ACCOMPLISHMENTS AND IMPACT

16. How often do you measure the impact of the PFAC on initiatives? **Never**
17. How often do you track outcome metrics related to PFAC advice? (e.g., improvement in patient experience scores, reduction in falls, etc.) **Never**
18. How often do you track process metrics? (e.g., number of meetings, number of initiatives, etc.) **Always** 
19. 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.

Donna Barrett, a dedicated PFAC staff member, recently shared the inspiring Butterfly Project with our PFAC, inviting thoughtful feedback and heartfelt recommendations. This meaningful initiative is centered on enhancing patient- and family-centered care for individuals nearing the end of life—a time that calls for extraordinary compassion and understanding. The project begins when a patient or their family chooses to focus on comfort measures, marking a gentle but profound shift in care. At that moment, a butterfly symbol is introduced—a quiet, visible reminder to all members of the care team that this patient and their loved ones are now receiving specially focused, comforting support. It encourages staff to approach with added sensitivity, mindfulness, and presence. The idea to introduce The Butterfly Project came from Brigham and Women's Faulkner Hospital, which embodies a deep commitment to dignity, empathy, and human connection during life's most tender moments. Donna's leadership in bringing this initiative forward reflects the values we hold dear in our PFAC: listening, learning, and advocating for compassionate care that truly honors every patient's journey.

20. 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:

21. Did the hospital/organization leadership share its goals for the year with the PFAC membership? **Don't know**

22. Did the work accomplished by your PFAC help advance the organization's goals? **No**

Please describe:

During the fiscal year, PFAC activities were temporarily paused, which limited our ability to align PFAC membership with the diversity of the community served by our organization.

23. What were the greatest challenges your PFAC faced?

Our PFAC remains deeply committed to advancing patient- and family-centered care by ensuring our council reflects the diverse voices of the communities we serve. As part of this commitment, we are actively working to recruit new members and broaden the diversity of our PFAC. We believe that a range of lived experiences and perspectives is essential to meaningful dialogue, thoughtful feedback, and impactful collaboration. In an effort to increase our visibility across the hospital community, we are exploring new ways to connect with staff and departments, raise awareness about the role of PFAC, and highlight the value of patient and family engagement in care improvement efforts. As Mass General Brigham continues to function more cohesively as a system, it can at times be challenging to identify topics that are both locally relevant and appropriate for PFAC input. Nevertheless, we remain flexible and focused, seeking opportunities where our members' insights can have the greatest impact. One such opportunity includes having PFAC members present on hospital units, when appropriate. Their presence can serve as a powerful reminder of our shared commitment to empathy, collaboration, and continuous improvement, helping to bridge the gap between policy and personal experience in real-time care settings. Together, these efforts reflect our ongoing dedication to listening deeply, engaging respectfully, and advocating for care that centers patients and families in every decision.

SECTION IV: 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.

24. 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: **Never**

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

During the fiscal year, PFAC activities were temporarily paused to allow time for a thoughtful reassessment of the PFAC structure across Mass General Brigham. More recently, outside of the current fiscal year, the PFAC has continued to contribute meaningfully to hospital initiatives, particularly in support of patient safety and the overall care experience. A notable example includes the council's recommendations for improving hospital signage—an important initiative aimed at enhancing wayfinding and reducing the stress often associated with navigating a complex healthcare environment. These recommendations were developed in response to a detailed presentation to the PFAC and reflect the council's ongoing commitment to promoting a more accessible, welcoming, and patient-centered experience for all individuals entering the hospital. Additionally, PFAC offered valuable feedback on two key initiatives presented to the group: the Quiet at Night initiative and Purposeful Rounding. Members provided insights on the effectiveness and impact of these programs from a patient and family perspective, helping to refine and reinforce practices that promote rest, communication, and compassionate care. These contributions demonstrate the continued importance of patient and family voices in shaping hospital policies, programs, and environments that prioritize safety, comfort, and dignity.

SECTION V: ADDITIONAL INFORMATION

26. Indicate the committees within your organization on which a PFAC member serves:

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

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

PFAC-led work groups and projects were for the most part paused during the past fiscal year, as PFAC activities were temporarily paused to allow for a broader assessment of the PFAC structure and alignment within the Mass General Brigham system.

SECTION VI: LOOKING AHEAD

28. Does your PFAC have goals for the current year? ☒ Yes ☐ No

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

- 1) Generate new opportunities for the PFAC to review and provide input on hospital initiatives or data related to patient care, safety, quality, and experience.
- 2) Use new resources and strategies for PFAC recruitment, with a focus on recruiting diverse and representative patients and family members to the PFAC
- 3) We are working to foster deeper collaboration with hospital and system leadership to ensure PFAC voices are integrated into key decisions and strategic initiatives and identifying meaningful opportunities for PFAC members to be present and engaged in hospital-based activities.

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

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

As we look ahead to FY26, our PFAC goals are intentionally aligned with hospital-wide initiatives that prioritize excellence in patient care, safety, and the overall patient and family experience. These goals will serve as a foundation for how PFAC can meaningfully contribute to the hospital's mission and ensure that the patient and family voice remains central to our work.

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

While PFAC activities were temporarily paused for much of the previous fiscal year, we are optimistic about a strong resurgence as we progress through the remainder of 2025 and into 2026. Our members remain enthusiastic and encouraged by the positive momentum, including the development of new marketing materials, engaging guest speakers, and a renewed focus on strengthening connections with leadership at Salem Hospital. Members of Salem PFAC look forward to revitalizing the PFAC's impact and continuing to advance patient- and family-centered care.

31. 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:

Donna Y. Barrett, Staff PFAC Liaison/Coordinator
Ralph McHatton, Staff
Suzanne Nevins, Staff
Kathleen Anno, Patient/Family Advisor
Carol Dullea, Patient/Family Advisor
Mary Ellen Tobey, Patient/Family Advisor
Bonnie Weiss, Patient/Family Advisor
*Julie Quinlivan, Patient/Family Advisor
*Julie joined Salem PFAC in August 2025 falling outside of the previous fiscal year, but has been integral in providing support with the annual report.

32. This report is for the state's fiscal year ending June 30, **2025**.