

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: **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:
 - a. Name: **Kathleen Campanirio**
 - b. Email address: **klcampanirio@aol.com**
5. Hospital co-chair:
 - a. Name: **Yinka Oluwole**
 - b. Title: **Executive Director; Service Excellence & Patient Experience**
 - c. Email address: **oluwoleo@southcoast.org**
 - d. Phone number: **508-973-5947**
6. PFAC membership [as of June 30]:
 - a. Total number of members: **>30**
 - b. Total number of patient/family advisers: **>30**
 - c. Total number of staff advisers: **16 to 20**

7. Preferred PFAC membership:

- a. Total number of members: **>30**
- b. Total number of patient/family advisers: **16 to 20**
- c. Total number of staff advisers: **16 to 20**

8. If patient/family members of the PFAC are subject to term limits, please select the length of terms: **n/a**

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

<input type="checkbox"/> After visit summary or survey messages	<input type="checkbox"/> Patient/family feedback
<input checked="" 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 checked="" type="checkbox"/> Grievances	<input checked="" type="checkbox"/> Word of mouth
<input type="checkbox"/> Pamphlets	Other: Open House Event

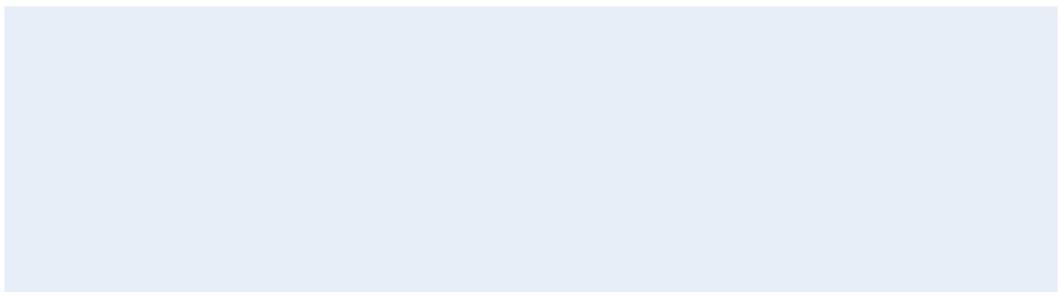
10. How often does your PFAC meet? **Monthly**

If other, please specify: **Twice a month**

11. How do you typically convene your PFAC? **A mix of both in-person and virtually**

If a mix, please describe: **30 min virtual and 1.5 hr meeting Hybrid**

12. How often do PFAC members engage in these ways with initiatives presented to them? (Please respond to each.)

- a. Approval: The department asks for approval from the PFAC on a completed initiative **Sometimes**
- 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:


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	
	<u>Catchment area</u>	<u>Patients served</u>
White	65.5402	58.42
Black	4.1744	5.29
Hispanic	17.2034	4.33
Asian	1.2758	0.66
Native Hawaiian and Pacific Islander (NHPI)	.032703	0.05
American Indian or Alaska Native (AIAN)	.26235	0.19
Other	11.5112	24.22
Multi	13.0820	25.12

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	31%
Portuguese	24%
Chinese	2%
Haitian Creole	11%
Vietnamese	5%
Russian	2%
French	3%
Mon-Khmer/Cambodian	9%
Italian	4%
Arabic	6%
Albanian	1%
Cape Verdean	18%
Limited English proficiency (LEP)	39%

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?

Our PFAC is composed of individuals with diverse backgrounds and lived experiences, reflecting many dimensions of the communities we serve. Members represent a range of identities, including age, income levels, gender, sexual orientation, gender identity, disability status, veteran status, career paths, and experiences with chronic or rare health conditions.

We are intentional in our recruitment and interview process, prioritizing voices that broaden our understanding and strengthen our commitment to inclusive, patient-centered care. While some aspects of identity - such as religion or health status - can be sensitive, we approach these conversations with care, respect, and a focus on building a council that truly reflects our community.

Currently, our PFAC includes representation from most of the groups mentioned above, which enriches our dialogue and decision-making. We recognize religious diversity as an area for future growth and are committed to expanding representation in this and other areas to ensure our PFAC continues to evolve alongside the communities we serve.

15. 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, we have implemented several intentional strategies to better align PFAC membership with the diversity of the community we serve. Our co-chairs actively looked for opportunities to promote the PFAC, build relationships, and raise awareness about opportunities to join.

We also hosted an open house to welcome potential members, providing a space to learn about our mission, engage with current members, and explore how their lived experiences could contribute to our work. This event was designed to be inclusive and accessible, encouraging participation from a broad range of community voices.

Additionally, we partnered with providers across our health system to identify and recommend individuals who bring diverse perspectives—particularly those with unique experiences related to chronic illness, caregiving, disability, and cultural identity. These collaborative efforts have strengthened the inclusivity of our council and helped ensure that our PFAC continues to reflect the voices and needs of the broader community.

Looking ahead, we remain committed to expanding representation in areas such as religious diversity and youth engagement, recognizing these as opportunities for continued growth.

SECTION III: KEY ACCOMPLISHMENTS AND IMPACT

16. How often do you measure the impact of the PFAC on initiatives? **Rarely**

17. How often do you track outcome metrics related to PFAC advice? (e.g., improvement in patient experience scores, reduction in falls, etc.) **Rarely**

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.

Revenue Cycle Engagement

Creation of MyChart Paperless Billing Process: The PFAC played a key role in supporting the rollout of MyChart Paperless Billing. This initiative built upon previous efforts to redesign billing statements, with the goal of making them more patient-friendly and easier to understand.

Redesign of Patient Billing Statements: PFAC members provided valuable input in the redesign of patient bills, ensuring they are clear, accessible, and aligned with patient needs. Their feedback was instrumental in improving the overall billing experience.

Improving Service Center Triage Process for Same-Day Access Slots: The PFAC partnered with Primary Care to enhance the RN-triage process for same-day access appointments, ensuring that patients with the most urgent needs are prioritized and connected with providers more efficiently. In addition to refining the workflow, PFAC members contributed to the redesign of the survey used to monitor this process, helping to ensure it effectively captures patient feedback and outcomes. This collaboration has led to a more responsive and patient-centered approach to same-day care.

Inpatient Pressure Injury Education Brochure: The PFAC contributed to the redesign of the educational brochure on inpatient pressure injuries, helping to ensure the content is understandable and relevant to patients and families.

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: **Website**

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

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

Please describe:

Delight the Talent

Caregiver Recognition – Daisy Awards: The PFAC has played a meaningful role in celebrating the exceptional contributions of our caregivers through the Daisy Awards. By supporting this initiative, the PFAC helps boost morale and spotlight the compassion and dedication of our staff.

Deliver Exceptional Care and Service

ED First Impression Workgroup: PFAC members collaborated with this workgroup to improve the initial experience for patients arriving at the Emergency Department, focusing on creating a more welcoming and efficient process.

Revenue Cycle Workgroup: The PFAC contributed to the redesign of billing processes, making patient bills easier to understand and more user-friendly—enhancing the overall patient financial experience.

Redesign of Bedside Shift Report Process: PFAC input was central to making the bedside shift report more transparent and patient-centered, strengthening communication and trust between patients and caregivers.

Drive the Future: Interviewing Candidates for Key Leadership Roles

PFAC members have actively participated in interviews for key leadership positions, helping ensure that selected leaders embody the organization's values and commitment to patient-centered care.

23. What were the greatest challenges your PFAC faced?

Greatest Barriers Faced by Our PFAC

Over the past year, our PFAC encountered several key challenges:

1. **Measuring PFAC Impact**

Challenge: Difficulty capturing and communicating the PFAC's influence.

2. **Limited Awareness of PFAC Benefits**

Challenge: Limited engagement unless prompted.

One of the ongoing barriers has been increasing awareness among staff about the value and contributions of the PFAC. Despite our outreach efforts, many staff members are not fully engaging with the PFAC unless prompted, which limits opportunities for collaboration and impact.

3. **Sustaining Engagement and Utilization**

Challenge: Maintaining consistent involvement in decision-making.

Ensuring consistent engagement of the PFAC in organizational initiatives and decision-making processes requires continuous communication and reinforcement. We've found that regular reminders and advocacy are necessary to maintain visibility and demonstrate the PFAC's role in enhancing patient care and experience.

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

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

Our PFAC continues is committed to expanding the PFAC's role in identifying and addressing safety concerns, providing feedback on safety protocols, and collaborating on initiatives that promote a culture of safety throughout our organization. One notable contribution is their participation in the creation and roll-out of the Patient and Guest Code of Conduct program. This initiative establishes clear expectations for behavior, ensuring a safe and respectful environment for all patients, guests, and staff.

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 checked="" type="checkbox"/> Diversity and Inclusion	<input checked="" type="checkbox"/> Patient Education
<input type="checkbox"/> Bereavement	<input 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 type="checkbox"/> Pharmacy Discharge Script Program
<input type="checkbox"/> Care Transitions	<input checked="" type="checkbox"/> Emergency Department Patient/ Family Experience Improvement	<input checked="" type="checkbox"/> Quality and Safety
<input checked="" type="checkbox"/> Code of Conduct	<input checked="" type="checkbox"/> Ethics	<input type="checkbox"/> Quality/Performance Improvement
<input checked="" type="checkbox"/> Community Benefits	<input 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: MyChart Workgroup
<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?

Current Groups not listed above

1. Disability Accommodations Committee
2. Staff Recognition - Daisy Award Committees
3. Patient Handbook Committee

Previous Groups

1. Guest & Patient Code of Conduct
2. LGBTQIA+ Knowledgeable and Welcoming Committee

SECTION VI: LOOKING AHEAD

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

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

Expand PFAC Patient and Family Advisors Involvement & Increase Awareness: Enhance the involvement of Patient and Family Advisors and increase awareness of the PFAC across the Southcoast Health System.

Continue to Expand the Committee with More Diverse Membership: Strive to diversify the PFAC membership to better reflect the community we serve.

Collect Feedback on Current Issues: Actively seek feedback from patients and their families to continuously improve the quality of care, patient safety, and overall service at Southcoast Health.

Increase Involvement in Governance and Safety Initiatives: Strengthen the PFAC's role in governance and patient safety initiatives, ensuring their valuable insights and perspectives are integrated into decision-making processes.

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?

Optimize Patient Experience through Exceptional Service:

1. Feedback from PFAC members helps identify friction points and co-create solutions that improve access and navigation.
2. Promoting PFAC visibility helps patients feel heard and valued, which enhances trust and satisfaction.

Support for "Delight the Talent":

1. By involving Patient and Family Advisors in the DAISY Awards process, staff receive recognition not just from peers and leaders—but from the very people they serve.
2. PFAC involvement helps ensure that award nominations reflect what truly matters to patients and families.

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

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31. This report was prepared and reviewed by:

- a. Name: **Yinka Oluwole**
- b. Title: **Executive Director-Service Excellence-Patient Experience**
- c. List additional people's names and titles as needed below:

Kathleen Campanirio, PFAC Co-Chair
Trish Wollner, Manager-Service Excellence-Patient Experience
Tracey Benson, Service Excellence Specialist
Cheyanne Dill, Patient Service - Exp. Specialist
Den DeMarinis, PFAC Advisor
Mary Lou Francis, PFAC Advisor
Rene Ledbetter, PFAC Advisor
Cathie Markow, PFAC Advisor
Geovanny Sequeira, PFAC Advisor
Joan Menard, PFAC Advisor
Janet Gillis, PFAC Advisor

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