



Patient and Family Advisory Council (PFAC) Report Submitted September 30, 2014

Brigham and Women's Hospital Center for Patients and Families

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Patient and Family Advisory Council (PFAC) Report

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1. BWH PATIENT AND FAMILY ADVISORY COUNCIL DESCRIPTION

Goal Statement:

The Patient and Family Advisory Council (PFAC) works in partnership with the leadership and clinical staff of Brigham and Women's Hospital to create an environment of patient and family-centered care across the entire institution, and provide feedback regarding patient and family centered care activities at Brigham and Women's Hospital (BWH). The Patient and Family Advisory Council guides the BWH Patient and Family Centered Care Philosophy and the way it is interpreted and implemented throughout the institution. Through this partnership, discussions and decisions about patient and family-centered care occurs in various meetings and forums.

Reporting Structure:

The Brigham & Women's Hospital Patient Family Advisory Steering Committee is co chaired by the Chief Medical Officer, Chief Nursing Officer, and the Senior Patient Advisor and fourteen patient advisors. This council is the overarching Council for each of the service line patient and family advisory councils. There are currently seventeen service line councils that are either existing, are launching or preparing to start a council along with four research studies that have patient advisors collaborating with research investigators (See Attachment 3). One to two advisors from each of the service line reports to the Steering Committee and thus reports back to the service line thereby making a direct flow of information between the two groups.

Long Term Goals:

- Advise on the infrastructure necessary to create and maintain a patient and family-centered care culture.
 - Continue to identify opportunities for improving the patient and family experience



- Advise on policies and practices to support patient and family-centered care
- Recommend how to better measure/quantify/evaluate patient and family centered-care evolution at BWH

Membership:

Membership of the Council is comprised of patient and family advisors and select representatives of Brigham and Women's Hospital including the Chief Medical Officer (CMO), the Chief Nursing Officer (CNO) and the Senior Patient Advisor as chairs, the Executive Director of The Center for Patients and Families, and The Patient and the Family Advisor Liaison. The BWH service line leadership joins the council on an ad-hoc basis as the need arises they are not considered official members.

Qualifications for membership as an advisor include, being a current or former BWH patient or family member in addition to having a willingness to contribute towards the overall mission of the council while not seeking to pursue a personal agenda. A qualified member shall be someone who successfully satisfies the previous two requirements and completes a membership application, (See Attachment 1) and interview or who has, in another form, been deemed willing and able to contribute towards the larger mission of the council. The application and interview process seek to identify individuals who are:

- interested in serving as advisors
- comfortable in speaking in a group with candor
- able to use their personal experience constructively
- able to see beyond their own experience
- concerned about more than one issue or agenda
- able to listen and hear differing opinions
- representative of patients and families served by the hospital or a hospital program

However, it does not seek to exclude anyone who would need more support than others to serve in the role of advisor. We recognize that individuals can grow and develop in this role. We are committed to having a council that reflects the diverse patient population we serve here at BWH.

Recruitment is primarily reliant on clinician recommendation of potential patient and family advisors; however, members are also identified by the Center for Patients and Families, and in some of the councils, members self-identified.

Selection is based on information provided by the clinician recommending the patient/family advisor. Selection is also determined from the information provided on the PFAC membership application (See Attachment 1) and if invited to an interview, from the information learned in person.

Members Roles & Responsibilities:

The duties of the members include but are not limited to:

- ✓ Serving as a sounding board for initiatives which the institution deems important in order to establish balance with priorities of patients and families
- ✓ Generating new ideas to drive initiatives at all levels of the hospital
- ✓ Sharing best practices across the institution (service-specific & cross-service)
- ✓ Providing feedback as requested by the local advisory councils and subgroups
- ✓ Program planning and evaluation
- ✓ Providing input on institutional policies, programs, and practices, particularly those which affect the care and services that individuals and families receive

Responsibilities of members include but are not limited to:

- ✓ Adhering to the confidentiality requirements and other responsibilities set forth by the hospital during the formal hospital orientation program for volunteers

The council members can participate in various hospital settings. Council members can participate on hospital committees, tasks forces and/or service line patient family advisory councils. Members can participate in the review of Press Ganey results, Ethics Committee, EPIC Patient Engagement and Falls Committee. There are departments requesting that the patient/family advisors participate in the hiring of new hospital staff. Recently the Brigham and Women's Hospital, Associate Chief Nursing Officer requested their patient/family advisors to interview Nursing Director candidates. Some of our departments request that advisors participate as co-trainers for clinical and nonclinical staff, in-service programs, grand rounds, inter-professional rounding and health professional trainees. The Center for Patient and Families often

ask advisors to share their narratives with departments that are considering Patient and Family Advisory Councils.

Structure:

Currently the BWH Steering Committee council has fourteen patient/family advisors and five staff advisors. The patient/family advisors and staff advisors represent their respective service line advisory councils, Care Improvement Council and the Steering Committee.

Governance:

Officers are not elected at the present time, therefore, officer duties do not exist. The Patient and Family Advisory Steering committee structure consists of our senior patient advisor co chairing the council with the CNO and CMO. The Center for Patients and Families is responsible for organizing the Council meetings. The staff liaison for the Council is the project manager for The Center for Patients and Families.

The term of an advisor is set for a three year period with the option to extend the term or become an advisor emeritus based on their area of interest.

The council meets quarterly with each meeting being an hour and a half in duration. It is expected that advisors attend at least 75% of these meetings. Meeting minutes are taken for each meeting and are maintained for five years by the staff liaison. Minutes of Council meetings including Council accomplishments are transmitted to the Care Improvement Council.

PFAC MEETING MINUTES

- ✓ Minutes 3-25-08
- ✓ Minutes 6-24-08
- ✓ Minutes 9-23-08
- ✓ Minutes 12-4-08
- ✓ Minutes 3-24-09
- ✓ Minutes 6-30-09
- ✓ Minutes 9-22-09
- ✓ Minutes 12-3-09
- ✓ Minutes 3-23-10
- ✓ Minutes 6-29-10
- ✓ Minutes 9-28-10
- ✓ Minutes 12-7-10



- ✓ Minutes 3-23-11
- ✓ Minutes 6-29-11
- ✓ Minutes 9-13-11
- ✓ Minutes 12-6-11
- ✓ Minutes 3-8-12
- ✓ Minutes 6-12-12
- ✓ Minutes 9-13-12
- ✓ Minutes 11-28-12
- ✓ Minutes 3-20-13
- ✓ Minutes 6-5-13
- ✓ Minutes 9-25-13
- ✓ Minutes 11-10-13
- ✓ Minutes 3-19-14
- ✓ Minutes 6-11-14
- ✓ Minutes 9-10-14

Evaluation:

- We believe in continuous improvement and the council evaluates itself on topics which are important to the functioning of the council including but not limited to goals, membership and governance. (See Attachment 2)

2. PATIENT AND FAMILY ADVISOR ORIENTATION: OVERVIEW

The patient and family advisor orientation begins with the interview process where the potential advisor learns directly from the area leaders about the area where he/she may serve and what being an advisor would mean.

The patient and family advisor receives a formal four-hour orientation through the volunteer office including training on patient confidentiality. At the end of this process, and after the appropriate vaccinations, as required of any new employee, advisors also receive a hospital identification badge, for their term as an advisor.

The next step brings together the patient and family advisor with the patient and family liaison who will introduce him/her to the concepts of PFCC as set forth by the Institute for Family-Centered Care, share the Brigham and Women's Hospital-specific philosophy statement of PFCC, and provides a brief history on the journey of Patient and Family-Centered Care at BWH. A hospital tour of specific areas is available to the advisors for their respective council. The final step in the orientation takes place when the liaison accompanies the advisor to his/her first meeting.

The orientation through the Volunteer Office is provided once a month and as needed individually. The staff liaison and the Executive Director for The Center of Patients and Families orient the new advisor on an as needed basis and provide individual training to the advisors. Specific topics are discussed by the Chief Medical Officer and Chief Nursing Officer throughout the year in an effort to provide continuing education in the healthcare environment.



3. ADVISOR & PROVIDER ORIENTATION: PFCC CORE CONCEPTS

Patient and Family Centered Care

- The priorities and choices of patients and their families are identified in **collaboration with** the provider to drive the delivery of health care.
- Interventions are done **with** patients and families rather than to and for them

Definition of Family

- The patient and family define the “family”
- The patient and family determine if and how the family will be involved in care and decision-making

PFCC Core Concepts

- Dignity and respect
 - Providers include individual's preferences, culture, capacity and abilities in determining care
- Information sharing
 - Communication is open, timely, complete, understandable
- Participation in care and decision making
 - Presence allows involvement, practice and learning
- Collaboration in policy, program development and design
 - Patient and family advisement at all levels of operations and care delivery

4. ADVISOR & PROVIDER ORIENTATION: BRIGHAM AND WOMEN'S HOSPITAL PATIENT-AND FAMILY-CENTERED CARE PHILOSOPHY

Brigham and Women's Hospital (BWH) commits to working with patients and their families and considers them to be partners at the center of the health care team. At the core of this partnership are the patient's wishes and priorities to help guide their care. Each patient will determine who to define as "family" and choose if and how to involve "family" in care and decision-making. We commit to working with patients and their families to be active participants rather than passive recipients of care.

We seek to understand and meet the needs of our patients and their families, and with the patient's consent, strive to deliver information, which is open, timely, complete, and understandable to them. We extend this commitment with attention to the dignity of and respect for the preferences of both patient and family with respect to culture, capacity, and abilities in determining care. To maintain the vitality of our commitments to patients and families, BWH recognizes the need to incorporate patient and family input on care delivery, policies, and in designing and improving operations and facilities.



5. PATIENT AND FAMILY ADVISORY COUNCIL STRUCTURE & MEMBERSHIP

A. Brigham & Women's Hospital Enterprise Patient and Family Advisory Council (PFAC)

1. Patient and Family Advisory Council (PFAC) est. 12/6/07
 - Purpose: Forum for sharing best practices across the institution (service-specific & cross-service); Sounding board for initiatives which the institution deems important in order to establish balance with priorities of patients and families; Place where new ideas are generated by patients and families to drive initiatives at all levels of the hospital
 - Meeting Frequency: Quarterly
 - Current Advisors: Martie Carnie, Elizabeth Baroncelli, Estrellita Karsh, John and Natty McArthur, Barry Nelson, Joe Nies, Patricia P. Petraglia, Mary Reynolds, Cliff Robinson, Dena Salzberg, Gayle Shumacher, Linda, Smith, Jenifer Walsh
2. Patient and Family Advisory Council Agenda Planning Committee
 - Purpose: Plans the agendas for upcoming PFAC meetings.
 - Meeting Frequency: Meets before and after each PFAC meeting for about one hour.
 - Current Advisors: Martie Carnie

B. BWH Hospital Cross-Service Committees

3. Senior Leadership Care Improvement Council (CIC)
 - Purpose: This hospital board level committee oversees all departments in terms of quality & safety; regulatory requirements and new hospital policies. It also reviews faculty appointment and privileges.
 - Meeting Frequency: Meets one time per month for two hours.
4. Intensive Care Unit (ICU) Leadership Committee
 - Purpose: Intensive Care Unit clinical leaders share and address practice and quality of care issues such as hand washing and Joint Commission requirements.
 - Meeting Frequency: Meets one time per month for one hour.
5. Quality Leadership Council
 - Purpose: Develop multiyear strategic quality and patient safety plan and to review current quality and safety initiatives to ensure integration within hospital operations.
 - Meeting Frequency: Monthly. 2nd Tuesday of each month
6. Council on Disabilities Awareness (contact: Janet Razulis)
 - Purpose: To assess and improve facilities and practices regarding people with disabilities
 - Meeting Frequency: Quarterly



7. Ambulatory Council

- Purpose: BW/F initiative established to create and oversee the development of a comprehensive strategic plan for the BW/F ambulatory enterprise
- Meeting Frequency: Monthly (started meeting in April 2008)
- Current Advisors: Patricia Petraglia, David Altshuler, Kathleen Alvino
- Additional Members: Council membership includes BWH and BWPO leadership and consumers from across the institution, representing many disciplines within ambulatory services. Adler, Dale S.,M.D.; Carusi, Daniela Anne,M.D.,M.S.C.; Chiodo, Christopher,M.D.; Coblyn, Jonathan Scott,M.D.; Ferrazza, Dawn; Hoyt, McCallum Robinson,M.D.,M.B.A

8. Patient Experience Committee

- Purpose: To improve the care experience given to patients in in-patient and out-patient setting
- Meeting Frequency: Monthly
- Advisors: Martie Carnie and Joe Nies

9. Executive Quality and Safety Committee

- Purpose: To improve and provide leadership for all quality and safety initiatives
- Meeting Frequency: Monthly
- Advisors: Martie Carnie and Joe Nies

10. Ethics Committee

- Multidisciplinary advisory group comprised of physicians, nurses, social workers, administrators, clergy and representatives of the community.
- Purpose: Provide consultation through the Ethics Service and a peer review forum for recent ethics consultations, to educate Committee members and the hospital community about the principles and clinical applications of bioethics, to develop new or revise existing hospital policies and procedures that relate to ethics and patient care
- Meeting Frequency: Semimonthly
- Advisor: Michael Coughlin

C. BWH Service-Line Patient and Family Advisory Councils (See Attachment 3):

11. Oncology Care Improvement Council —The Care Improvement Council (CIC) is joint venture between Dana Farber and BWH. The purpose of the council is to discuss any ongoing issues in the inpatient setting. This council meets quarterly and has three patient/family advisors on this council.

12. NICU PFAC— This Council was the first PFAC at BWH and was the first to have paid advisors on staff. They have worked on numerous projects to improve the NICU unit. This council meets once a month and has 4 patient/family advisors.

13. Shapiro PFAC—The Shapiro PFAC is in its fourth year. The council is comprised of cardiovascular patients and family members along with kidney transplant donors and recipients. The council interviewed potential Nursing Director candidates at the request of the Associate Chief Nurse and provided their feedback to her. They



- provided input on the DAISY awards and sponsored a fragrance controlled poster which can be seen on the television monitors throughout the hospital presented for the second time at nursing grand rounds. This council meets monthly and currently has thirteen patient/family advisors.
14. Continuum of Care Council—this hospital level committee is responsible for developing and implementing a long-term strategy for integrating clinical care across the continuum of the patient's health care experience. Thus far, patient input in shaping committee recommendations has been pivotal in drafting first steps in the hospital's future continuum of care strategy. There is currently one patient/family member on the council.
 15. Orthopedics CIC—This CIC has a patient/family advisor on their council. They have created education material for total hip arthroplasty patients. Currently the council is creating an educational video for total hip arthroplasty patients. This council meets once a month.
 16. Obstetric (OB) PFAC—this council is involved in many of the changes and operation issues that have occurred in the Connors for Women's and Newborns (CWN) this year. They are actively engaged in the redesign of CWN 8, the development of the new NICU and other service line changes. Currently there are eight patient/family advisors on this council. This council meets monthly. In between meetings advisors have been called upon to help think about operational changes.
 17. Emergency Department(ED) PFAC—this council is in its third year. Advisors on the council are continuing to shadow physicians, physician assistants, nurses, social workers and business analyst. By shadowing the care team, they have been able to provide constructive feedback. The advisors have been featured in a video that was used for an interactive media poster for the International Patient and Family Centered Care Conference this past summer. The video will also be used to introduce new staff to what patient advisors bring to the table. The advisors also presented to the physician assistants on their role and an opportunity for questions and answers. There are currently four patient/family advisors. This council meets monthly.
 18. South Huntington Medical Home PFAC—this council is in its second year. The council has provided feedback on numerous operational projects from reducing ED visits to patient handouts. They have toured the practice and provided input on the flow process. There are currently five advisors. This council meets monthly.
 19. Empowering Woman PFAC— this council is comprised of eleven women who have been impacted by various forms of intimate partner violence. This council continues to inform policy and procedures for the Coordinated Approach to Recovery and Empowerment (C.A.R.E.) clinic, are actively involved on hospital committees, informing policies and practice and continue to be on Patient Centered Outcomes Research Institute (PCORI) initiatives. This council meets monthly.



20. Patient and Family Nursing Education—the Patient and Family Nursing Education Committee invited advisors to be part of their committee. Advisors started participating on the committees in March 2014. Advisors are currently working with the committee on patient and family dialogue and reviewing education materials. There are three advisors. The committee meets monthly
21. Jen Center PFAC—this council had their inaugural meeting in July 2014. The Jen Center is an internal medicine clinic located within the Brigham. The council's first project was to identify areas that the clinic is doing well and areas that require improvement. Council will be working with leadership on the areas that require improvement. This council has 9 advisors and meets once a month.
22. Sleep Apnea—this council had their inaugural meeting September 2014. The council will support the research investigators and provide insight on what the researchers should focus on in regards to CPAP (Continuous Positive Airway Pressure) compliance issues. The council has 8 advisors and meets once a month.
23. At Large Patient and Family Advisors—these patient and family advisors provide a broad perspective on the hospital environment, issues of disability, medical records and application of computer systems. There are four advisors on this council. The Executive Director of the Center for Patients and Families request their assistance on an ad hoc basis.

D. BWH Patient and Family Advisory Councils in Research

24. Improving the Use of Patient Registries for Comparative Effectiveness—This PCORI grant explores the methodological choices dealing with Patient reported outcomes (PROs) and treatment exposures under different assumptions in a prospective registry of rheumatoid arthritis (RA). The goal is to assess which aspects of PROs are most important to patients through patient focus groups. There is one patient advisor on the stakeholder's group.
25. Strategies to Reduce Injuries and Develop confidence in Elders (STRIDE)—is the acronym for the PCORI/NIA (National Institute for Aging) grant. This grant is a ten site falls reduction effort focused on patients 72 and older. BWH is the lead site and we have four patient advisors on various committees as well as the National Patient and Stakeholders' Committee. This is a five year grant.
26. Transitions of Care—This PCORI grant focuses on the follow-up from inpatient to outpatient status. It involves follow up support services with the PCP and specialty appointments, pharmacy consults, home health, physical and occupational therapy as well as other community resources. There are six patient advisors on the patient engagement team.
27. Prospect—this Moore Foundation grant focuses on dignity and respect in the Medical Intensive Care Unit (MICU). It initiates staff to assess the patient and family needs



and expectations and communicate them to all staff members throughout the stay. We have created a nursing guide and documentation tool and a video for training and education of the MICU staff. We have two patient advisors currently in the study.

Supporting :

The Center for Patients and Families project manager organizes the Steering PFAC meetings, the Shapiro PFAC meetings, Jen Center PFAC meetings and South Huntington PFAC meetings. The other PFAC meetings are managed by either a program manager or nurse manager within their own service lines. The amount of administrative time to support the councils is about twenty hours a month. The council members are provided with parking vouchers when they attend the PFAC meetings. Parking is allotted through the Center for Patients and Families budget. We do not provide stipends to our patient/family advisors.

Maintaining Success with Council:

The Council has made significant strides in bringing awareness of Patient Family Centered Care to care providers and staff. This past year our advisors have been spotlighted in various venues. Our advisors were featured in the semi-annual BWH magazine. The article focused on the multiple patient family advisory councils at BWH and their impact to the institution. Several of our advisors on the Emergency Department PFAC were video interviewed on their perceptions of care in the ED. This video interview was then highlighted at the International Patient and Family Centered Care Conference in Vancouver, August 2014. Several advisors from various councils participated on a nursing tribute video for national Nursing Week. This video was shown during their annual Nursing Celebration Dinner.

The Executive Director for the Center for Patients and Families brought a delegation of nursing, physician and administrative leadership along with a patient advisor to the fall 2013 and spring 2014 Institute of Patient Family Centered Care Conference. From these conferences, nursing and physician leadership brought back ideas on how to further advance patient family centered care in their area/service line.

This past year, the Executive Director for the Center for Patients and Families was asked to select advisors to be on the Patient and Family Education Committee for Nursing and research grants for the Patient Centered Outcomes Research Institute grants.



Please see the section on BWH accomplishments on page 18 for additional accomplishments. Staff members in each PFAC service line will track the specific council's accomplishments. The staff liaison will ensure that the accomplishments are recorded.

Patient and Family Advisory Council 2014-2015 Agenda:

The Patient and Family Advisory Steering Committee has the overarching goal to enhance communication throughout the institution for the upcoming year.. There are three areas that we seek to target. First, we will utilize the simulation labs for physicians and nurses to practice their communication skills with patients by asking advisors to be patients and provide immediate constructive feedback. Second, we will ask advisors to participate in shadowing physicians, nurses and medical staff to evaluate their communication rapport with patients and families. Finally we will focus specifically on Resident Physician's communications with patients and family members.

6. PATIENT AND FAMILY-CENTERED CARE AT BWH: SUMMARY OF ACCOMPLISHMENTS

1998-2001

- *The BWH journey began in 1998 with efforts dedicated to laying the foundation for understanding the voice of our patients and families:*
 - 1st Public Reporting of Patient Satisfaction data to Massachusetts Health Quality Partners and renewed commitment to improving the patient experience
 - Established several multidisciplinary inpatient care improvement teams
 - Established a Patient and Family Relations Department
 - Bretholtz Center and Kessler Library for patients and families opens - created with patient/family input

2002-2005

- *Once the foundation was set, the next stage was marked by a period of searching for innovative improvement ideas that could be readily tested and applied.*
 - Family areas created in Obstetrics
 - Multidisciplinary rounds instituted
 - Web nursery created
 - Enhanced nurse call system implemented
 - Improvement design teams included patient advisors
 - Senior leaders attended Institute for Family Centered Care conference to explore ways to include patient and family advisors

2005-2008

- *The third period of the journey to PFCC was defined by efforts to assess the culture and values at BWH while continuing to make improvements:*
 - Formation of 1st local patient advisory council in the NICU
 - Roll out of meals room service house-wide
 - Development of PFCC philosophy with input from patients and families and over 300 staff from across both service and discipline spectra
 - Inclusion of expert nurses in “Describing what excellent nursing care looks like at BWH” as part of unit-based focus groups
 - Patient & family inclusion in design of Shapiro Cardiovascular Center and seeking input for family zone design

2008-2009

- *The journey continues to be reinvigorated by ideas from the outside and by fortifying linkages between patients/families and those who deliver the care, all with the goal of providing the very highest level of quality care in all of its dimensions.*
 - Press-Ganey Satisfaction Surveys Administered in Ambulatory Practices
 - BWH PFAC Meets for first time and provides input on hospital PFCC Philosophy and Family and Visitor Policy



- Cardiovascular Staff (RNs, PCAs, etc.) receive 4-hr interactive “Connecting with Care” training to learn communication strategies to create, manage and sustain a PFCC environment
- PFAC hears the Dana Farber PFAC story and receive tour of the Carl J. and Ruth Shapiro Cardiovascular Center Prior to Opening
- Carl J. and Ruth Shapiro Cardiovascular Center Opens
- PFAC hears the how family involvement in the NICU lead to creation of a PFAC and to changes in the experience
- PFAC invites Public Affairs director to discuss Boston Globe articles describing care at the BWH
- The Institute for Patient and Family Centered Care Conference: BWH sends 20 delegates from CV, NICU, Ambulatory, Neuroscience, and administration to create action plans to start local councils or further develop existing councils
- Patient and Family Advisor Liaison is hired
- PFAC hears updates from IPFCC Conference
- BWH Patient and Family Advisor Liaison develops member recruitment, interview, and orientation process with input from PFAC advisors
- PFAC hears additional reports from IPFCC Conference and recommends learning about the safety agenda
- Membership efforts are bolstered by CMO and CNO reaching out to chiefs to help identify potential advisors from the various service lines they serve

2010 – 2011

- *The journey continues as more departmental committees and service lines become interested in developing Patient and Family Advisory Councils or having a patient on their existing committee.*
- Maureen Fagan, WHNP – BC / MHA appointed the Executive Director, Center for Patients and Families
- Identification of service line patient and family service line committee development begins
- Training clinical leadership and staff in the principles of patient and family centered care
- BWH welcomed Jacqueline Somerville, RN, PhD, the new Chief Nursing Officer (CNO) and Senior Vice President of Patient Care Services
- BWH welcomed Stanley Ashley, MD, the new Chief Medical Officer (CMO)
- The new CMO and CNO will continue the commitment of having a patient family centered care environment in the organization.
- A large OB delegation goes to IPFCC conference in St. Louis Missouri
- Cardiovascular PFAC held their first monthly meeting in May 2011
- A patient/family advisor was invited on to the Orthopedic Care Improvement Council.
- Readyng the environment for patient family centered care in the BWH OR and ED.
- ED delegation will be attending the IPFCC conference this fall in Madison, Wisconsin
- Adding diverse advisors to the Steering Committee



2011- 2012

- *Our patient family centered care journey continues as we focus on spotlighting our council's achievements and how our councils can assist each service line in providing patient family centered care.*
- In April our Shapiro Patient and Family Advisory Council hosted Nursing Grand Rounds. The topic of the grand rounds was Patients and Families Reflect on Their Hospital Stay.
- The ED started their patient and family advisory council. They have three advisors on their councils. Advisors are working on changing the environment and redefining visitors to support person.
- The South Huntington Medical Home is in the beginning phases of starting a patient and family advisory council.
- The Biomedical Research Institute is exploring the idea of creating a patient and family advisory council.
- Some of our patient and family advisors participated in selecting our hospitals next electronic medical record vendor.
- Our NICU council is the first department in our hospital to have a paid patient/family advisor
- Our councils and council members are being featured in the hospitals bulletin for nurses and physicians.
- Currently our Shapiro Patient and Family Advisory Council are working on having the hospital become a fragrance free environment.
- The Director of Volunteer Services attended the IPFCC conference in fall 2011.
- The ED sent two delegates to the IPFCC conference earlier this spring.

2012-2013

- *Our patient family centered care journey continues as we focus on bringing the patient and family members perspective to staff and clinicians.*
- In October our Shapiro Patient and Family Advisory Council hosted their second Nursing Grand rounds. The topic of the Grand Rounds was reflecting on the Healing Process.
- BWH Center for Patients and Families hosted its first Patient and Family Advisory Council Symposium for Partner's Hospitals in November featuring Julie Moritz as the key note speaker.
- Architects designing a new building for BWH requested patient and family advisors feedback on the blueprints
 - In January, two of our advisors were requested to be part of a Psychiatric Nursing panel discussion to talk about delirium and the family's experience with caring for someone with delirium.
- Empowering Women PFAC held their first Patient and Family Advisory Council meeting in March.
- The South Huntington Medical Home held their first Patient and Family Advisory Council meeting in April.



- The patient and family advisors on the ED council were requested to be part of the interview process for nursing candidates.
- BWH Center for Patient and Families presented with their patient and family advisors at the 13 established medical grand rounds this past academic year. Grand rounds were a one hour panel discussion with 2-3 advisors sharing their narrative.
- The Jen Center/Internal Medicine is in the initial phase of developing a patient and family advisory council.
- The Executive Director for the Center for Patients and Families brought a large delegation to the fall 2012 and spring 2013 Institute of Patient Family Centered Care Conference. Delegates included a patient advisor, ED physician and nursing leadership, Social Worker leadership, Human Resources Leadership and several Executive Directors.
- BWH Ethics Committee and Patient Engagement Committee have each recruited patient advisors to their committees.
- Three advisors are a part of the Inter-professional Rounding research study. Advisors are shadowing clinicians during bedside rounding.
- Two of our patient advisors were asked to participate in a video for the National Association of Healthcare Transport Management. The topic of the video was on how to transport patients when they have delirium.
- The BRI/PCERC received a grant called the Relative Patient Benefits of a Hospital—PCHM (Patient Care Home Model) collaboration within an ACO to Improve Care Transitions. There are six advisors in this study advising the researchers.

2013-2014

- *The patient and family centered care journey continues as we focus on bringing the patient and family perspectives to a wider audience including research.*
- PCORI/BRI is requesting the patient voice and advisors for their research grants
- Patient and Family advisors are becoming more aware about HCAHPS through presentation and discussion
- Patient Family Advisory Steering Committee has been providing feedback on the EPIC system specifically the patient portal.
- Three of our advisors participated with the hospitalist on in-patient bedside rounding
- Three advisors participated in Schwartz Rounds and Medical Residents Grand Rounds in February 2014. Topic of discussion for both sessions were on delirium
- Patient Family Education Committee on boarded three patient advisors in March 2014
- Executive Director for Center for Patients and Families presented on HCAHPS tactics in May 2014 in Cleveland for the Empathy and Innovation Conference.
- Shapiro PFAC participated in interviewing Nursing Directors at the request of the Associate Chief Nurse. They provided feedback on the top three candidates.
- We featured one of our advisors on the TV monitors throughout the hospital asking visitors and staff to be fragrance free.
- Phyllis Jen Center held their first Patient and Family Advisory Council meeting in July.



- Executive Director for Center for Patients and Families, Senior Patient Advisor and Patient Family Staff Liaison attended the International Patient and Family Centered Care Conference in Vancouver, August 2014. They presented on Patient and Family Centered Care in Medical Grand Rounds: The Impact of Patients' Perceptions of Care on Physicians.
- ED Nursing educator and staff nurse created a video featuring the ED advisors on how patient advisors have influenced ED culture change in patient centered care. This video was presented as part an interactive media poster presentation at the International Patient Family Centered Care Conference in Vancouver, August 2014. The video will also be used in the future to introduce staff to patient advisors.
- Associate Chief Nurse presented on research for women affected by violence at the International Patient Family Centered Care Conference in Vancouver, August 2014.
- Four of our patient and family advisors participated in a video for the annual Nursing Celebration dinner. They spoke about their overall experience and the nursing care they received.
- Our patient and family advisors were featured in the semi-annual BWH magazine. The article focused on patient family advisory councils and the role they have at BWH.
- Our advisors have been continually sought after for PCORI studies. Currently about 10 advisors have partnered with researchers PCORI research grants.



7. ATTACHMENTS:

ATTACHMENT 1:

APPLICATION FORM FOR PATIENT AND FAMILY ADVISORS

Please print:

Name: _____
(Last) (First) (MI)

Address:

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: (10 digits) _____ **Cellular Phone:** (10 digits) _____

Work Phone: (10 digits) _____ **Fax:** (10 digits) _____

E-mail Address:

Language(s) You Speak:

Will you allow your contact information to be shared with other committee/advisory council members? (Fill-in choice)

- Yes
- No

I am: (fill-in all that apply)

- A patient
- A family member of a patient
- Other, please specify: _____

Please list times when you are able to attend meetings: (fill-in all that apply)

- Daytime: _____
- Evening: _____
- Weekend: _____

My care provided at Brigham and Women's Hospital was primarily: (fill-in all that apply)

Hospitalization (inpatient): MM/YY

- Clinic visit (outpatient): MM/YY
- Emergency Department care: MM/YY
- Other programs, departments, or services: MM/YY
- Both inpatient and outpatient: MM/YY



I/We would be interested in helping to improve: (fill-in all that apply)

- Patient and family satisfaction tools
- Patient educational materials
- The hospitalization (inpatient) care experience (room, coordination of care, communication, food)
- The care systems and facilities for the surgical experience
- The clinic (outpatient or ambulatory) care experience
- The care systems and facilities for the emergency care experience
- Patient safety and the prevention of medical errors
- Education of medical students and residents, new employees, and other staff about the experience of care and effective communication and support.
- Facility design planning and way-finding
- The coordination of care and the transition to home and community care.
- Issues of special interest (please describe):

ATTACHMENT 2:

Brigham & Women's Hospital— Patient Family Advisory Council
Council Evaluation

Please circle one number for each item.

__ Family Advisor __ Staff Advisor __ other

ALL PFAC Advisors	Strongly Agree-----Strongly Disagree					
1. Overall, I am satisfied in my role as a PFAC advisor.	5	4	3	2	1	N/A
2. The content of PFAC meetings is interesting to me.	5	4	3	2	1	N/A
3. PFAC meetings are productive and valuable use of my time.	5	4	3	2	1	N/A
4. Meeting ten months is frequent enough to meet the need.	5	4	3	2	1	N/A
5. The meeting time is convenient.	5	4	3	2	1	N/A
6. My opinions are listened to and valued.	5	4	3	2	1	N/A
7. The staff liaisons (Maureen Fagan & Celene Wong) are available to me.	5	4	3	2	1	N/A
8. I am involved with the work of the PFAC to the degree that I would like.	5	4	3	2	1	N/A
9. My expectations of the mission and work of this council were accurate.	5	4	3	2	1	N/A
10. Presenters to the PFAC come to listen to and apply the PFAC's perspective on their work.	5	4	3	2	1	N/A
11. The PFAC has the resources it needs to accomplish its mission of promoting family-centered care.	5	4	3	2	1	N/A
12. The PFAC has the support it needs to succeed in its mission.	5	4	3	2	1	N/A
13. The PFAC's structure is adequate to succeed in its mission.	5	4	3	2	1	N/A
Patient & Family Advisors ONLY						
14. I learn things from the PFAC meetings that help me understand how the hospital works.	5	4	3	2	1	N/A
15. I learn things from the PFAC meetings that help me understand how to help the hospital change and improve.	5	4	3	2	1	N/A
16. The hospital actively listens to and applies lessons learned from family experiences and suggestions.	5	4	3	2	1	N/A
17. I was adequately oriented to the work of the council and the expectation of me as a patient and family advisory.	5	4	3	2	1	N/A



Staff Advisors ONLY

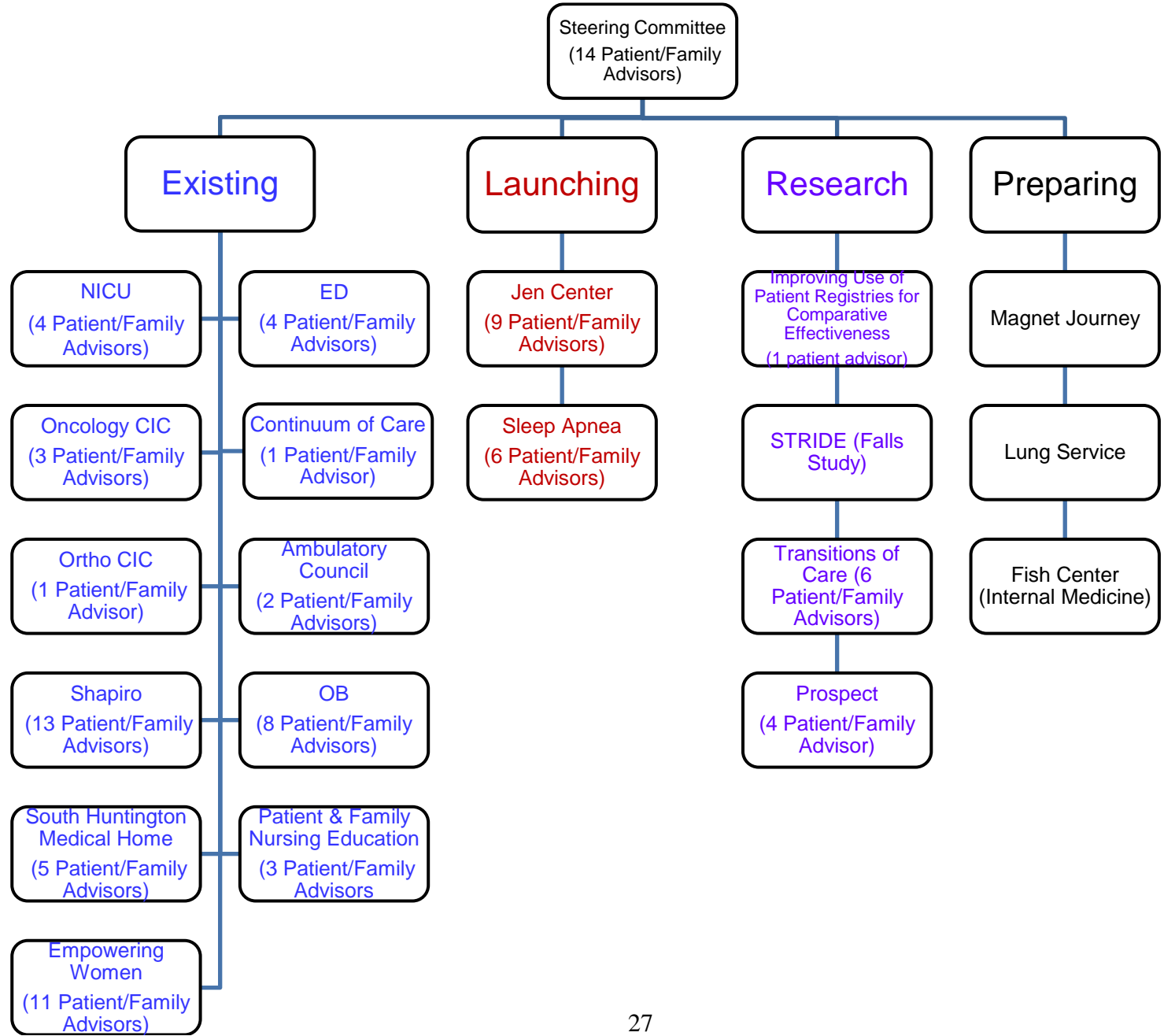
18. The content of PFAC meetings is relevant to what I do.	5	4	3	2	1	N/A
19. I learn things from PFAC meetings that help me promote family centered care where I work.	5	4	3	2	1	N/A
20. I was adequately oriented to the work of the council and expectations of me as a staff advisor.	5	4	3	2	1	N/A

The PFAC's greatest strengths:

The PFAC's greatest challenges/my recommendations for improvement:



Attachment 3: PATIENT AND FAMILY ADVISORY COUNCIL STRUCTURE & MEMBERSHIP





BRIGHAM AND
WOMEN'S HOSPITAL