In compliance with Massachusetts regulations (105 CMR 130.1800 and 130.1801) related to Patient and Family Advisory Councils (PFAC), Brigham and Women’s Faulkner Hospital is submitting this 2013 Annual Report.

The BWFH PFAC was initially established in June of 2009. The current co chairs are: Dr. Margaret Duggan, Chief Medical Officer, Judy Hayes, Vice President of Patient Care Services/Chief Nursing Officer and John Downes who has served as Patient Co-Chair since February 8, 2012. Organizational, the PFAC is listed within the Patient Care Services Division and by charter reports to the BWFH Quality Steering Committee, which includes members of The Board of Directors. Annual Reports are provided to this Committee by the PFAC Facilitator.

**Membership:**

In accordance with our Bylaws, the PFAC is composed of at least 50 percent patients/family or community members. The current membership of patients and family members includes: Jane Maier, Susan Jordan, Cynthia Adams, David LeFevbre, John Downes, Richard Pedroli, Diane Grallo, Annie Lewis O’Connor, Jeff Stone and Judy Ashton.

Hospital staff members include: Nurse Director, 7N (post-op surgical unit); Associate Chief Nurse for Perioperative Services; Director of Patient and Family Relations; Director of Marketing and Public Affairs and Director of Social Work. Two medical residents also participated during this academic year.

Rosemarie Shortt, Director of Patient Family Relations serves as facilitator of the PFAC and provides the staff liaison between the Hospital and PFAC, as well as serving as a permanent member of the Brigham and Women’s Hospital PFAC Steering Committee.

Carol Garcia, Project Coordinator for Vice President of Patient Care Services/Chief Nursing Officer provides staff support to the Council.

Since last reported, in November 2012, meetings were held on the following dates:

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In support of member participation and project planning and implementation, the meetings were increased from quarterly to bi-monthly, and a standing schedule of meetings on the first Tuesday of every other month, from 4:00pm to 5:30pm was established. The calendar of meetings going forward is as follows:
Free parking and light refreshments are served at each meeting. Members who are unable to attend in person have the opportunity to participate by teleconferencing. Communication of upcoming Meeting Agendas and correspondence between meetings takes place by email. In addition, all PFAC related documents, such as meeting minutes, handouts, Power Point presentations are stored on a SharePoint site built exclusively for PFAC business and as a means to facilitate access to work documents and other pertinent information between meetings.

In addition to our scheduled meetings, PFAC members are encouraged to participate in a number of key standing committees. Jeff Stone is a member of the Ambulatory Leaders Council; Diane Grallo represents PFAC as a patient member of the Safety Committee at monthly meetings and reports to the Council on her participation and on-going committee work. John Downes has agreed to become a member of the Total Joint Replacement team that is currently in development as plans for that new initiative unfold.

Invitations have been extended to the Council members for participation in additional hospital wide committee work, including the Quality Steering, Ethics and Patient Satisfaction Committees. While our PFAC members have expressed earnest commitment and interest in committee work, many have explained that time constraints related to full-time work, child care and the committee meeting schedules often prohibit in-person involvement at day time meetings. As a means to meet the numerous requests for PFAC partners in process improvement and committee work, this year we began the practice of inviting department or service line managers and committee chairs to attend PFAC meetings. Presenting their new initiatives or existing challenges to the PFAC members for consultation, these committee members engage in a lively discussion of concepts, such as forms design, language or space layout. Through this consultative process, we have effectively included the voice and perspectives of patients and families in the development and implementation process as well as further evaluation and problem solving stages of improvement projects. Committee representatives are invited to return with further developments of the project for continued feedback. Later in this report there will be highlights of many of these collaborations.

**Recruitment**

This past year we successfully added two new members to the Council, one patient and one family member. Taking advantage of our status as a teaching hospital, an invitation was extended to our house officers to experience the partnership with our patients. This year, a resident and an intern attended one of our meetings. Recruitment of new members is on-going and efforts include a number of methods.

PFAC promotion and activity updates are announced routinely at Hospital-wide trainings, beginning with new employee orientation, at clinical meetings that include members of the
Brigham & Women’s Faulkner Hospital – Patient Family Advisory Council 2013 Annual Report

physician staff such as medical and surgical Grand Rounds, and to hospital administrators at Leadership Council. Presentations are also done at the unit level, in staff meetings or at unit councils to foster awareness and appreciation of the role of our Patient Advisors, especially as we encourage their consultative input on on-going project work.

This spring, the Council created a one page fact sheet highlighting PFAC’s role, charter and recent accomplishments, as well as an invitation to apply to become a PFAC member. These have been distributed throughout the hospital in common area pamphlet racks, in Patient Resource Centers and in physician offices. On October 22, 2013, Dr. Peggy Duggan, Chief Medical Officer and PFAC Co-Chair spoke about our PFAC at the TriAnnual Meeting of the Medical Staff of BWFH, encouraging physicians to refer their patients for membership on the Council. (see attachment #1)

On the Brigham and Women's Faulkner Hospital website, there is a link to the Patient Family Advisory Council’s webpage which displays a photograph of the Council members, the By-Laws, description of recent activities and an invitation to join.

As a demonstration of the hospital’s commitment to the retention and inclusion of PFAC members in hospital-wide activities, we consistently extended our invitation to attend many of the offerings on our Education calendar, including Schwartz Rounds and Management Grand Rounds. They are invited to our Annual Holiday Meal in December and or Winter Ball in February. We have added PFAC members to the distribution list to receive our BWFH Pulse as well as routine and special publications to keep abreast of new initiatives. Articles featuring individual PFAC members have been included in these publications as part of our recruitment efforts to promote the work of PFAC and recognition of it’s’ members. (see attachment #2)

2013 Council Educational Activities and Accomplishments:

- PFAC Bylaws were reviewed by the Council, updated and the approval process completed. (see attachment #3)

- On-boarding procedures were formalized including an application, interview process which includes Council Advisors, and an Orientation Guide/Advisor Handbook. New Advisors are offered the opportunity to work with a peer mentor and specialized pre-training is provided prior to Committee involvement.

- As a way to increase awareness and recognition of the PFAC and its’ role in the organization, the Council worked with our Director of Marketing and Public Affairs to create the new PFAC logo seen at the top of each page of this report. It will be proudly displayed on any PFAC related documents, as well as any teaching tool, pamphlet, etc. that has been reviewed by PFAC to indicate the Advisors’ contribution and/or approval. (see attachment #4)
Periodic Hospital performance updates including quarterly Press Ganey survey results were presented and discussed for PFAC member feedback. Inpatient and Outpatient scores as well as comparisons from quarter to quarter and unit to unit, provided opportunities to review the success or failure of previous improvement efforts.

PFAC consult discussions offer recommendations on strategies for scores that continue to be most challenging to improve, such as noise abatement and communication with the various members of the clinical provider team.

Representatives of the Inpatient Unit Council for 6 South Medical floor consulted with the group on activities related to patient satisfaction and HCAPHC questions. Advisors discussed and offered recommendations on issues related to patients’ readiness/understanding of discharge information. The question “How well prepared were you to manage your illness at home?” was the topic of a lengthy discussion which produced a number of valuable suggestions.

Tracy Sylven, Director of Community Health and Wellness met with the Council to review current community benefit outreach initiatives and goals. The Council members participated in the Community Assessment Survey which will be utilized for future planning based on the needs identified by our patients and community residents.

An Annual Report of Patient Feedback and Complaints, with statistical analysis of trends, rankings and process improvement measures was presented by the Director of Patient Family Relations. PFAC members participated in discussion of improvement opportunities and clarification of issues such as the Hospital’s relationship with outpatient primary and specialty practices housed in the professional office suites section of the main Hospital building and the specifics of “Observation Status” which is currently creating challenges for elderly Medicare patients deemed not to meet criteria for admission or continued stays in the hospital. This topic has been the subject of many recent newspaper and magazine articles as patients and families struggle to understand the complex requirements set out by CMS. Patient education efforts continue as guidelines become even more limiting.

In response to increasing complaints about wait time for Mammography, the manager requested PFAC consultation on a proposal offering different options for the visit. These range from a 120 minute appointment, which includes meeting with the Radiologist to receive test results, to an expedited 60 minute process of having a routine mammogram, then receiving the results by mail. From the valuable perspective of the “customer” sharing personal narratives, PFAC members discussed their own experience and expectations. Through this process a patient letter was
PFAC Members were presented with a draft of the newly revised I Care Standards for review and discussion prior to launching of the new Program which has been incorporated into the hiring and performance appraisal process and is the basis of a new employee recognition process. (see attachment #5)

PFAC member and hospital volunteer Judy Ashton presented an overview of her work in the Behavioral Health Department, including the Psychiatric Partial Program and the Inpatient Psychiatric Unit. She described the work being done to assist patients as they transition from inpatient treatment to outpatient care, and pointed out issues that are important to that patient population and improvement suggestions were forwarded to the Program leadership.

Judy Hayes provided overview of the Partners-wide eCare Project Initiatives. Last year, PFAC members J. Maier and John Downes participated in Partners-wide appraisal of vendor presentations for electronic patient records systems and the selection of EPIC, the system now in development. One of the next steps will include PFAC involvement as subject matter experts in the content building for MyChart, the patient gateway to their medical record, test results, communication with clinical providers, scheduling etc.

An on-going, PFAC initiated project, involved Wayfinding challenges. Patient Advisors reported the need for improved signage and better identification of building landmarks, such as the three different banks of elevators. The Director of Marketing and Public Relations presented updates on new practices and service lines, and the challenge of keeping signage current, accurate and understandable. PFAC members worked throughout the year, offering recommendations for simplifying the placement and layout of directories, enhancements to the wayfinding maps and walk rounds to provide the patient perspective on signage improvements. This work proved to be especially valuable this fall with the re-orientation of all campus parking, crosswalks and handicap accessibility. (see attachment #6)

Before developing its new Service Recovery Program, the Outpatient Satisfaction Committee presented a draft of the proposed model, which the PFAC enthusiastically critiqued, pointing out what mattered to them most when an unavoidable delay or service failure occurs. Hospital-wide training is being developed based on this feedback.

Plans for a new Total Joint Center at BWFH were presented to PFAC to involve them in the planning and decision-making on this new project during the development stage. With the designation of one pod of our surgical floor, 7North to be primarily focused on these orthopedic patients, discussion included the best use of space,
Members of the Post Anesthesia Care Unit Council met with PFAC members to review current visiting procedures and a prototype of a handout for families that would explain the Visiting Policy and guidelines for PACU visits.

**Next Steps – Goals for FY 2014**

- Continue to **recruit culturally diverse members** reflective of our patient population and neighboring communities.

- PFAC member engagement in the content building of **MyChart** in order to ensure that the design and implementation reflects the perspective and literacy needs of our patient population.

- PFAC involvement in the **Total Joint Team** through the development and implementation of new Orthopedic Unit, educational materials, space design and allocation to ensure patient and family centered considerations.

- Continue to partner in problem solving on **Patient Experience /Press Ganey** outcome issues such as coordinating communication among providers, smooth transitioning through the discharge process to the next levels of care, noise at night, way finding, readability of patient teaching materials.
Brigham and Women’s Faulkner Hospital’s Patient Family Advisory Council

The experience of care, as perceived by patients and families, is a key factor in improving health care quality and safety. The perspectives of patients and families is integral in the planning, delivery and evaluation of health care, which is the cornerstone for patient- and family-centered care here at Brigham and Women’s Faulkner Hospital.

For many years, Brigham and Women’s Faulkner Hospital has relied upon the guidance of their Patient Family Advisory Council. This group of former and current patients and family members aims for improvement in quality, access, and safety.

The Patient Family Advisory Council at Brigham and Women’s Faulkner Hospital has instituted the following Charter:

- Brigham and Women’s Faulkner Hospital commits to working with patients and families and considers them to be partners and active participants with members of the health care team.
- We resolve to treat all patients and families with dignity, compassion, and respect. We commit to recognizing differences and preferences of patients and families with respect to culture, ethnicity, and abilities when determining levels of care.
- To maintain the vitality of our commitments to patients and families, we recognize the importance of partnering with them in identifying, designing, evaluating, and improving hospital operations, policies, and care delivery.
- Patient Family Advisory Council members are encouraged to participate in the on-going process improvement work of hospital-wide committees, either as standing members of the committee or by providing consultative feedback when committee members attend Patient Family Advisory Council meetings to collaborate on quality and safety improvement work.

Patient Family Advisory Council Accomplishments

- Participation in the design, use of space, colors and amenities in the Tidet Family Center, including a surgical consult office that provides private space to meet with physicians post-procedure.
- Assistance with the format and content of the new patient handbook, Your Guide to Brigham and Women’s Faulkner Hospital.
- Creation of the Patient Family Advisory Council logo, which was designed to be easily recognizable throughout the organization to signify Patient and Family Advisory Council involvement in content.
- Ongoing assistance with simplifying physician and services directories, wayfinding maps and signage.
- Participation in promotional hospital videos, Through our Doors.
- Redesign of the process for preoperative check in.

If you would like to be more involved with your community hospital and are interested in being considered for the role of Patient Family Advisor, please contact:

Rosemarie Shortt, RN, MM
Director of Patient Family Relations
617.983.7425
rshortt@partners.org
Patient Family Advisory Council member reflects on BWFH, then and now

We recently had a chance to catch up with Annie Lewis-O'Connor, NP, PhD, Program Director of Nursing Practice in the Center for Women and Newborns at BWH and member of BWFH's Patient Family Advisory Council (PFAC). BWFH's PFAC provides a forum for hospital patients, family members, community members, and staff to facilitate family and patient participation in hospital care and decision making, information sharing, and policy and program development.

Besides her ties of working at BWH, and being a member of the BWFH PFAC, Lewis-O'Connor shares that she and her younger sibling were both born at BWFH back when the hospital offered a maternity service. "I can still remember how different the driveway and hedges of the hospital looked in comparison to how things look today," explains Lewis O'Connor. "I can even still remember going to the BWFH Emergency Department when I fell out of the wagon my brother used to push me down the hill in."

"My parents always went to BWFH for all of their care," she continues. "Both of my parents received their care at BWFH up until the end of their lives. When I joined the BWFH PFAC, I wanted to help ensure that the voice of patients like my mom and dad are always heard."

When Lewis-O'Connor sits in on the BWFH’s PFAC meetings, she tries to separate herself from her position as Program Director at BWH where she ensures that patients have a reliable experience, and that their patient needs reflect the highest standards of quality care.

"When my mom and dad were sick, while I was a nurse, my primary role to my parents, at that time, was as their daughter. As a member of BWFH's PFAC, I try to bring that unique perspective to the table." Lewis-O'Connor states that the redesign of BWFH's Taclet Center, a space for the families of patients undergoing surgery, is the type of work she is most proud of helping to achieve as a part of the BWFH PFAC. "With the Taclet Center," she explains, "it was so amazing to first see the plans on paper, to be able to dialogue with BWFH Chief Operating Officer Michael Gustafson and his Leadership Team on design specifics, to really inform the process, and then be able to see the final results come alive."

When asked about the recent rebranding of the hospital as Brigham and Women's Faulkner Hospital, Lewis-O'Connor expressed her excitement, stating that "I think this is a really great evolution for BWFH, in terms of the benefits for patients, families, and clinicians. BWFH has always been a world-class community hospital, and it will be nice for people within the community to have the option to see their doctor or specialist at either their BWH or BWFH location, depending on which location is more convenient."

As a post-script to this story, Lewis-O'Connor was also recently a patient at BWFH. "I chose to seek my treatment at BWFH because it just felt like the best possible choice for my needs. My family has always sought their care at BWFH, due to its excellent care standards, so I will also continue to seek my own care here now and into the future."
Attachment #3 By-Laws Pages 1-7

3 Att. BWFH PFAC By laws signed 2013.pdf

Attachment #4 Logo
Brigham and Women’s Faulkner Hospital’s C.A.R.E. Standards

Brigham and Women’s Faulkner Hospital’s C.A.R.E. Standards guide me in my interactions with patients, family members, visitors, and colleagues in the hospital community. The C.A.R.E. Standards are my commitment to what you can expect during your visit to Brigham and Women’s Faulkner Hospital.

C. Communicate my commitment to providing high quality service
   • I communicate in a polite, professional, friendly, and welcoming manner.
   • I make eye contact, smile, and introduce myself by name and position.
   • I speak clearly, listen actively, and use positive body language.
   • I accept responsibility for miscommunication.

A. Appear and act as a professional
   • I make sure my appearance is appropriate to my work setting (if my position requires a uniform, I make certain it fits properly, is clean and is complete), including wearing my ID badge in a visible place at all times.
   • I maintain a clean and safe work environment throughout the hospital.
   • I represent Brigham and Women’s Faulkner Hospital in a positive way with my actions and appearance.
   • I comply with Brigham and Women’s Faulkner Hospital policies and procedures within legal, regulatory, and ethical practice standards, including participation in mandatory training. I will bring potential matters of non-compliance to the appropriate individual.

R. Respect all individuals
   • I am sensitive to issues of private space, personal dignity, cultural practices, and overall patient needs.
   • I plan for patient needs: interpretation, translation, and other assistive devices.
   • I safeguard patient and employee confidentiality, including using proper telephone and elevator etiquette.
   • I am sensitive to providing services to all patients and customers, regardless of race, color, creed, age, national origin, sexual orientation, and gender identity and/or expression.

E. Extend myself
   • I anticipate the needs of patients, family members and visitors and am resourceful in responding to them.
   • I watch for clues that people need assistance and ask, “Can I help you?”
   • I acknowledge delays and problems, explain the reason to the patient or find someone who can. I communicate frequently with the patient during any waits.
   • I explain what I am doing when providing care or services and ask if I can be of any further assistance.