This 2014 Annual Report for Brigham and Women’s Faulkner Hospital’s Patient Family Advisory Council is being submitted in compliance with Massachusetts regulations (105 CMR 130.1800 and 130.1801) related to Patient and Family Advisory Councils. It reports activity for our Fiscal Year 2014, beginning October 1, 2013 through September 30, 2014.

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. Organizationally, the PFAC is listed within the Patient Care Services Division and by charter reports to the BWFH Quality Steering Committee, which includes the Senior Leadership team, the Physician Chiefs of Service and members of the Board of Directors of the Hospital. Annual Reports are provided to this Committee by the PFAC Facilitator.

**Philosophy**

Understanding the experience of care and services as perceived by our patients and their families is a key factor in improving health care quality and safety. Brigham and Women’s Faulkner Hospital is committed to including the valuable perspectives and ideas of our patients and families in the planning, delivery and evaluation of the care and services we provide. The Patient Family Advisory Council will work in partnership with members of the interdisciplinary health care and leadership teams to support on-going efforts to promote patient-family centered approaches to care, improving the experience of care and clinical outcomes.

**Hospital Mission Statement**

The mission of BWFH is “Excellence in patient care and services delivered in a learning environment, with dignity, compassion and respect”.

**PFAC Charter**

Recognizing the importance of including patients and families in identifying, designing and improving hospital operations, policies and delivery of the highest standard of care, Brigham and Women’s Faulkner Hospital and it’s Quality Steering Committee commits to supporting the working partnership with Patient Family Advisory Council members to strengthen communication and collaboration among patients, families, caregivers, and
staff in order to promote patient and family advocacy and involvement in developing safe and quality care and treatment services.

**Membership:**
In accordance with our Bylaws, greater than 50% of PFAC membership represents BWFH patients and family members. The current membership of patients and family members includes:

- Barbara Harrison
- Jane Maier
- Susan Jordan
- Cynthia Adams
- David LeFevbre
- John Downes
- Richard Pedroli
- Diane Grallo
- Annie Lewis O'Connor
- Jeff Stone
- Judy Ashton

Hospital staff members include:
- Chief Medical Officer
- Vice President for Patient Care Services/Chief Nursing Officer
- Nurse Director, 7N, Surgical Unit
- Associate Chief Nurse for Perioperative Services
- Director of Patient and Family Relations
- Director of Marketing and Public Affairs
- Director of Service Excellence and Special Projects

Beginning in July of this year, the Director of Social Work has rotated off the Council and the Director, Clinical Compliance, Risk Management and Credentialing has joined the Council. Medical House Officers were once again invited to participate during this academic year. With rotating schedules and assignments, the interns and residents aren’t able to commit to participation at every meeting, but are welcome to come to any meeting, participate in the current agenda providing the opportunity for them to engage in active dialogue with patient advisors and bring any questions they may have to the group. 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 September 2013, meetings were held on the following dates:

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<thead>
<tr>
<th>Date</th>
<th>January 7, 2014</th>
<th>March 4, 2014</th>
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<tr>
<td>November 5, 2013</td>
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<tr>
<td>May 6, 2014</td>
<td>July 1, 2014</td>
<td>Sept. 2, 2014</td>
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Last year, during a discussion about how to maintain the momentum of project work and support member participation, the meeting schedule was 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. This has proven to work well and in a PFAC Survey, mentioned later in this report, members expressed a desire to keep the current schedule of meetings going forward.

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 each upcoming meeting Agenda and correspondence between meetings takes place by email. In addition, all PFAC related documents, such meeting minutes, handouts and Power Point presentations are stored on a SharePoint site built exclusively for BWFH PFAC business which facilitates 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. Diane Grallo represents PFAC as a patient member of the Patient Safety Committee at monthly meetings and reports to the Council on her participation and on-going committee work. John Downes has been actively involved in the Total Joint Center team that is currently working on design of this new inpatient unit being developed as a dedicated Orthopedic Surgery unit on the seventh floor. He has played an important role in all aspects of the planning, including the layout of the newly expanded, private rooms, patient gym for PT and OT and the visitors’ lounge.

While our PFAC members have been invited to join other standing hospital committees and some have expressed interest in committee work, many find that professional and family commitments make it difficult to be at the Hospital during the work day. 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 project initiatives, we have had success with our 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.

**Recruitment**

This past year we successfully added another new member to the Council at the recommendation of one of our orthopedic surgeons. This patient has shared with us that as an amputee who has frequent outpatient appointments at the Hospital, she is able to provide a unique perspective on services, signage and the accessibility of the facility itself from the viewpoint of someone with a physical disability.

Recruitment of new members is continuous 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 physician staff, such as medical and surgical Grand Rounds, and to hospital administrators at Leadership Council. Dr. Duggan, PFAC Co-Chair and Chief Medical Officer spoke at a Tri-annual Meeting of the medical staff, highlighting the work of our PFAC and the importance of partnering with our patients and families at BWFH. MDs and NPs and PAs were encouraged to refer candidates to Rosemarie Shortt.

PFAC 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.

Last year, 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 are distributed whenever a presentation is done, and they are broadly available throughout the hospital in common area pamphlet racks, in Patient Resource Centers and in physician offices. 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.

Orientation

Potential PFAC candidates complete a written application which is reviewed by the PFAC Co-Chairs and facilitator. An interview is then conducted with the candidate, facilitator and one or more of Co-Chairs, including our patient Co-chair. The candidate is also given the opportunity to attend a PFAC meeting as an observer if they wish prior to a final decision regarding whether they will move forward to become a member. We provide an overall orientation to the Hospital based on New Employee orientation, but specially designed for new PFAC members. A Guide to the BWFH PFAC is given to new members and a peer mentor is offered, though no patient advisor has requested this aspect of orientation to date.

We are committed to the retention and inclusion of PFAC members in hospital-wide activities and we consistently extend our invitation to attend many of the offerings on our Education calendar, including Schwartz Rounds and Management Grand Rounds. One PFAC member took advantage of one of our Partners’ Perks and attended Boston Red Sox game in July with a group from the Hospital. He shared that the Fenway experience was enhanced by sitting with the employees enjoying the evening with their families as a group. We also extend invitations to our Annual Holiday Meal in December and our Winter Ball in February.
2014 PFAC Educational Activities and Accomplishments

Agenda items are set for each meeting by a variety of means, but approved by the Co-Chairs in advance. Updates on recent Leadership Council Agenda items, upcoming events that may be of interest to the PFAC members and follow up/after action reports are given by the given by the Co-Chairs. During the bi-monthly period between meetings, department managers, committee representatives contact the PFAC facilitator to request a consultation on an identified issue for which they are seeking the viewpoint of the patient.

The PFAC facilitator, who is a member of the BWFH Leadership Council, is routinely ‘on the lookout’ for opportunities to include patient involvement in new initiatives or provide PFAC with updates and information on Hospital projects. Through this consultative process, we have effectively included the voice and perspectives of our patient/ family partners in problem solving stages of improvement projects and again with on-going evaluation of the success of improvements. Committee representatives are invited to return with further developments of the project for continued feedback.

One standing Agenda item, time permitting, is an open discussion during which the patient Advisors share any recent experiences or observations or ask question about a specific matter. They are invited to propose a particular topic for further explanation by one of the Hospital members of the Council, or for the upcoming meeting.

- Rosemarie Shortt, Director of Patient Family Relations, Patient Family Advisory Council (PFAC) facilitator presented the 2013 PFAC Annual Report to the Hospital-wide Quality Steering Committee which included Senior Leadership, Chiefs of Service and members of the Board of Directors. In a power point presentation, examples of PFAC work were included to demonstrate the process improvement work; i.e wayfinding maps prior to consultation with PFAC members who made several constructive recommendations, as well as a version which incorporated their suggestions, signage improvements, educational document revisions.

- Christi Clark Barney, Director of Patient Safety, Quality, Infection Control and Accreditation met with PFAC to report on the Annual Patient Safety Goals and provide an overview of overall safety event volume. She showed Hospital performance data gathered via the rL Solutions reporting system for tracking and trending incidents such as falls tracking, medication errors, near miss events, Hospital associated infections and the data driven analysis of these patient safety issues. A goal of the annual attendance of the patient safety team at the PFAC meeting is to maintain an open dialog with patients and families to help ensure that safety and infection control policies and services are patient and family-centered.

Rosemarie Shortt, Di
As permanent Agenda item, the Director of Patient Family Relations provided a review of Patient Feedback and Complaints, noting trends, patterns and process improvement measures. Members of the PFAC participated in discussion to generate their recommendations for improvement opportunities. Much of the process improvement work that was identified based on patient complaint feedback was familiar to the PFAC through the on-going practice of including PFAC consultation as an important component of the problem solving process, as unique viewpoint provides an essential perspective on many of the issues we seek to improve. In addition, we are often able to measure the success of interventions by the valuable feedback from PFAC members as they observe our after action steps.

Dr. Michael Gustafson, Chief Operating Officer of Brigham and Women’s Faulkner Hospital attended the meeting to provide an overview of recent awards and accolades achieved by the Hospital. His talk explained the significance of each of these, such as Joint Commission recognition and Leapfrog status. He expressed his appreciation to the PFAC members, acknowledging the importance of their partnership with the Hospital and thanked them for their tireless contributions on behalf of the BWFH Community. See attached

Jean Flanagan Jay, Director of Rehabilitation Services reviewed the work of the Outpatient Satisfaction Committee which she co-chairs. She shared an overview of a new customer service training initiative for front-line staff members designed to educate them on their important role in improving the patient experience. 30 staff members from a variety of ambulatory areas including Endoscopy, Rehabilitation Services, Radiology and Special Testing participated in the 4 hour program. Topics covered included best practices on scripting, warm hand-offs and service recovery. Discussion of our patients’ choices and the culture of illness provided a context for the value of understanding how to work with patients who may be experiencing stress or anxiety, how to manage expectations and the resources available to help handle difficult situations.

Mary Beth Dynan, E Care Clinical Operations Manager met with PFAC to provide progress reports and time lines for roll out of EPIC-E Care project scheduled for May 2015. MyChart features were compared to currently used Patient Gateway and she answered several questions for Advisors regarding how patient education and support for the new system will be provided. PFAC input will be solicited as content building for MyChart moves forward.

John Downes, Patient PFAC Co-Chair and Rosemarie Shortt participated in a Partners-wide Patient and Family Advisory Council Symposium hosted by Brigham and Women’s Hospital. PFACs from each of the Partners’ entities were presented by staff and patient advisors for a day-long program to share best practices, discuss challenges and successes, and review on-going initiatives such as recruitment, committee participation and strategies to support building partnerships with patients and families.
PFAC members participated in Community Assessment Survey conducted by the Community Health and Wellness Department in September 2013. As a follow-up, PFAC members receive updates and invitations to participate in Wellness Program initiatives such as exercise and nutrition programming, flu shot clinics and blood sugar and cholesterol screening programs. See attached.

PFAC members were permanently added to the distribution list to receive the PULSE, and other publications for and about BWFH, its staff and employees. This keeps PFAC members informed of Hospital news, such as new employees and medical staff members, new BWFH initiatives and community programs they may be interested in joining. Included in two editions this year were articles profiling two of our PFAC Advisors and their experience in ‘giving back’ to the Hospital by serving on the Council. This represents an on-going effort to publicize the importance of the PFAC work, foster familiarity with the role of patients and families as partners throughout the organization, and assist with recruitment efforts as these publications are read by the community at large. See attached.

Cara Marcus, Director of Library Services and Co-Chair of the Patient Family Education Committee (PFEC) presented an overview of available educational resources in the Patient Family Resource Center and the PFEC current education initiatives such as online videos, reference guides, and the Education channel on Hospital televisions throughout the hospital including patient rooms. Opportunities for PFAC involvement were discussed, including assistance with reviewing print materials, attending PFEC meetings, recommending resources and contributing articles to the newsletter.

Cori Loescher, Associate Chief Nurse for Medical/Surgical Nursing provided a detailed report of performance based on the Balanced Scorecard and Press Ganey survey results for the inpatient and ambulatory services lines. Discussion followed to collect PFAC member feedback including issues identified as opportunities for improvement, including both successful efforts from previous quarters as well as targeted improvement efforts from previous quarters that failed to result in higher survey scores.

Outpatient Satisfaction Committee members consulted with PFAC to request assistance with questions related to the environment of care/healing environment initiatives as well as resent patient complaint data. PFAC Advisors engaged in a lengthy discussion of issues related to televisions in waiting areas. Hours of operation, managing the remote control, channel selection, and volume were debated. Working through various options with staff, the PFAC suggested TVs be tuned in to the Hospital’s Education channel or news only channels – except during broadcasts of graphically disturbing material, which could be inappropriate for children or patients with mental health issues. The consensus was a recommendation that staff periodically monitor the content of broadcasts if not educational, and that TVs be kept silent utilizing the closed captioning feature.

Dr. Edward Liston-Kraft returned to provide PFAC with a 7 month review of the progress and success of the restructured Addiction Medicine Services. He reported enhanced addiction care since integration of patients to the inpatient general medicine
A BWFH PFAC survey was conducted to offer Advisors the opportunity to provide anonymous feedback on their experience with the Council including the following questions:

- What do you appreciate about your role as a PFAC member?
- How effective do you believe your PFAC is?
- How involved is Senior Leadership, are they well represented at meetings?
- What would you change/improve about out PFAC? (projects, meeting time/location, refreshments?)
- Are there topics/projects/goals about which you strongly that we could set as goals for the coming year?
- If you were a new member, what do you feel would be important to the orientation process to help you feel welcomed and prepared for your first meeting?
- Would you consider a minimal time commitment to serve as a mentor for a new PFAC member?

Responses were collated and reviewed by the Co-Chairs and presented to the PFAC members. Comments were positive and demonstrated that Council members feel a strong sense of support and involvement by Senior Leadership. Regarding the meeting times, the majority expressed preference to maintain the current schedule and timing of the meetings. Four members expressed willingness to mentor a new PFAC member and comments indicated that Advisors felt that their orientation and the PFAC Handbook provided a good knowledge base for their work on the Council. See attached.

Representing the Unit Council for the ICU, Patricia Marinelli, the ICU Nurse Director presented a rough draft of a pamphlet for families of ICU patients. The PFAC suggested revisions to text, for example, they pointed out that the paragraph describing the unit routine, visiting hours and clinical rounds implied that visitors were not welcome during rounds, however it was clarified that this was not the intention and with a small change to the text, it made clear that family members were welcome to participate in rounds. According to BWFH policy, who is considered as “family” is defined by the patient and our policy encourages patients to designate a support person to assist them with treatment decisions.

Goals for FY 2015

- Recruitment of new members continues to be a priority. Respect is one of the key components of our C.A.R.E standards, goal is for our PFAC to reflect our patient population. Any efforts to improve the experience of our patients here at BWFH must begin with recognizing, appreciating and supporting their cultural differences and belief systems. It is important that our PFAC be as diverse as our patient population to truly reflect the needs and perspectives of the patients and the communities we serve.
Continue to partner in efforts to improve the patient experience by problem solving on Patient Experience / Press Ganey outcome initiatives by working with groups such as the Out Patient Satisfaction Committee, Service Excellence leaders and Unit Councils on issues such as, patient education and safety, communication and service recovery.

PFAC involvement in development and implementation of ECare plans to introduce and educate patients with the rollout of EPIC / MyChart, the electronic patient access and communication system to be implemented next year.

Continued PFAC participation on the Total Joint Team through the next stages of development and implementation of the new Orthopedic Unit on 7 South to ensure that decisions related to the environment of care and the educational resource materials include patient and family centered considerations.

Respectfully Submitted by: September 30, 2014

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Attachments

Safety Awards.pdf
2013 Community Survey.pdf
PFAC Survey.pdf
