Patient and Family Advisory Council (PFAC) Report
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Brigham and Women's Hospital
Center for Patients and Families
Celene Wong, MHA
Project Manager, Center for Patients and Families
Brigham and Women's Hospital
75 Francis Street
Boston, MA 02115

617-525-9982
617-582-6130 fax
cwong3@partners.org
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 fifteen patient advisors. This council is the overarching Council for each of the service line patient and family advisory councils. There are currently sixteen service line councils that are either existing, are launching or preparing to start a council (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, Nursing Directors meetings and quality and safety meetings. There are departments requesting that the patient/family advisors participate in the hiring of new hospital staff. Recently the Brigham and Women’s Hospital, Emergency Department requested their patient/family advisors to interview nursing 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 fifteen 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 council structure consists of two patient advisors 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

**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 then receive 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, Nancy Graham, Estrellita Karsh, John and Natty McArthur, Joe Nies, Patricia P. Petraglia, Mary Reynolds, Cliff Robinson, Dena Salzberg, Gayle Shumacher, Linda, Smith, Jim Stam, 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, John and Natty McArthur

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
   - **Current Advisors:** Melissa Hoyt
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.; Vitti, Sharon

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

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

10. Oncology Care Improvement Council — The Care Improvement Council (CIC) is a 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.

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

12. Shapiro PFAC — The Shapiro PFAC is beginning its third year. The council created an organizational chart explaining the roles of each care giver. They presented for the second time at nursing grand rounds. Currently they are exploring the travel route for patients being transported on stretchers from one area to another in the hospital. This council meets monthly and currently has fourteen patient/family advisors.

13. 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 on the council.
14. Orthopedics CIC—This CIC has a patient/family advisor onto 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.

15. Obstetric (OB) PFAC—this council is working on several projects which include using white boards as a communication tool, reviewing the policy on support person in the delivery room and registration process. Currently there are eight patient/family advisors on this council. This council meets monthly.

16. Emergency Department(ED) PFAC—this council is entering into their second year. Advisors on the council are shadowing 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 invited to staff meetings. There are currently four patient/family advisors. This council meets monthly.

17. South Huntington Medical Home—this council had their inaugural meeting in March 2013. The council is working on a Patient Practice Agreement and has discussed with leadership the importance of communication either via email or patient gateway. They have also provided feedback on having a monthly or quarterly newsletter. There are currently five advisors. This council meets monthly.

18. Perioperative PFAC—this council is at the formative stage. Currently there is one patient/family advisors on this council but there will be additional advisors by the time the first meeting convenes.

19. Biomedical Research Institute(BRI) – Brigham and Women’s Hospital’s BRI created a Patient-Centered Comparative Effectiveness Research Center (PCERC) to bring together all of the BWH researchers working on patient-centered outcomes research under a single umbrella. The BRI PCERC plans to establish a research-specific Patient-Family Advisory Council - the Brigham and Women’s Informed Health Options Program (BIHOP) - which will provide a conduit to forming partnerships between researchers and individual patients throughout the lifespan of a research project. Patients/caregivers in the BIHOP may be invited to partner with investigators who may engage them as collaborators on research grants.

20. Empowering Woman PFAC— this council is comprised of 9 women who have been impacted by various forms intimate partner violence. These women have helped develop a research proposal, have participated on a hospital-wide planning committee meeting for October (Domestic Violence Awareness Month) and are developing a strategic plan with hospital staff that provides services to women affected by violence. This council meets monthly.

21. Brigham Building of the Future—BWH is constructing a new building for Musculoskeletal and Neurosurgery. The architects for this building have requested patient and family advisors to provide them feedback on signage, way finding and lay
out of the exam room and waiting areas. There are 3 advisors on this council and meet on an ad hoc basis.

22. 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.

Supporting:

The Center for Patients and Families project manager organizes the Steering PFAC meetings, the Shapiro 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 presented at medical grand rounds for thirteen different medical departments. They shared their narratives in a one hour discussion panel and explained the importance of communication with the patient and family members. A few of our advisors were invited to be a part of a discussion panel at the Psychological Nursing Care Conference. Our advisors discussed delirium and provided feedback to the nurses on the care of patients with delirium. Our advisors were so well received that they have been invited back for their next conference. Two of our advisors were also featured in a video for the BWH Central Transport department. In this video our advisors share their experience with transport staff and provide feedback to the staff on how to make the patient feel known and cared for during their hospital stay.

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 2012 and spring 2013 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 Engagement Committee and the Ethics Committee.

Please see the section on BWH accomplishments on page 16 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 2013-2014 Agenda:**

The Council has three goals for the upcoming year. First, is to bring physician leadership from different service lines to the Spring 2014 Institute for Patient Family Centered Care Conference.

When physician leaders attend this conference; they will be able to share what they learn with their colleagues and residents and bring further the awareness of patient family centered care.

The second goal is to host the fall 2014 conference of the Institute of Patient Family Centered Care in Boston, Massachusetts. BWH patient family advisory councils will be engaged to share their narratives for this conference. Finally, three members of the patient advisory council are participating in a research study to explore inter-professional rounding on a medicine six medical units. By participating in rounds our advisors can provide a qualitative inquiry to address the barriers and facilitators that occur during rounds.
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.
- Readying 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.

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.
7. ATTACHMENTS:
ATTACHMENT 1:
APPLICATION FORM FOR PATIENT AND FAMILY ADVISORS

Please print:
Name: ____________________________________________
(First) (Last) (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)
-o Yes
-o No

I am: (fill-in all that apply)
-o A patient
-o A family member of a patient
-o Other, please
   specify: _________________________________________________

Please list times when you are able to attend meetings: (fill-in all that apply)
-o Daytime: _________
-o Evening: _________
-o Weekend: _________

My care provided at Brigham and Women’s Hospital was primarily: (fill-in all that apply)
Hospitalization (inpatient): MM/YY
-o Clinic visit (outpatient: MM/YY
-o Emergency Department care: MM/YY
-o 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

<table>
<thead>
<tr>
<th>ALL PFAC Advisors</th>
<th>Strongly Agree--------Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Overall, I am satisfied in my role as a PFAC advisor.</td>
<td>5 4 3 2 1 N/A</td>
</tr>
<tr>
<td>2. The content of PFAC meetings is interesting to me.</td>
<td>5 4 3 2 1 N/A</td>
</tr>
<tr>
<td>3. PFAC meetings are productive and valuable use of my time.</td>
<td>5 4 3 2 1 N/A</td>
</tr>
<tr>
<td>4. Meeting ten months is frequent enough to meet the need.</td>
<td>5 4 3 2 1 N/A</td>
</tr>
<tr>
<td>5. The meeting time is convenient.</td>
<td>5 4 3 2 1 N/A</td>
</tr>
<tr>
<td>6. My opinions are listened to and valued.</td>
<td>5 4 3 2 1 N/A</td>
</tr>
<tr>
<td>7. The staff liaisons (Maureen Fagan &amp; Celene Wong) are available to me.</td>
<td>5 4 3 2 1 N/A</td>
</tr>
<tr>
<td>8. I am involved with the work of the PFAC to the degree that I would like.</td>
<td>5 4 3 2 1 N/A</td>
</tr>
<tr>
<td>9. My expectations of the mission and work of this council were accurate.</td>
<td>5 4 3 2 1 N/A</td>
</tr>
<tr>
<td>10. Presenters to the PFAC come to listen to and apply the PFAC’s perspective on their work.</td>
<td>5 4 3 2 1 N/A</td>
</tr>
<tr>
<td>11. The PFAC has the resources it needs to accomplish its mission of promoting family-centered care.</td>
<td>5 4 3 2 1 N/A</td>
</tr>
<tr>
<td>12. The PFAC has the support it needs to succeed in its mission.</td>
<td>5 4 3 2 1 N/A</td>
</tr>
<tr>
<td>13. The PFAC’s structure is adequate to succeed in its mission.</td>
<td>5 4 3 2 1 N/A</td>
</tr>
</tbody>
</table>

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

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

The PFAC’s greatest strengths:
The PFAC’s greatest challenges/my recommendations for improvement:
Attachment 3: PATIENT AND FAMILY ADVISORY COUNCIL STRUCTURE & MEMBERSHIP

**Steering Committee (15 Patient/Family Advisors)**

**Existing**
- NICU (4 Patient/Family Advisors)
- Oncology CIC (3 Patient/Family Advisors)
- Ortho CIC (1 Patient/Family Advisor)
- Shapiro (14 Patient/Family Advisors)

**Launching**
- ED (4 Patient/Family Advisors)
- Continuum of Care (1 Patient/Family Advisor)
- Ambulatory Council (2 Patient/Family Advisors)
- OB (8 Patient/Family Advisors)
- South Huntington Medical Home (5 Patient/Family Advisors)
- Empowering Women (9 Patient/Family Advisors)

**Preparing**
- Patient & Family Nursing Education Committee (1 Patient/Family Advisor)
- Perioperative
- Psychiatry (Seasonal Affective Disorder)
- Neuroscience
- Fish Center

**Additional Committees**
- BWH Violence Prevention Committee
- Brigham Research Institute
- Jen Center/Internal Medicine