

# 2019 Patient and Family Engagement Annual Report

**Hospital Name:** Beth Israel Deaconess Medical Center (BIDMC)

**Date of Report:** September 27, 2019

**Year Covered by Report:** October 1, 2018-September 30, 2019

**Year Patient and Family Engagement Program and Hospital-Wide  
PFAC Established:** 2010

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**Report is available by request and posted online at**

**[https://www.bidmc.org/centers-and-departments/social-  
work/patient-and-family-engagement-at-bidmc](https://www.bidmc.org/centers-and-departments/social-work/patient-and-family-engagement-at-bidmc)**

# Summary

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This annual report provides an overview of contributions made by Beth Israel Deaconess' patient and family advisors from October 1, 2018 through September 30, 2019, BIDMC's fiscal year. It includes information about four advisory councils, which include the Hospital-Wide (HW) PFAC, the Health Care Associates Advisory Council (HCA PFAC), Universal Access Advisory Council (UAAC), and the Neonatal Intensive Care Unit Family Advisory Council (NFAC). It also briefly highlights several other ways in which advisors have partnered with staff and providers on improvement efforts, including on committees, in research, on focus groups, in presentations, as educators, and in many other ways.

In March, 2019, the Program Leader for Patient and Family Engagement accepted a new position at BIDMC. During a period of transition, recruitment and patient and family engagement activities, particularly "ad hoc" activities, have been more limited than in previous years.

This year marked the start of a new healthcare system: Beth Israel Lahey Health. The system includes academic and teaching hospitals, a premier orthopedics hospital, primary care and specialty care providers, ambulatory surgery centers, urgent care centers, community hospitals, home care services, outpatient behavioral health centers, addiction treatment programs and more. A future initiative will include the exploration of the relationships between PFACs across the network.

The figures on the following pages demonstrates the wide range in types of engagement in which advisors participated in FY 2019 and the number of hours that advisors contributed to each type of engagement.

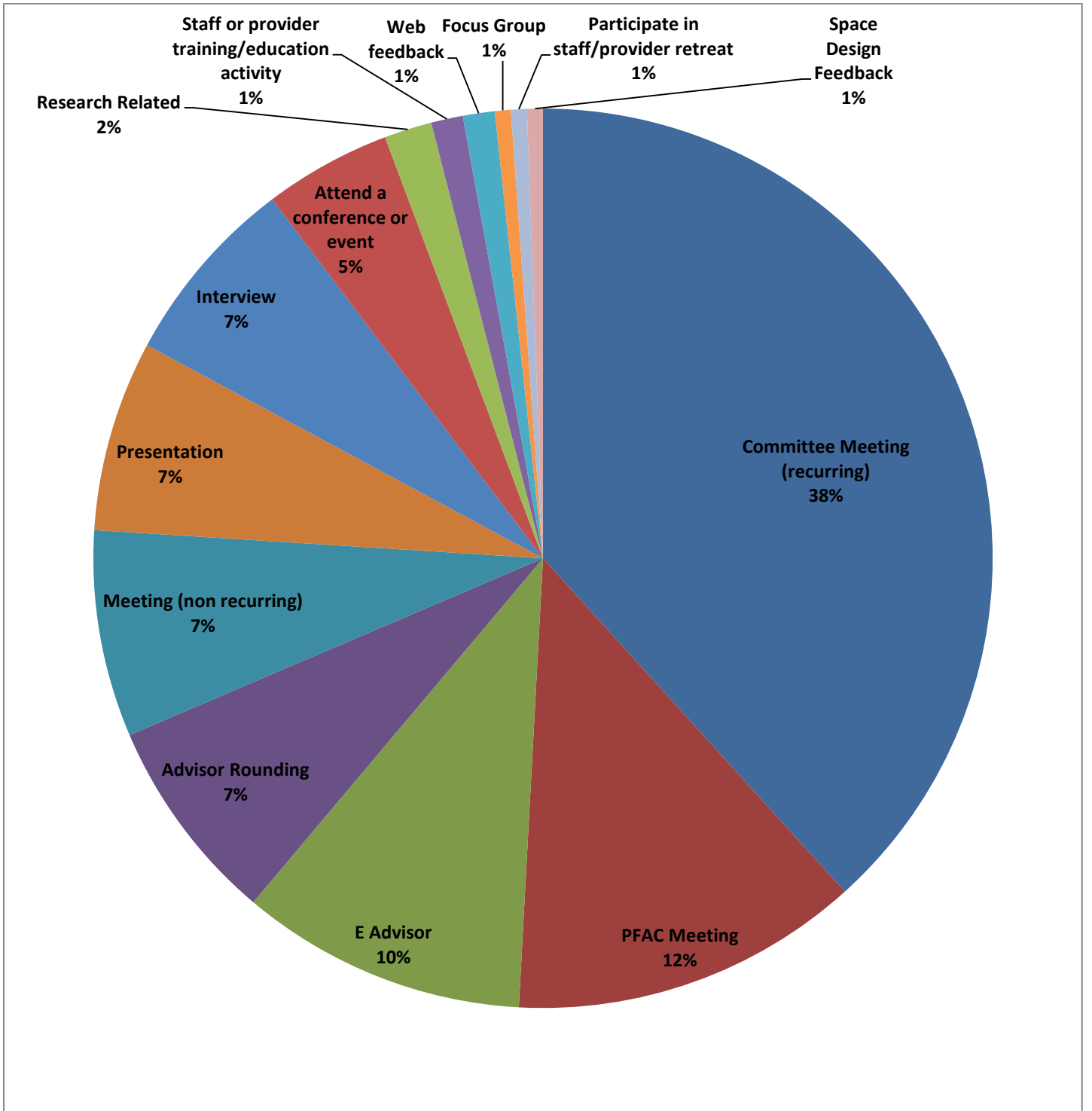


Figure 1: Types of engagement in FY19 by unit (instance)

Figure 1 Legend: Type of Advisor Engagement	Units of each type of engagement in FY19 (N=175)	Units of each type of engagement in FY19 (N=175)
Committee Meeting (recurring)	67	38.3%
PFAC Meeting	22	12.6%
E Advisor	18	10.3%
Advisor Rounding	13	7.4%
Meeting (non recurring)	13	7.4%
Presentation	12	6.9%
Interview	12	6.9%
Attend a conference or event	8	4.6%
Research Related	3	1.7%
Staff or provider training/education activity	2	1.1%
Web feedback	2	1.1%
Focus Group	1	0.6%
Participate in staff/provider retreat	1	0.6%
Space Design Feedback	1	0.6%

Figure 1 shows the frequency of individual units, or instances, of different types of patient/family engagement. For the purpose of measurement, a unit of engagement would be one PFAC meeting; one request for email feedback; one shift of advisor rounding; one conference. The charts show that, in terms of the number of times in which one or more advisors were partnering with BIDMC employees or providers throughout the year, committee meetings represented the majority of this partnership, 37% of all advisor engagement, while PFACs made up 13%. Committees are listed later in the report. Email projects/feedback and educating staff and providers have also figured prominently this year.

While indicative of the breadth of advisor activities, Figure 1 does not take into account the hours spent, or number of advisors participating in a given activity. Figure 2 reflects the number of total hours that were spent on each type of engagement by advisors over the course of the year; figures are impacted by the numbers of advisors involved in each activity, as well as the duration of activities. This figure shows that, while fewer PFAC meetings took place than many other types of engagement, PFAC meetings did represent the highest contribution of “advisor hours”, 30% of all hours.

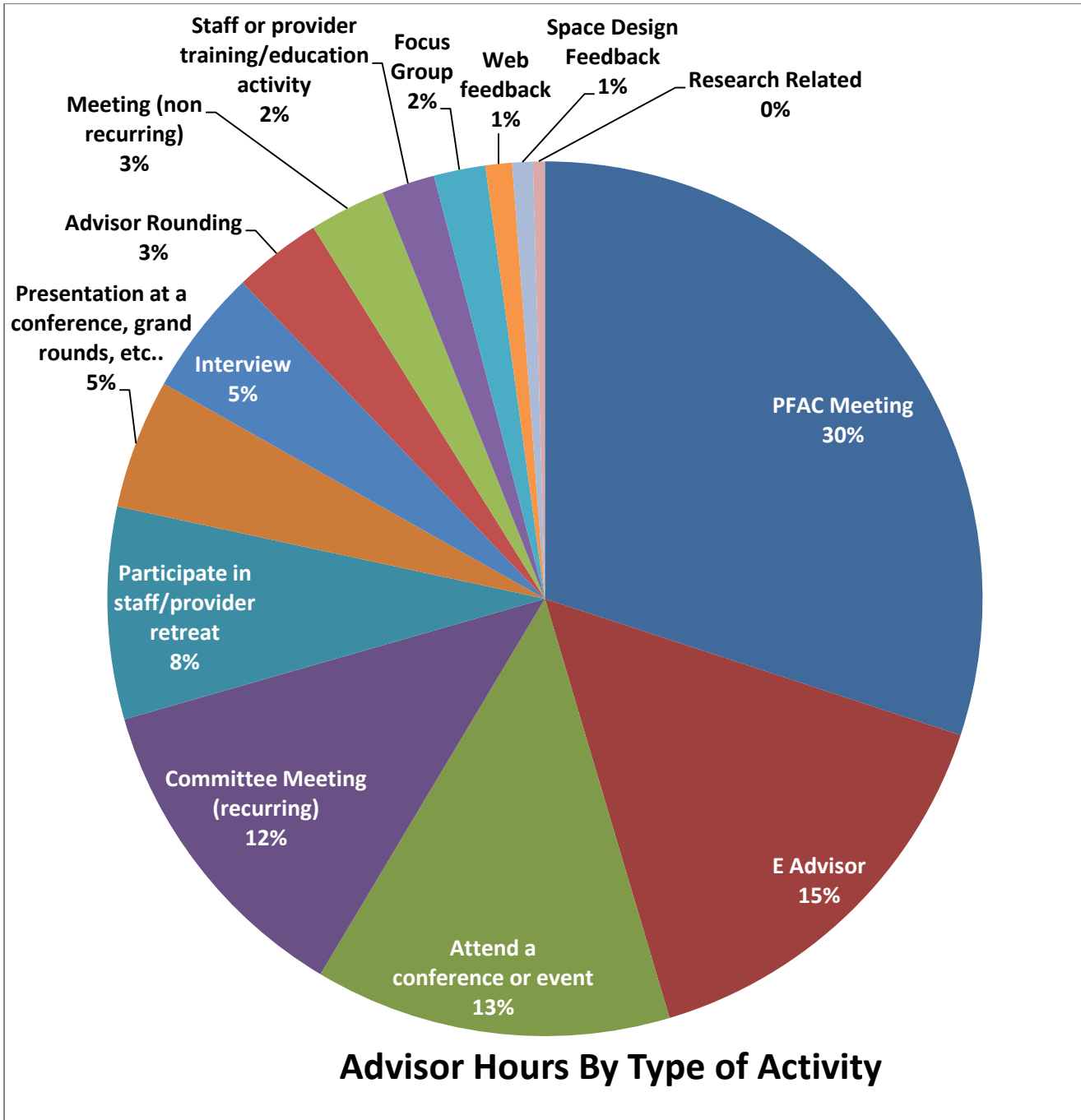


Figure 2: Number of Total Advisor Hours Spent on Each Type of Engagement in FY19 (N=917.5 hours)

<b>FY 2019 - Type of Activity</b>	<b>Advisor Hours # (Total: 932)</b>	<b>Advisor Hours %</b>
PFAC Meeting	276	30%
E Advisor	141	15%
Attend a conference or event	121	13%
Committee Meeting (recurring)	116	12%
Participate in staff/provider retreat	72	8%
Presentation at a conference, grand rounds, etc..	44	5%
Interview	43	5%
Advisor Rounding	30	3%
Meeting (non-recurring)	26	3%
Staff or provider training/education activity	18	2%
Focus Group	18	2%
Web feedback	9	1%
Space Design Feedback	7	1%
Research Related	4	0%

Overall this past year, 70 active advisors contributed a combined total of 932 volunteer hours. The FY 2018 volunteer advisor hours are valued at approximately \$23,691. Factors which have influenced the strength and endurance of BIDMC's Patient and Family Engagement program include: BIDMC's continued investment in the program through the funding of a program leader position; an increase in requests for advisor feedback from parties both inside and

outside of our institution; growing awareness of the Patient and Family Engagement program within and beyond the institution; and continued advisor participation in presentations, at conferences, and rounding on patients to gather real-time feedback.

### **Patient/Family Advisor Recruitment**

Advisor recruitment involves paper and electronic applications, social media postings, word of mouth, presentations at staff meetings, and referrals from providers. This year, the Program Leader presented at the Interpreter Services staff meeting and the Department of Social Work staff meeting with the goal of recruiting for diversity. Application brochures are located in waiting areas and inpatient solariums. The Patient and Family Engagement program maintains a presence on the BIDMC website ([www.BIDMC.org/pfac](http://www.BIDMC.org/pfac)), where potential advisors can find an online version of the application. In-person interviews are conducted by current members of the PFAC along with the Project Leader for Patient and Family Engagement. Members are selected with the following qualifications in mind:

- Ability to listen and hear other points of view
- Ability to share personal experiences in ways that others can learn from them and to then think beyond those experiences
- Culturally sensitive and competent with respect to the diverse patient base that BIDMC serves
- Ability to see the big picture
- Enthusiastic about supporting BIDMC's mission/vision
- Willingness to learn to be an effective council member (know how to ask the tough questions and what to do when not in agreement)
- Seen at BIDMC within the last two years; and
- A sense of humor

The screening process includes: completion of a paper or web-based application; a phone interview with the Program Leader for Patient and Family Engagement; an in-person interview with the Program Leader and an advisor and/or a staff chair of a PFAC; standard volunteer onboarding including CORI (criminal background) screening, HIPAA and compliance training; medical screening as needed for the assignment; and an orientation and training session as needed for the assignment.

Advisors who travel to the medical center or to off-site meetings and events receive free parking or reimbursement for The Ride or public transportation. Food and beverages are served during PFAC meeting and at other meetings and functions that occur during mealtimes. Accommodations available to advisors if needed include interpreter services, assistive devices,

reimbursement for childcare or eldercare, and the ability to participate in meetings by conference call. The hospital holds an annual appreciation celebration for advisors, where they receive a small gift. Advisors do not receive stipends from BIDMC. In rare instances, advisors have received a gift card or small stipend when they have assisted with grant-funded research projects where the project budget included such compensation.

This year, 8 individuals submitted applications. Of these, 1 applicant joined the Hospital-Wide PFAC; 3 became e-advisors/ad hoc advisors, and 3 are still in the application and screening process; 1 did not complete the application or screening process. Reasons for applicants not participating as advisors after submitting applications include: loss to follow-up; lack of an opening on a particular council in which an advisor was interested; change in an applicant's availability to serve as an advisor; or determination by the Patient and Family Engagement team (including advisors who assist with interviewing candidates) that an applicant is not the best candidate at this time for the desired role. The team seeks advisors who have been patients or family members of patients within the recent two years; occasionally new applicants do not have recent experience at the medical center. The team also continually strives to increase diversity on BIDMC's PFACS and committees. It should be noted that the Program Manager for Patient Family Engagement left the position in March to take another position within the Medical Center. This position has yet to be filled and this vacancy also accounts for the lower recruitment and onboarding of new advisors.

The next sections provide summaries of the accomplishments of BIDMC's five PFACs from October, 2018 through September, 2019.

## BIDMC's PFACS:

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### **Hospital-Wide PFAC**

#### **Overview and infrastructure**

The HW PFAC was formed in 2010, the same year that BIDMC established a Patient and Family Engagement program. The program is managed by a Program Leader for Patient and Family Engagement, a full-time position in the Department of Social Work. The Senior Director of Social Work and Patient and Family Engagement oversees the program, which encompasses the hospital's PFACs, as well as other patient and family engagement work throughout the institution. The Program Leader is responsible for coordinating the HW PFAC, recruiting, onboarding, and assigning patient and family advisors, managing the Advisor Rounding project and co-managing the ICU transitions guide program, giving internal and external presentations



about patient and family engagement, and working with providers, researchers, and employees to develop and support partnerships with advisors.

At the start and close of FY 2019 HW PFAC was comprised of 13 patient and family advisors (52%) and 11 BIDMC staff members (48%). One advisor departed and one new advisor joined. Staff members include the Senior Director of Social Work and Patient and Family Engagement, Senior Vice President, Ambulatory and Clinical Services; the Vice President of Health Care Quality, a Hospitalist with an appointment as Associate Director for Inpatient Quality; an Ambulatory Director; the Senior Director and the Program Director of the Office of BIDMC Experience; Director of Ambulatory Operations, Director of Advanced Analytics; Director of Project Management and Process Improvement; a senior IT Project Manager; a nurse specialist in the Emergency Department, and Director of Clinical Operations from BIDCO (Beth Israel Deaconess Care Organization).

As dictated in the Hospital-Wide Patient and Family Advisory Council Bylaws (attached, see appendix) the HW PFAC utilizes term limits. A term is two years; advisors are able to extend their terms for additional one or two years, for a maximum of four years. After the terms are completed, as emeritus members, they will no longer attend meetings, but will have opportunities be active participants in other patient and family engagement opportunities. This year, one advisor's term ended.

The HW PFAC is co-chaired by a patient/family advisor and the Senior Director of Social Work and Patient and Family Engagement. The advisor chairperson is elected by patient/family advisors and serves for two years. If an advisor is elected at the end of his/her third or fourth year, that person may extend his/her membership for one or two years in order to fulfill the two year co-chair term. The current advisor chairperson will serve until September, 2020.

### **HW PFAC Orientation**

New HW PFAC members are oriented at the beginning of their terms by the Program Leader for Patient and Family Engagement and the advisor co-chair. Orientation topics include BIDMC's mission and goals, the HW PFAC's mission and bylaws, member responsibilities, what to expect at meetings, themes of PFAC work, and projects past and present. Additionally, advisors complete volunteer screening including compliance and core education training, and have a criminal background screening. Those advisors who will be spending time in patient areas also have a health screening.

## **HW PFAC Agendas and Meetings**

The council meets every other month, 6 times per year for 2 hours in the evening. Agendas are typically shaped by requests by hospital staff members, providers, researchers, as well as health care professionals from outside organizations. Areas of focus include new hospital initiatives, marketing materials, policies, patient-facing IT enhancements, research projects, patient and family support protocols, communication strategies, and other initiatives.

When requests are made to the Program Leader and Senior Director of Patient and Family Engagement, they consult with the advisor co-chair before deciding whether a topic is appropriate for the agenda and how a presentation should be framed to ensure a productive discussion, such as whether to send “homework” or questions to members in advance of the meeting, or how much time to allot to a topic. After review by the co-chairs of the PFAC and the Program Leader of Patient and Family Engagement, the agenda is finalized and emailed to members at least one week prior to the meeting.

At the start of most meetings, advisors have an opportunity to share health care experiences that they have had since the last meeting. Hospital leaders who are members of the council make note of these experiences to share themes with senior leaders with the goal of improving quality, safety and experience at the local level. AS well, with the permission of the advisor, the staff co-chair or Program Leader ensures that the experiences and associated feedback are shared with the appropriate department leader(s).

A typical meeting involves at least two topics for discussion. Topics discussed at HW PFAC meetings over the past year include:

- November, 2019
  - Development of an electronic Health Care Proxy App
  - Patient Experience at the new BIDMC Retail Pharmacy
  
- January, 2018
  - HealthCare proxy app; Patient Family Engagement website
  - PatientSite Redesign
  - OpenNotes/Ournotes update
  
- March, 2019
  - Dept. of Radiology Goals and Initiatives with particular focus on Patient Experience

- May, 2019
  - Information/Support for families after a death in the hospital
  - Beth Israel Lahey Health Merger
  
- July, 2019
  - BID Lahey Appointment Reminder Letters
  - Patient-Centered Communication in Primary Care
  
- September, 2019
  - AMA Research study – impact of new patient intervention on physician burnout
  - Patient Survey: Understanding and Improving key questions

NE QIN-QIO Patient & Family Advisory Council

The New England QIN-QIO PFAC ([New England Quality Improvement Network/Quality Improvement Organizations](#)) Patient and Family Advisory Council is made up of advisors from across the region who share their experiences, give their opinion about patient materials and provide guidance to the staff of QIN/QIO. QIN/QIO sought partnership with BIDMC’s HW PFAC last summer. The Advisor Co-Chair of the Hospital-Wide PFAC, has been an active member since last fall. The New England QIN-QIO nominated him for an Orme Partnership Award. This Award was established in 2013 by PFCC Partners to recognize a Patient Family Advisor and Healthcare Professional team whose authentic partnership has resulted in authentic patient family centered care practice and culture.



Randy Gonchar, HWPFC Co-Chair, fourth from the left, with his Orme Award

### **HW PFAC Goals:**

The HW PFAC has not had a formal goal-setting process; the work of the PFAC aligns with BIDMC's annual operating goals. The mission of BIDMC is "to provide extraordinary care, where the patient comes first, supported by world-class education and research", and the operating goals of the institution are grounded in this mission. Having advisors partner with providers and employees on our PFACs, committees, and other projects, helps keep the needs and preferences of patients at the center of improvement initiatives.

### **Health Care Associates Advisory Council (HCA PFAC)**

Health Care Associates is the primary care division of BIDMC. HCA establish a PFAC in 2013, and their model has largely involved embedding advisors in committees and task-forces. This year, HCA PFAC Advisors participated in:

- No-show task force (10 meetings)
- Access task force (10 meetings)
- Social Determinants of Care Working Group (10 meetings)
- AR<sup>2</sup>C (Arrive, Register, Room, Care) task force (biweekly) and patient simulations (16 meetings)
- HCA operations Advisory Committee (monthly)
- [Patient Experience Task Force HCA \(monthly\)](#)
- Call center redesign committee (10 meetings)
- Primary Care Initiative Network meetings and PCIN Case study
- Dialogues Task Force (Linde Task Force) 2 Advisors 8 meetings on caring for patients with Limited English Proficiency
- QI Focus Group on *Why patients Stay or Leave HCA* (Resident Run Innovation Project) (Once)
- 3 times a year HCA PFAC meetings

Advisors also gave input to new self-scheduling system, Population Health Diabetes Materials, letters regarding insurance coverage of primary care visits, letters regarding changes in mass health coverage, letters regarding missing appointments.

The goal of the No-Show Task Force is to minimize missed appointments which impair HCA's ability to give other patients prompt appointments. The task force has developed several strategies including improved patient-centered signage about the no-show policy, and additional reminders by phone, text, email, and mail.

The Access Task Force focuses on improving the availability of timely appointments for patients, and improving the system by which appointments are scheduled. HCA seeks to replace a system that books patients with the "next available" provider, with a system that will foster continuity of care; patients will be scheduled to see their own providers, or a member of that provider's team, in as timely a manner as possible. The new system aims to be more patient/family centered, and benefits not only patients and their family members, but providers as well. Improved access will ideally reduce the use of the Emergency Department for health issues that can be managed in a primary care setting.

The AR<sup>2</sup>C (Arrive, Register, Room, Care) Task Force focuses on improving the patient, provider, and staff experiences from the moment the patient arrives at the clinic to when the physician arrives in the examining room. Using the PDSA model and simulations involving real patients, providers, and staff members, the Task Force has worked to make the clinic run more smoothly, with improved teamwork, reduced waiting time, and better communication between patients, family members, and members of the health care team.

In addition to participating in the above groups, advisors will be joining the Diabetes Task Force and the Population Health Task Force this coming fall. Through their regular involvement at multiple weekly leadership meetings, advisors have had an enormous impact on strategically improving the patients', providers' and staff members' experiences in Health Care Associates this year.

## **Universal Access Advisory Council**

Established in 2010, the mission of Beth Israel Deaconess Medical Center's (BIDMC) Universal Access Advisory Council is to provide input and guidance for the medical center in offering a welcoming, accessible, and comfortable environment for individuals with disabilities and other access challenges. The Council supports and facilitates ongoing dialogue benefitting all members of the BIDMC community – patients/consumers, staff, families, volunteers, and visitors related to access to the structures, equipment and offered services for those with disabilities; informing and educating various departments about disabilities and accessibility concerns/needs; and identifying opportunities for improvement based on internal feedback and current events related to the ADA regulations.

The UAAC currently includes 6 patient/family advisor members who have experienced a range of accessibility challenges, and approximately 20 regular staff attendees from a wide variety of disciplines and departments including facilities, ambulatory care, nursing, radiology, interpreter services, food services, physical therapy, legal, business conduct, health care quality and several others.

Over the past year, the Council was provided an overview of the BIDMC training and education materials relevant to Business Conduct and Compliance, with a focus on the availability of resources for staff related to topics including Sensitivity and Awareness Trainings, Equal Employment Opportunity and Affirmative Action initiatives, the medical center's commitment to making reasonable accommodation for disabled individuals in the work place and care environment and BIDMC's Patient Bill of Rights.

The Council continued to provide feedback on the new inpatient building that will be built over the next several years. Council members provided feedback during a walk-through of room designs to confirm, suggest or opine on selections made by architects and clinical leaders for the medical/surgical areas as well as the ICU settings planned for the New Inpatient Building. Feedback has resulted in several changes that will improve accessibility for patients and families.

Presentations from Patient Relations and Patient Experience leaders at BIDMC provided the Council with trended data analysis and context around patient feedback received over the 2018-19 years in the areas of access, accommodation and the availability of equipment and/or space to provide care as planned.

Other large scale initiatives at BIDMC that have benefitted from engagement with the Universal Access Advisory Council include :

- The revision of existing policies and staff education around the [process for decision making for service animals in patient care access](#) . The Council endorsed the revisions and the added focus of accountability of the handler and service animal as detailed in ***BIDMC's Rights & Responsibilities of a Service Animal and its Handler under the ADA Guidelines***.
- Providing valuable feedback and suggestion to the ***Accessibility Hub at BIDMC*** – a compendium of resources for BIDMC's staff that is currently under construction. This tool kit will provide resources and services available to access information, direction, and understanding on how to best serve patients and visitors with disabilities and other access challenges while at the medical center.
- The ongoing partnership between advisors and Council staff members to publish a quarterly newsletter, ***BIDMC Universal Access News Clips***, which highlights current events and publications related to accessibility. This is shared with the Council via email and more broadly through BIDMC's internal communication team to departments across the medical center.

Moving into the 2019-20 year, the UAAC looks forward to continuing its contribution in the important work of bringing forward ideas, suggestions, real example and experiences to promote improvements in facility accessibility for patients, staff and visitors that support equitable and improved access to BIDMC's care delivery teams and services.

2018/9 - Health Care Associates Advisory Council (HCA PFAC)

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## NICU Family Advisory Council

The NICU Family Advisory Council (NFAC) was created in 2006. Currently, the council includes 22 family members and 15 staff members. Between 2018-2019 (September to September), the council met three times, advising on the following initiatives:

- The NICU opening of a new Special Care Nursery and renovation of current NICU in Fall 2018 and 2019.
- Launch of Meditation and Relaxation Techniques, a support program offered to NICU Families on a weekly group basis or individually at the bedside.
- Through the support of the NFAC, families of patients continue to receive Sweet Peas care packages to help with their comfort and daily concerns in the NICU.
- The NICU continues to host alumni craft nights in support of current NICU families. The Halloween Costume creation in 2018 and the partnership with Project Sweet Peas in Winter 2018 to bring Santa to the NICU garnered significant media attention.
- The creation of a pilot Hospitality & Lodging program set for Fall 2019 to offer NICU Families who are dealing with significant acuity, transition, or great distances to travel an opportunity to stay closer to the hospital.
- The pilot program of FICARE (Family Integrated Care) on the NICU which has been co-lead by two NICU Parents and a Nurse. This pilot program supports the full integration of families in the care of their infants on the NICU and uses hands on learning and collaboration to empower parents and help them prepare for the eventual transition home.
- The ongoing improvements and roll out of MyNICU- an online tool for NICU families to access information about the BIDMC NICU, their baby, make requests, and participate in self-directed teaching online.
- The creation of a Sibling Storytime program with the help of BIDMC Volunteer services, a program that facilitates opportunities for NICU Parents to bond with their older siblings without having to choose between home and the NICU.

Council members have also informed the following NICU programs:

- Meet and Greet parent lunches and dinners, where NICU families connect with each other in a casual setting to share their experience and socialize with NICU peers.
- Eve of Thanks: The NICU also hosts an evening for alumni families to come and share pie and good cheer with current NICU families. This event will take place again this year in November 2019.
- An ongoing NICU Peer mentorship program in support of current NICU families connecting with NICU Graduate parents for support.
- The ongoing growth and expansion of our NICU Learning through Listening (LTL) program, which encourages parents to talk, read, and sing to their baby at least 20 minutes a day.
- The expansion of our NICU’s Music Therapy, in partnership with Berklee School of Music, which brings a certified music therapist to the unit to not only work with the babies, but to empower parents with unique tools for calming, comforting, and interacting with their babies.

## Beyond the PFACs:

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Patient/family engagement permeates a wide variety of projects and outcomes at BIDMC; its value is inestimable. The following tables list the contributions that advisors made in FY 2018 outside of PFAC meetings.

### Committees and Task Forces

Below is a list of BIDMC committees on which advisors have participated in FY 2018.

Ongoing Committees	# of Advisors
Respect and Dignity Action Committee	2
Patient Care Assessment Committee of the Board of Directors (quality & safety)	2
Ethics Advisory Committee	2
PatientSite Governance Committee	3
Inpatient QI Retreat and work group	4

Quality Innovation Network / New England Quality Improvement Organization PFAC	1
BIDMC Experience Taskforce	2
Diversity and Inclusion Workgroup	1
Opioid Task Force	2
BIDMC New Inpatient Building Community Advisory Committee	1
Health Care Associates Task Forces (No Show, Access, AR <sup>2</sup> C)	5

## Focus Groups

Advisors have participated in 1 focus group this year.

Focus Group Topic:	# of Advisors
Respect and Dignity Focus Group	7

## Education of Medical Students, Staff Members, Volunteers, and Physicians

Type of training/event:	# of Advisors
Psychiatry Grand Rounds	2
Educational film about Gender Identity, for staff training	1
Medical Grand Rounds about cultural sensitivity in med school curriculum	5
Ethics Case Conference	1
Ambulatory Staff Trainings	1

## Presentations

Advisors participated in presentations about the following topics in FY 2018:

Presentation:	# of Advisors
IHI Conference Presentation – Respect and Dignity	1
PFCC Partners Annual Conference Presentation	1
Harvard Medical School Course on Patient/Family Centered Care	1
Open Notes in Mental Health Care Conference	1
ICU Grand Rounds	2

## E-Advisor Projects

Advisors provided feedback by email on the following projects or documents in FY 2018.

Project/Document	# of Advisors
Patient Information Sheet about Catheter-Associated Urinary Tract Infections (CAUTI)	8
Discharge Planning Questionnaire	5
Food Services Appreciation	12
ADA disability newsletter	1
Cancer Welcome Packet	12
Disabled Parking Signs	1
Revision of Patient/Family Advisor Application Assistance	2
ICU entrance feedback	4
HCA goals	3
Online Health Care Proxy App	8
Patient/Family Engagement Newsletter – Editorial Assistance	2
TLC cart feedback	3

## Other Ad Hoc/ Short Term Initiatives

Project	# of Advisors
Design and communication strategy for HCA social work groups	5
Interview candidates for Patient/Family Engagement Program Leader	5
Radiation Oncology Wayfinding	2
Phone interview on Patient/Family Engagement	4

## Research

Advisors provided feedback or participated on the following research initiatives in FY 2018:

Study	# of Advisors
Traumatic Brain Injury Grant	1

## Taking Stock and Looking Ahead

Patient and Family Engagement has become an instrumental resource for fulfilling BIDMC's mission to "provide extraordinary care, where the patient comes first, supported by world-class education and research." The program will continue to find ways to expand its impact, by increasing advisor diversity, promoting awareness, and fostering efficient integration of advisors into committees, education, research, short term projects, and other ventures.

# Appendix:

## Hospital-Wide Patient and Family Advisory Council Bylaws

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### **Beth Israel Deaconess Patient and Family Advisory Council Bylaws**

#### **Article I. Name**

The name of the organization is Patient and Family Advisory Council of Beth Israel Deaconess Medical Center (BIDMC). It is sometimes also referred to as the PFAC. It is also called the Council.

#### **Article II. Mission**

The mission of the BIDMC Patient/Family Advisory Council is to ensure that patients and their families come first and are consistently treated with respect, compassion, and the highest quality of care in all aspects of the BIDMC experience. It will accomplish this by actively collaborating with BIDMC leadership to ensure that the diverse voices of patients/families are included in all aspects of care, generating advice that leads to tangible changes in the organization.

#### **Article III. Membership**

##### **Section 3.01 Roles and Responsibilities**

###### **(a) Patient and Family Advisors**

- Attend each Council meeting
- Engage thoughtfully with the issues presented for Council review
- Provide constructive feedback from a patient and family perspective
- Respectfully listen to diverse opinions
- Agree to work within meeting infrastructure determined by Council
- Adhere to Confidentiality Agreement
- Inform Project Leader of changes or conflicts that would affect their ability to attend Council meetings

###### **(b) Staff Advisors**

- Attend each Council meeting
- Engage thoughtfully with the issues presented for Council review
- Provide constructive feedback from a staff perspective
- Respectfully listen to diverse opinions

- Agree to work within meeting infrastructure determined by Council
  - Adhere to Confidentiality Agreement
  - Advocate for and report on progress towards incorporating Council feedback within the organization
  - Inform Project Leader of changes or conflicts that would affect their ability to attend Council meetings
- (c) Co-chairs
- Attend each Council meeting
  - Work in collaboration with Project Leader
  - Define process for future agenda setting and plan agendas
  - Adhere to Confidentiality Agreement
  - Facilitate meetings
  - Present follow-up from previous meetings and provide updates on work in progress
- (d) PFAC Project Leader
- Attend each Council meeting
  - Prepare and follow-up with staff who come to the Council seeking feedback
  - Send reminders and communicate meeting logistics to members
  - Recruit and orient new members and sustain current Council membership
  - Report organizational outcomes as a result of PFAC feedback annually
  - Define a clear process for following up on Advisory Council recommendations
  - Adhere to Confidentiality Agreement
  - Ensure that minutes are taken at each meeting
  - Distribute minutes within 2 weeks of the date the meeting is held
- (e) Board Liaison – selected by the Council Co-Chairs and the Patient Care Committee of the Board.
- Attend each Council meeting
  - Report to the Patient Care Committee when appropriate

*Amendment:*

- (f) *BIDCO (Beth Israel Deaconess Care Organization) representative - see Appendix I*
- *Attend each Council meeting.*
  - *Respectfully listen to diverse opinions*
  - *Agree to work within meeting infrastructure determined by Council*
  - *Adhere to Confidentiality Agreement*
  - *Provide updates on work in progress*
- (g) Alumni/ae – If they request, Council members who have served their term may become Alumni/ae Members. In this role, they may be involved in subcommittee projects and working groups, but will not have Council voting privileges.
- (h) Alternate – chosen from a short list of screened applicants to serve as either a staff or patient/family advisor in the event that a sitting member of the PFAC must step down for any reason. They must meet with the Project Leader for orientation prior to joining the PFAC.

**Section 3.02 Eligibility**

Patients, family members and staff from Beth Israel Deaconess Medical Center (BIDMC) are eligible to be members of the Council. New patient and family members will have been seen at the

medical center within the past two years. Members should be committed to building a partnership of advisors and staff working to understand the needs of the constituents they represent and to implement programs and policies to address health care challenges within the medical center.

### **Section 3.03 Council Makeup**

The Council will be made up of a broad base of 12 to 16 patients and/or family members and up to 12 staff members from the institution. The Council base shall consist of at least half patient and family representatives. If the number of patient/family Council members falls below 12, recruitment efforts will be immediately triggered.

### **Section 3.04 Participation**

Members are expected to participate in bi-monthly meetings consisting of 2 -3 hours.

### **Section 3.05 Membership Term**

A term of active membership consists of two years. After two years, members in good standing will be invited to renew their membership for an additional year. Members may serve for two additional years, for a maximum of four years. All active members must be in compliance with the responsibilities listed in Section 3.01.

### **Section 3.06 Vacancies/Leaves of Absence**

Council members may resign or request a Leave of Absence from the Council at any time during their term. A member may request a leave of absence when unusual or unavoidable circumstances require that the member be absent from meetings and activities from 3 to 6 months. The member will submit his/her request in writing to the Co-Chairs, stating the reason for the request and the length of time requested. The Co-Chairs will determine if the request will be accepted.

If a member cannot return at the end of the requested leave, he/she will resign from the Council. At any resignation, the Council may choose to add a replacement at that time or to leave the position open until the next rotation of members.

### **Section 3.07 Recruitment & Selection**

Council members and BIDMC staff and resources will be utilized to recruit and recommend future members. Potential members will fill out an Advisor Application Form. The PFAC Project Leader will review the application, conduct a brief phone interview, and then interview the candidate with another member of the PFAC interview subcommittee. After successful completion of the interview the candidate will be invited to a Council meeting. The PFAC Project Leader and Council Co-Chairs will determine the candidate's eligibility for membership. The PFAC Project Leader will notify the potential member of the decision.

## **Article IV. Officers**

### **Section 4.01 Co-Chairs and Duties**

There shall be two chairpersons, known as Co-Chairs. One BIDMC staff Co-Chair will be chosen by the institution. The second patient/family member Co-Chair will be elected by the Council. The Co-Chairs will be responsible for setting Council meeting agendas, chairing and conducting meetings, providing leadership for the Council members and representing the Council within the Institution.

### **Section 4.02: Nomination for Co-Chair Procedure**



To be eligible as a nominee, Advisors will have had at least one year of experience on the Council by the start of the next Co-Chair term (See Section 4.04: Term). Council members may communicate nominations for the office of Advisor Co-Chair to the Program Leader by email, phone, or in person. A Council member may not nominate him or herself.

#### **Section 4.03: Election Procedure**

The Advisor Co-Chair will be elected by an online or mailed ballot. Members will have a minimum of two weeks to return their ballots. Once the established deadline has been reached, the Program Leader will tally the votes. The nominee with the highest number of votes will be elected as Co-Chair. In the case of a tie, the standing Advisor Co-Chair will determine how to break the tie.

#### **Section 4.04: Term**

The standard term of office will begin and end at an annual meeting held in September, unless otherwise specified. The standard term will be two years, even if this means the Co-Chair will exceed member term limits by one or two years.

#### **Section 4.05 Vacancies**

A Co-Chair may resign from office at any time. The Council may choose to either elect a replacement who will serve the remainder of the resigned officer's term, or leave the position open until the start of the next annual meeting, whereupon a newly elected Co-Chair will begin a standard two-year term of office.

### **Article V. Meetings**

#### **Section 5.01 Regular Meetings**

Regular meetings of the Patient and Family Advisory Council will be held on the fourth Wednesday of every other month from 6:00 PM to 8:00 PM, with dinner served at 5:30, unless otherwise ordered, presuming the presence of a quorum.

#### **Section 5.02 Special Meetings**

Special meetings may be called by the Council Co-Chairs as they deem necessary. Council members will be given at least 48 hours notice of the meeting schedule and agenda.

#### **Section 5.03 Quorum**

An official meeting will require the presence of a minimum of one-half of the members to be called to order.

#### **Section 5.04 Attendance Requirements**

Advisors will be dismissed from Patient and Family Advisory Council membership when they have missed three scheduled meetings during any calendar year. Advisors may call-in to one meeting per year and still be considered present. When absences are expected, Advisors must notify the PFAC Project Leader prior to the scheduled meeting. Up to two exceptions may be made by the Project Leader or Co-Chairs for emergencies, inclement weather, unexpected personal or family illness, etc. Additional absences will be monitored.

#### **Section 5.05 Voting**

Votes may be conducted to address the business and structure of the Council, including review of mission and bylaws. Amendments to Council Bylaws, including the mission statement will require the affirmative vote of two-thirds of the members present and voting.

Votes may also be conducted when appropriate, if the organization requests a definitive recommendation from the Council. The majority will rule in such cases.

#### **Section 5.06 Agenda**

Meeting agendas will be set by the Co-Chairs and PFAC Project Leader and distributed to the membership in advance of each meeting. Anyone, PFAC member or otherwise, may request time on the Council agenda by submitting an Agenda Request to the PFAC Project Leader.

The Co-Chairs and Project Leader will evaluate and prioritize each request by discussing with prospective presenters their item's appropriateness and/or clarifying the subject matter. Co-Chairs and the Project Leader may also suggest alternative means of involving the PFAC, including email, focus groups and subcommittees.

All recipients of PFAC assistance must submit to the Council or Project Leader a follow-up report summarizing the help requested, the recommendations made by the PFAC, and the current status of the initiative.

#### **Section 5.07 Minutes**

The PFAC Project Leader will distribute the minutes in a timely manner to all PFAC members and the BIDMC Board. The Project Leader will keep the minutes and all other pertinent Council records.

#### **Section 5.08 Inclement Weather**

Council meetings will be cancelled in weather emergencies. If a member resides in a different county that declares a weather emergency, that member must notify the PFAC Project Leader to have their absence excused. Should a meeting be cancelled due to inclement weather, all Patient and Family Advisory Council members will be notified in a timely manner by the PFAC Project Leader or Council Co-Chairs.

### **Article VI. Committees**

#### **Section 6.01 Special Committees or Projects**

From time to time, the Chairs may deem it necessary to create a special committee or task force in order to further the work of the Council. The initiation of such a committee may be requested by any Council member.

### **Article VII. Volunteer Requirements**

Patient and Family Advisors are considered BIDMC volunteers and must adhere to volunteer requirements specific to our advisors. Prior to membership, incoming Council members will participate in an orientation to BIDMC, including HIPAA (Health Insurance Portability and Accountability Act of 1996) training, a TB skin test, and a CORI background check.

### **Article VIII. Confidentiality**

Council members must not discuss any BIDMC business, personal or confidential information revealed during a Council meeting outside their role as a patient or family advisor. What happens in a meeting should stay in the meeting.

Council members must adhere to all applicable HIPPA standards and guidelines. Confidential information includes, but is not limited to a patient's name, contact information, date of birth, diagnosis, treatment and current medical status, as well as information about the patient and his/her family's social history and overall experience here at BIDMC.

If an advisor violates these guidelines, membership status may be revoked.

#### **Article IX. Amendment Procedure**

These bylaws may be amended at any regular meeting of the Council by the affirmative vote of two-thirds of the members present and voting, provided that the amendment has been submitted in writing at the previous regular meeting.

#### **Appendix I.**

Referenced in Article III, (f), BIDCO (Beth Israel Deaconess Care Organization) is a physician and hospital network that provides "value-based" care. Value-based care refers to healthcare services that are "bundled" and reimbursed based on the **quality** of the care. This differs from a "fee-for-service" model, in which services are reimbursed individually, with the focus on quantity rather than quality. BIDCO's network includes 2,500 physicians, including 600 primary care physicians (PCPs), 1,900 specialists, and eight hospitals. BIDCO's 8 hospitals include:

- Beth Israel Deaconess Medical Center,
- Beth Israel Deaconess Hospital Needham,
- Beth Israel Hospital Milton,
- Beth Israel Hospital Plymouth,
- Ana Jacques Hospital,
- New England Baptist Hospital,
- Lawrence General Hospital and
- Cambridge Health Alliance.

The mission of BIDCO is to move health care forward by providing the highest quality of care that is coordinated, safe, and cost-effective. In order to promote this goal we will be participating in BIDMC's Hospital-Wide PFAC. BIDCO believes the PFAC will help the organization address barriers related to issues such as access to care and cultural competency, in order to improve patient and family experience and health outcomes.