

2021 Patient and Family Engagement Annual Report

Hospital Name: Beth Israel Deaconess Medical Center (BIDMC)

Date of Report: September 22, 2021

Year Covered by Report: October 1, 2020-September 30, 2021

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

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Report is available by request and posted online at

<https://www.bidmc.org/PFAC>

Summary

This annual report provides an overview of contributions made by Beth Israel Deaconess Medical Center's (BIDMC) patient and family advisors from October 1, 2020 through September 30, 2021, BIDMC's fiscal year. It includes information about four advisory councils: Hospital-Wide Patient and Family Advisory Council (HW PFAC), Universal Access Advisory Council (UAAC), Health Care Associates Patient and Family Advisory Council (HCA PFAC), and the Neonatal Intensive Care Unit Family Advisory Council (NFAC). This report also briefly highlights several other ways in which advisors have collaborated with staff and providers on improvement efforts, including on committees, research, focus groups, presentations, and in a multitude of other ways.

FY2021 was defined by BIDMC's commitment to focus on addressing health disparities and the ongoing integration of the Beth Israel Lahey Health network. Like all healthcare systems over the last year, BIDMC pursued its goals against the backdrop of the evolving demands of COVID-19 on patients, providers, and the healthcare system at large. BIDMC has continued to utilize virtual platforms and remote communication to involve advisors throughout every phase of the pandemic and will continue to do so going forward. The Patient and Family Engagement program has also experienced internal transitions this year with a change in the Program Leader in May of 2021. Despite transitions and challenges, FY2021 included meaningful advisor participation in PFAC meetings, focus groups, committees, ad hoc projects and more.

FY2021 was an opportunity for the Patient and Family Engagement program to reaffirm its own commitment to responding to health disparities. Historically, the program's greatest struggle has been the limited representation among the advisors of the diverse community served at BIDMC. This year the new Program Leader began the process of developing a strategic initiative to engage a more diverse advisor group. Initial steps included networking with community partners whose populations include BIPOC, low income, and gender diverse populations and collaborating with the Communications team to update marketing materials with a focus on engaging diverse communities. Recruiting a more diverse group of advisors will remain a priority for FY2022.

Highlights from FY2021 include hosting focus groups to better understand patients' experiences in various aspects of their care and communication. One focus group centered on understanding what enables patients to feel seen and heard by their primary care doctor. It gathered themes around how patients think and feel in their relationships with their primary care doctors. A second focus group, in partnership with BILH network PFAC members, focused on how patients and family members feel about and understand "reverse transfers." Reverse transfers refer to a patient who is admitted at a community-based hospital, is transferred to BIDMC to complete a

specialized course of care, and then transfers back to their admitting hospital for the remainder of their hospitalization. The physicians and staff at BIDMC were interested in understanding how patients and families understand this concept, how often to communicate plans of care, who might be best suited to deliver information, and what content is important to convey to patients and families. Focus groups continue to be a valuable means of gathering direct feedback and information from patients and families and have allowed for meaningful dialogue between participants and staff. In both instances, staff named how valuable the direct communication was to their program improvement efforts.

With the transition to a new Program Leader, the Patient and Family Engagement program is also focusing on strengthening and streamlining organizational processes. In close partnership with the advisors, the Program Leader is actively developing a new time-tracking system to monitor advisor hours contributed to various projects and activities, updating new advisor orientation materials, and has already made changes to processes for keeping minutes and sharing agendas with Hospital Wide PFAC members. The goal of these updates is to increase efficiencies within the program to improve communication and tracking methods. These improvements are both for the benefit of advisors and to begin laying the groundwork for future program evaluation efforts. The Patient and Family Engagement program recognizes that advisors are immensely valuable but would like to better delineate specific outcomes from advisor participation in the future. Exploring program evaluation strategies is an ongoing area of interest for the program.

The figures on the following pages demonstrate the wide range of activities advisors participated in during FY2021 and the estimated number of hours they contributed to each type of engagement activity.

FY2021 Advisor Activities

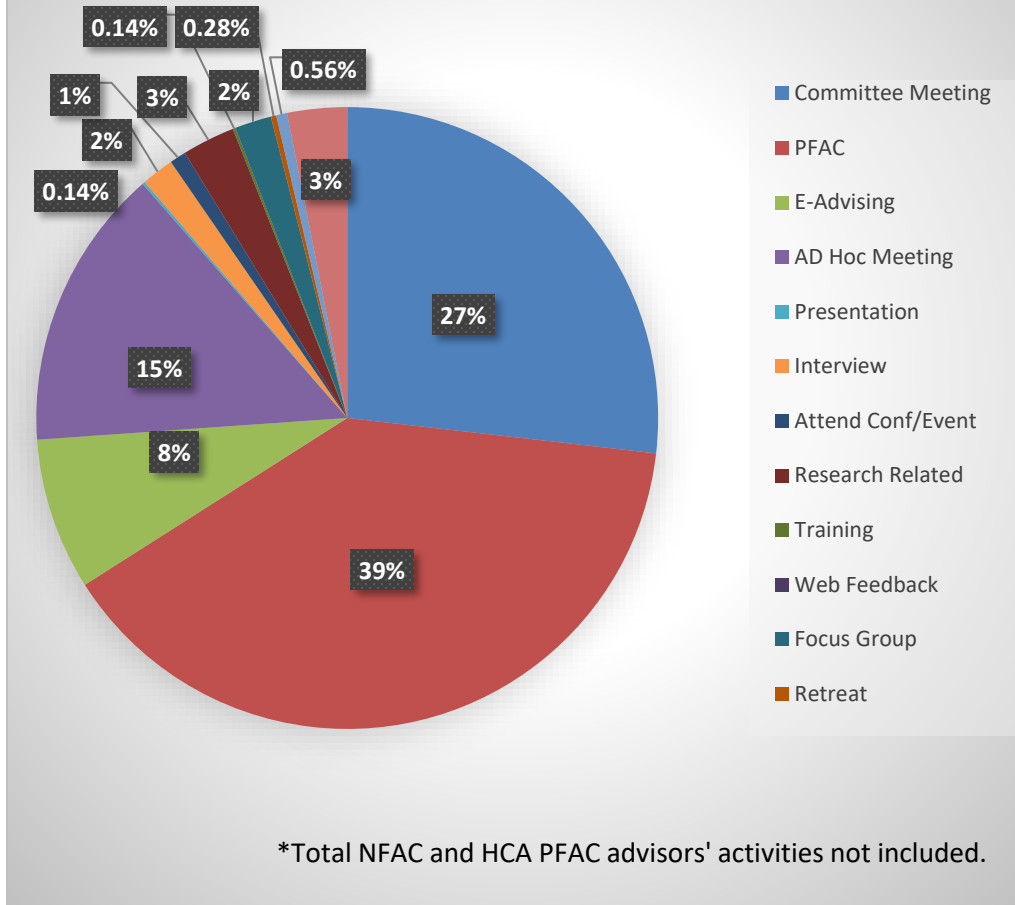


Figure 2 breaks down the number of hours spent on each category of engagement activity by advisors over the course of the year. Like Figure 1, NFAC and HCA PFAC advisors' hours are not fully accounted for in Figure 2.

FY 2021 - Type of Activity	Advisor Hours # (Total: 708.5)	Advisor Hours %
PFAC Meeting	277.5	39 %
E-Advising	56	8 %
Attending a conference or event	6	1 %
Committee Meeting (recurring)	190	27 %
Presentation at a conference, grand rounds, etc..	1	0.14 %
Interview	12	2 %
Advisor Rounding	0	0 %
Ad Hoc Meeting (non-recurring)	104	15 %
Staff or provider training/education activity	1	0.14 %
Focus Group	13.5	2 %
Research Related	19.5	3 %
Academic/Faculty Endeavors	22	3 %

As illustrated in the charts above, approximately 50 active advisors contributed a combined total of 708.5 volunteer hours. The FY2021 advisor hours are valued at an estimated \$17,713. These numbers do not reflect the additional hours contributed by NFAC and HCA PFAC advisors on their various advising endeavors.

Factors which have influenced the strength and endurance of BIDMC's Patient and Family Engagement program include: BIDMC's continued investment in the funding of a Program Leader position, ongoing requests for advisor feedback from parties both inside and outside of the institution, and continued energy and enthusiasm on the part of advisors for participating in committees, PFACs, e-advising, and other advisor opportunities across the institution and beyond.

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. The Program Leader has

also made targeted outreach both within BIDMC and in the community to continue to increase advisor diversity.

The Patient and Family Engagement program maintains a presence on the BIDMC website (www.BIDMC.org/pfac) where potential advisors can find an online version of the application. Updated recruitment materials are currently in development and will be distributed across waiting areas and inpatient solariums. Recruitment criteria remains the same as in previous years and can be found on the BIDMC website (www.BIDMC.org/pfac).

The screening process for prospective advisors includes: completion of a paper or web-based application; a phone screening with the Program Leader for Patient and Family Engagement; an in-person or virtual 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 in-person PFAC meetings and at other in-person meetings and functions that occur during mealtimes. Accommodations available to advisors as needed include interpreter services, assistive devices, reimbursement for childcare or eldercare, and the ability to participate in meetings by conference call. Advisors do not receive stipends from BIDMC.

Recruitment efforts were stalled for the first half of FY2021 due to the evolving circumstances of COVID. One candidate was screened for the HW PFAC. One applicant was redirected to our network partner's PFAC as they receive care in the community. A recommitment to recruitment is underway, with a focus on increasing diversity on BIDMC's PFACs and committees. The Program Leader is actively networking with hospital affiliates and community partners to increase diversity and representation among advisors.

The next sections provide summaries of the accomplishments of BIDMC's four PFACs from October, 2020 through September, 2021.

BIDMC's PFACs:

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 24-hour 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 program operations including coordinating the HW PFAC, recruiting, onboarding, 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 close of FY2021 HW PFAC was comprised of 11 patient and family advisors (50%; 1 whose term limit ends at the final meeting of FY2021) and approximately 11 regularly attending BIDMC staff members (50%). At the end of FY2021, additional hospital staff members reached out to the Patient and Family Engagement program with interest in joining the Council. As dictated by the Hospital-Wide Patient and Family Advisory Council Bylaws, recruitment efforts have commenced to engage more patient and family advisors as the Council is starting FY2022 with only 10 patient and family advisors. Falling below 11 patient and family advisors triggers recruitment efforts but also threatens the Council's commitment to be comprised of no less than 50% patients and family members (see attached Appendix). Recruitment challenges are believed to be at least in part related to the combination of COVID related disruptions and transitions within the program with a change in the Program Leader role and time needed for onboarding and orientation.

Typically, the HW PFAC utilizes term limits. A term is two years, but advisors are able to extend their terms for up to an additional two years, for a maximum of four years. Last year, due to challenges in the setting of COVID, the PFAC Patient/Family Advisor terms were extended for an additional year, with approval from the PFAC Co-Chairs. In 2021, an amendment to the Bylaws was voted into practice by the HW PFAC that enables an additional extension of term limits in the setting of unprecedented circumstances such as a global pandemic (see attached Appendix).

HW PFAC Agendas and Meetings

Traditionally, the council meets in person every other month, six times per year for two hours in the evening. In FY2021, due to the ongoing limitations on in-person gatherings in the setting of COVID-19, meetings were held virtually. Virtual meetings will continue through at least January of 2022. Agendas are developed based on requests from the PFAC co-chairs, hospital staff members, providers, researchers, as well as health care professionals from outside organizations.

Areas of focus include new hospital initiatives, marketing materials, policies, research projects, patient and family support protocols, communication strategies, and other initiatives.

In this fiscal year, there was an overarching theme of Diversity, Equity and Inclusion (DEI) efforts and considerations at each meeting. Programs and initiatives within the hospital focusing on DEI were presented to HW PFAC members throughout the year. Other significant topics included the CURES Act, the hospital's ongoing journey to attaining Magnet status, communication protocols, and telehealth platforms, as well as structural improvements to streamline Patient and Family Engagement processes and to prepare for future attention to program evaluation.

At the start of every meeting, advisors have an opportunity to share health care experiences they have had since the last meeting. Hospital leaders, some who are invited stakeholders and others who are members of the council, make note of these experiences to share themes with senior leaders with the goal of improving quality, safety, access, and experience at the local level. 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), as well.

Health Care Associates Advisory Council (HCA PFAC)

Established in 2013, the Healthcare Associates PFAC, representing BIDMC's on-site Primary Care Clinic, has a rich pioneering history. It typically embeds its Advisors within HCA work groups and operations meetings to provide formative patient-centered feedback. During the pandemic, the embedded roles have not been active. Nonetheless, HCA patient engagement staff called upon advisors for feedback on projects and clinic-based decisions through email and, as needed, through virtual meetings. Two of the HCA patient/family advisors participated in an AHRQ-funded grant on "Closing Quality Loops" and are continuing their work into the coming year. This vital work is furthering an understanding of how to ensure patients with high-risk medical challenges get access to effective and humane care. HCA Advisors also gave feedback on patient forms and a new HCA population health pilot program that uses SMS text to remind patients they need specific labs or tests. Leonor Fernandez, MD, Director of Patient Engagement for HCA and Co-Chair of HCA PFAC, provided ongoing consultation to the newly forming BILH-Primary Care PFAC throughout the year and enlisted HCA PFAC's Patient/Family Advisor Co-Chair in this effort. Both Chairs also have given feedback on employee COVID vaccination. The HCA PFAC looks forward to patient and family advisors being re-engaged in HCA working groups this year.

Universal Access Advisory Council

Established in 2010, the mission of the Universal Access Advisory Council (UAAC) is to provide input and guidance for the medical center on 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, staff, families, volunteers, and visitors. The Council's focus includes access to 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 approximately 4 patient/family advisors and 40 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.

UAAC typically meets bimonthly, however, the Council suspended meetings during FY2021 in order to manage the COVID 19 second surge. Nevertheless, the Council has continued to engage in important work including:

- Continued feedback on the new inpatient building that will be in construction over the next several years. Two patient/family advisors participated in an in-person walk through to review furniture options for patient rooms, waiting rooms, and open spaces. The advisors made recommendations on which options would be most suitable for visitors with many different needs in mind.
- UAAC's advisors and BIDMC staff collectively publish a newsletter, BIDMC Universal Access News Clips, every-other month, which highlights current events and publications related to accessibility. The publication is broadly distributed across the medical center for staff education. This is the newsletter's 5th year of publication.

Moving into FY2022, BIDMC's UAAC looks forward to continuing to promote improvements in access that support equitable care and service for the BIDMC community and beyond.

NICU Family Advisory Council

The BIDMC NICU Family Advisory Council (NFAC) was one of the earliest Advisory Councils established at BIDMC and nationally among NICU Advisory Councils. Much like the other Advisory Councils across the medical center, NFAC held its meetings virtually throughout FY2021. They came together for shared learning opportunities, as well as, updates on specific projects and initiatives underway within the BIDMC NICU.

For their October 2020 meeting, 2 faculty members presented to the Council on Optimizing Outcomes For All: Perinatal Health Services Research Through an Equity Lens. The Council learned about the guiding principles of the social determinants of health and the ways culture, policies, community, organizations, institutions, and interpersonal connection all impact and influence the individual. They also learned about equity, health equity and why they matter with an emphasis on race, racism and how inequities exist at individual, provider and hospital levels. The faculty members also shared about the

specific projects underway in the NICU focused on unconscious bias among NICU staff, disparities and NICU follow-up, equity and the health literacy environment, as well as goals and next steps to use an equity lens to optimize outcomes for all.

At the Council’s next meeting in March, the group listened to a presentation from a physician on the impact of COVID-19 on mothers and babies. They learned how the NICU team has pivoted to care for COVID positive parents and how the virus has shifted NICU protocols. The presentation included data from a recent study. The Council then heard from the nursing director of the NICU on the impact of COVID-19 on NICU staff and families and the creative solutions implemented to improve the patient and family experience. They reviewed specific changes on the unit in the setting of the pandemic and expectations for continued changes during this dynamic period in history.

In May, the meeting consisted of updates from the Chief of the Department of Neonatology and a presentation by one of the neonatologists. The Chief of the Department provided updates on patient volume, MA wide birth trends, and updates on the NICU’s renovations currently in progress. The neonatologist presented on premature infant gut health and the impact on health outcomes.

NFAC intends to continue holding informative and productive meetings in the coming year.

Beyond the PFACs:

Patient and family advisors are involved in a vast array of activities across BIDMC and throughout the community. The following tables list some of the notable contributions that advisors made in FY2021 outside of PFAC meetings.

Committees and Task Forces

Ongoing Committees Within & Outside of BIDMC	# of Advisors
Respect and Dignity Action Committee (on hold since spring 2021)	2
Patient Care Assessment Committee of the Board of Directors (quality & safety)	2
Ethics Advisory Committee	3
PatientSite Governance Committee	3
Inpatient QI workshop	2

Quality Innovation Network / New England Quality Improvement Organization PFAC	1
Massachusetts Healthcare Safety and Quality Consortium	1
PFAnetwork	1
Mass Coalition for Safety	1
BILH Data Collection	1
Harvard Ethics	1
BIDMC Medication Safety Committee	1
BIDMC Drug Shortage Task Force	1

Focus Groups

Focus Group Topic:	# of Advisors
Hospital Transfers (BILH advisors)	7
Experiences in Primary Care	9

Faculty/Academic Work

Presentation/Publication/Faculty or Academic Project:	# of Advisors
Health Care Quality Master's Course: HMS	1
Papers Published	3
Equity & Quality Talk	1
Anti-Racism Efforts and Communication	1
BIDMC Mission Statement	1
Health Equity Covid 19 Advisory Group Issues	1
Article Editing	1

E-Advisor Projects

Project/Document	# of Advisors
New Advisor Orientation Materials	2
Marketing Materials	5
Volunteer Services Book Cart Re-Name	31

Other Ad Hoc/Short Term Initiatives

Projects Within and Outside of BIDMC	# of Advisors
Interview candidates for Patient/Family Engagement Program Leader	5
UAAC Furniture Review for New Inpatient Building	2
CRICO Academic Medical Patient Safety Meeting	2
PCORI Engagement Project	1

Research-Related

Advisors provided feedback or participated on the following research initiatives in FY 2021:

Study/Project	# of Advisors
Harvard Medical School Student Research	1
Medical Error Research	1
CPC/Harvard Medical School Orthostatic Hypotension Grant	1

Taking Stock and Looking Ahead

Patient and Family Engagement is critical to the delivery of quality care, addressing health inequities and disparities, and communicating in dynamic and evolving environments. The program will continue to find ways to expand its impact by increasing advisor diversity, considering new opportunities for partnership and connection, 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



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 up to an additional two years, for a maximum of four years. All active members must be in compliance with the responsibilities listed in Section 3.01.

Amendment: In unprecedented times, such as a global pandemic, membership terms can be extended for one to two additional years at the discretion of the Council Co-Chairs and Program Leader to account for significant disruption to typical policy, practice and procedure during such times. Membership is not to exceed a maximum of 6 years even during unprecedented periods.

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.