



**Brigham and Women's Hospital
Patient and Family Advisory Council (PFAC) Report
Submitted September 30, 2016**

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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 fourteen patient advisors. This council is the overarching Council for each of the service line patient and family advisory councils. There are currently fourteen service line councils that are either in the existing, launching or preparing to start a council phase along with eight research studies that have patient advisors collaborating with research investigators (See Attachment 3). One to two advisors from each of the service line sits on the Steering Committee. During the Steering Committee meeting, specific topics are discussed by the Chief Medical Officer and Chief Nursing Officer in an effort to provide information on hospital initiatives and to obtain feedback from the advisors on ongoing projects. Advisors from each service line advisory council reports to the Steering Committee and reports back to their service line on what they learned 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
- ✓ Providing input on institutional research projects and programs, particularly those that involve Patient Family Centered Outcomes Research Institute and research that engages patient family perspectives

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

Council members can participate in various hospitals setting and on various hospital committees, tasks forces and/or service line patient family advisory councils. Some of the committees that members can participate in are Patient Centered Outcomes Research Institute (PCORI) research projects, Patient, Ethics Committee, Patient Experience Committee and Nursing Education



Committee. 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 fourteen patient/family advisors and five staff advisors. The patient/family advisors and staff advisors represent their respective service line advisory councils on the Steering Committee.

Governance:

Officers are not elected at the present time, therefore, officer duties do not exist. The Patient and Family Advisory Steering committee structure consists of our senior patient advisor 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. The Executive Director for the Center for Patients and Families presents once a year to the Care Improvement Council to provide an update on all of the patient family advisory council activities.

PFAC MEETING MINUTES

- ✓ 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



BRIGHAM AND
WOMEN'S HOSPITAL

- ✓ Minutes 3-20-13
- ✓ Minutes 6-5-13
- ✓ Minutes 9-25-13
- ✓ Minutes 11-10-13
- ✓ Minutes 3-19-14
- ✓ Minutes 6-11-14
- ✓ Minutes 9-10-14
- ✓ Minutes 11-20-14
- ✓ Minutes 3-25-15
- ✓ Minutes 6-18-15
- ✓ Minutes 9-24-15
- ✓ Minutes 12-9-15
- ✓ Minutes 3-24-16
- ✓ Minutes 9-29-16



2. PATIENT AND FAMILY ADVISOR PHILOSOPHY & ORIENTATION

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.

After the candidates agree to become a patient and family advisor, they must participate in a formal three-hour orientation through the volunteer office including training on patient confidentiality. The orientation through the Volunteer Office is provided once a month and as needed individually. After completing the orientation and obtaining the appropriate vaccinations, as required of any new employee, advisors will receive a hospital badge, for their term as an advisor.

The next step brings together the patient and family advisor with the patient and family liaison and senior patient family advisor who will introduce him/her to the concepts of PFCC as set forth by the Institute for Family-Centered Care (See Attachment 2), share the Brigham and Women's Hospital-specific philosophy statement of PFCC, and provide 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.



3. 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, Estrellita Karsh, John and Natty McArthur, Barry Nelson, Joe Nies, Patricia P. Petraglia, Mary Reynolds, Cliff Robinson, Dena Salzberg, Gayle Shumacher, Jenifer Walsh, Michele Bates, Joyce Gillespie

B. BWH Hospital Cross-Service Committees

2. 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.

3. 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

4. Executive Patient Safety Committee

- Purpose: To improve and provide leadership for all quality and safety initiatives
- Meeting Frequency: Monthly
- Advisors: Martie Carnie and Joe Nies

5. Ethics Committee

- Multidisciplinary advisory group comprised of physicians, nurses, social workers, administrators, clergy and representatives of the community.
- Purpose: Provide consultation through the Ethics Service and a peer review forum for recent ethics consultations, to educate Committee members and the hospital community about the principles and clinical applications of bioethics, to develop new or revise existing hospital policies and procedures that relate to ethics and patient care
- Meeting Frequency: bimonthly



- Advisor: Michael Coughlin

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

6. **NICU PFAC**— This Council was the first PFAC at BWH and was the first to have paid advisors on staff. The council is continuing to develop NICU family support programs, reviewing and discussing current programs while looking into providing better educational/social programs to keep NICU parents from feeling isolated in the new facility. Advisors also provided feedback on the transition of the NICU when it switched to private rooms. This council meets once a month and has 4 patient/family advisors.
7. **Shapiro PFAC**—The Shapiro PFAC is in its sixth year. The council is comprised of cardiovascular patients and family members along with kidney transplant donors and recipients. The council assisted in an AHRQ research project, My Safe Care. This project focused on patient safety and options for patient and family to register patient concerns or issues. This council meets monthly and currently has eleven patient/family advisors.
8. **Obstetric (OB) PFAC**—This council is involved in many of the changes and operation issues that occur in the Connors for Women's and Newborns (CWN). They were actively engaged in our inaugural patient family centered curriculum for medical residents by sharing their narratives. They are also providing feedback on how to improve the Press Ganey scores in postpartum care. Currently there are eight patient/family advisors on this council. This council meets quarterly. In between meetings advisors have been called upon to help think about operational changes.
9. **Emergency Department(ED) PFAC**—this council is in its fifth year. Advisors have been working closely with the Nursing Director on creating a Patient Family Centered Care Orientation for new nurses. They have also been working on gender orientation identification and the opioid epidemic in Massachusetts with physician and nursing leadership along with researchers who have obtained grants on these two topics.). There are currently seven patient/family advisors. This council meets monthly.
10. **South Huntington Medical Home PFAC**—this council was established in 2013. They are working with the Medical Director on a process improvement project in improving the communication between patients, medical staff and providers. This project allows for advisors to be trained to be direct observers so they can shadow patient appointments from check in to check out to see if the staff and providers exhibit patient centered care behaviors during the patient interaction. This project was piloted May 2016. There are currently five advisors. This council meets monthly.
11. **Women's Council on Health**— This Council is comprised of eleven members who are all survivors of interpersonal violence. The advisors informed on the development of a website for the Coordinated Approach to Recovery and Empowerment (C.A.R.E.) clinic, are participating in discussions related to



- implementation of Trauma-Informed Care and will be joining the Partners-Informed Care Steering Committee. A number of our advisors are actively participating in activities for Domestic Violence Awareness month. Lastly, as we develop policies and procedures to care for patients affected by interpersonal violence, members of the advisory council are provided direct feedback on these policy and procedures.
12. **Patient and Family Nursing Education**— Advisors joined this committee in March 2014. Advisors are currently working with the committee on patient facing material through multiple media outlets. . There are three advisors. The committee meets monthly
 13. **Jen Center PFAC**—this council was established in July 2014. The Jen Center is an internal medicine clinic located within the Brigham. The council has provided feedback on signage for way finding the clinic phone tree and edited letter informing patients of new opioid policy. They have also created a patient practice agreement with the medical director who is the council chair. This council has eight advisors and meets once a month.
 14. **Sleep Apnea**—This council was established September 2014. The council will support the research investigators and provide insight on what the researchers should focus on in regards to CPAP (Continuous Positive Airway Pressure) compliance issues. The council has 8 advisors and meets once a month.
 15. **Fish Center PFAC**—This council was established in May 2015. The Fish Center is a multidisciplinary clinic. The council has provided feedback on the clinic flow process including prescription refills and advised on how best communicate that the patient will need to change their PCP due to physician retiring. The council has 10 advisors and meets once a month.
 16. **LGBTQ PFAC**—This council had their inaugural meeting in October 2015. The council is working on how to create a “LGBTQ friendly” provider directory and will be working on educational panel discussion. The council has 4 advisors and meets once a month.
 17. **General Medical Services**—This council is comprised of hospitalists, staff and 4 patient family advisors for inpatient general medical care. The council is working on a hospital resource book for patients and families. They are also working on communicating with patients on “goals for the day and goals for the stay” as part of the regionalization plan and improving communication with patients and staff. Council meets bimonthly.
 18. **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.



D. BWH Patient and Family Advisory Councils in Research

19. **Improving the Use of Patient Registries for Comparative Effectiveness**—This PCORI grant explores the methodological choices dealing with Patient reported outcomes (PROs) and treatment exposures under different assumptions in a prospective registry of rheumatoid arthritis (RA). The goal is to assess which aspects of PROs are most important to patients through patient focus groups. There is one patient advisor on the stakeholder's group. This grant will be concluding in the next few months.
20. **Strategies to Reduce Injuries and Develop confidence in Elders (STRIDE)**—is the acronym for the PCORI/NIA (National Institute for Aging) grant. This grant is a ten site falls reduction effort focused on patients 70 and older. BWH is the lead site and we have four patient advisors on various committees as well as the National Patient and Stakeholders' Committee. This is a five year grant. BWH is one of the sites and has a local STRIDE council consisting of 4 advisors.
21. **Transitions of Care**—This PCORI grant focuses on the follow-up from inpatient to outpatient status. It involves follow up support services with the PCP and specialty appointments, pharmacy consults, home health, physical and occupational therapy as well as other community resources. Currently the grant is on the dissemination phase. There are six patient advisors on the patient engagement team.
22. **Research Ethics in Patient Centered Outcomes Research**—This grant will focus on understanding the regulatory oversight challenges posed by PCOR and CER and to develop guidelines, policy and recommendations to address those challenges. There are two patient advisors currently on this study.
23. **Integrating Online Weight Management**—this grant will focus on an online weight management program integrated with support from BWH primary care practices to help patients lose weight in a more convenient and accessible way. There is one advisor on this study.
24. **Patient Safety Learning Lab**—This grant focuses on developing tools to engage patients, family and professional care members in identifying, assessing and reducing patient safety concerns in real time. This grant has several components and includes fall prevention, safety checklist and my safe care, which is an appt to improve safety reporting and response in the hospital. This grant is funded by the Agency for Healthcare Research and Quality. There are three advisors on this study.
25. **Patient Empowered Strategy to Reduce Asthma Morbidity in Highly Impacted Populations (PESRAMHIP)**—This grant will test the effectiveness of using a daily preventative inhaler with symptom based use for reducing asthma exacerbations in African-American and Hispanic Adults. This is a PCORI funded five year grant and will be multisite study. There are four advisors from BWH on this study.



- 26. Navigating High Risk Surgery: Empowering Older Adults to Ask Questions that Inform Decisions about Surgical Treatment**—This grant is funded by PCORI and will focus on creating a questionnaire that will assist patients and families with the decision on whether to proceed with high risk surgical procedures or not. This is a three year grant and will have five sites participating in this study. There are three patient advisors on this study.

Supporting :

The Center for Patients and Families project manager organizes the Steering PFAC meetings, the Shapiro PFAC meetings, Jen Center PFAC meetings, Fish Center 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 Councils have made significant strides in bringing awareness of Patient Family Centered Care to care providers and staff. This past year our advisors provided feedback to leadership on how to inform patients of the new opioid policy for ambulatory clinics specifically in primary care. Our advisors were engaged in telehealth medicine and how BWH has embraced this technology by offering patients the opportunities for e-visits and virtual visits.

This past year, we launched the LGBT PFAC in October 2016. Our LGBT PFAC is a hospital wide council and is committed to working on educating staff on healthcare needs of the LGBT community and promoting educational awareness. Our obstetric advisors were actively involved in the inaugural patient family centered care curriculum for obstetric medical residents which was piloted in January 2016. Our advisors shared their narratives of their obstetrical care experience as a way to promote patient centeredness and to bring the patient perspectives to the medical residents as often times residents are unaware of how their interactions affects the patient experience. Our South Huntington patient advisors played a vital role in a quality improvement project focused on improving the communication between staff, provider and



patient. The advisors developed and validated a direct observation tool, Patient Centered Care Tool that rates the degree to which provider and staff exhibits patient centered behaviors during patient encounters. Our advisors serves as direct observers for this project which was piloted in May 2016.

Please see the section on BWH accomplishments on page 18 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 2016-2017 Agenda:

The Patient and Family Advisory Steering Committee's overarching goal is to continue to enhance communication and patient and family centered care throughout the institution for the upcoming year. To achieve this we will continue to work with our advisors and invite them to participate in shadowing physicians, nurses and medical staff to evaluate their communication rapport with patients and families. The Executive Director for the Center for Patients and Families and her staff will redesign the patient family centered care curriculum that they piloted earlier this year. They will utilize the core principles from the Institute for Patient and Families and have a multidisciplinary approach when implementing the revised curriculum. The goal of the curriculum is to bring awareness and highlight the importance of patient family centered care and to ensure that these principles are applied into the medical staff practice.



4. PATIENT AND FAMILY-CENTERED CARE AT BWH: SUMMARY OF ACCOMPLISHMENTS

The BWH journey of patient family centered care began in 1998 with efforts dedicated to laying the foundation for understanding the voice of our patients and families. 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. BWH adopted the core patient family centered care principles from the Institute for Patient Family-Centered Care. While continuing the patient family centered care journey, the first patient family advisory council was established in 2008. This council included hospital leadership and patient family advisors. In 2010, under the leadership of the Executive Director for the Center for Patients and Families, patient family advisory councils expanded from a hospital wide patient advisory council to department and service line patient family advisory councils and including patient family advisors on existing hospital committees.

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.
- Readyng 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.
- Two of our patient advisors were asked to participate in a video for the National Association of Healthcare Transport Management. The topic of the video was on how to transport patients when they have delirium.
- 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.

2013-2014

- *The patient and family centered care journey continues as we focus on bringing the patient and family perspectives to a wider audience including research.*
- PCORI/BRI is requesting the patient voice and advisors for their research grants
- Patient and Family advisors are becoming more aware about HCAHPS through presentation and discussion
- Patient Family Advisory Steering Committee has been providing feedback on the EPIC system specifically the patient portal.
- Three of our advisors participated with the hospitalist on in-patient bedside rounding
- Three advisors participated in Schwartz Rounds and Medical Residents Grand Rounds in February 2014. Topic of discussion for both sessions were on delirium
- Patient Family Education Committee on boarded three patient advisors in March 2014
- Executive Director for Center for Patients and Families presented on HCAHPS tactics in May 2014 in Cleveland for the Empathy and Innovation Conference.
- Shapiro PFAC participated in interviewing Nursing Directors at the request of the Associate Chief Nurse. They provided feedback on the top three candidates.
- We featured one of our advisors on the TV monitors throughout the hospital asking visitors and staff to be fragrance free.
- Phyllis Jen Center held their first Patient and Family Advisory Council meeting in July.
- Executive Director for Center for Patients and Families, Senior Patient Advisor and Patient Family Staff Liaison attended the International Patient and Family Centered Care Conference in Vancouver, August 2014. They presented on Patient and Family Centered Care in Medical Grand Rounds: The Impact of Patients' Perceptions of Care on Physicians.



- ED Nursing educator and staff nurse created a video featuring the ED advisors on how patient advisors have influenced ED culture change in patient centered care. This video was presented as part an interactive media poster presentation at the International Patient Family Centered Care Conference in Vancouver, August 2014. The video will also be used in the future to introduce staff to patient advisors.
- Associate Chief Nurse presented on research for women affected by violence at the International Patient Family Centered Care Conference in Vancouver, August 2014.
- Four of our patient and family advisors participated in a video for the annual Nursing Celebration dinner. They spoke about their overall experience and the nursing care they received.
- Our patient and family advisors were featured in the semi-annual BWH magazine. The article focused on patient family advisory councils and the role they have at BWH.
- Our advisors have been continually sought after for PCORI studies. Currently about 10 advisors have partnered with researchers PCORI research grants.

2014-2015

- *The patient and family centered care journey continues as we branch out to ambulatory practices and continue to respond to requests for patient family advisory councils within the institution and patient family advisors for research studies*
- BWH sponsored the Institute for Patient Family Centered Care Conference in Fall 2014
- Fish Center held their first Patient Family Advisory Council meeting in May 2015
- General Medical Services held their first Patient Family Advisory Council meeting in November 2014
- Patient family advisors were invited to participate on improving the BWH website for patients and families
- Patient family advisors were involved in providing feedback for the new electronic medical records system which was implemented June 2015
- ED PFAC promoted a patient family centered care orientation for new ED nurses
- Jen Center Patient Advisor was featured in a vidscript for colonoscopy screening
- Jen Center Patient advisor was invited to participate on task force for creating the prerequisites for terminating a patient from clinical care
- Sleep Apnea PFAC applied for a PCORI sleep apnea peer to peer grant
- BWH patient family advisors participated in validating a direct observational tool for a primary care setting
- LGBTQIA PFAC is preparing to launch in October 2015
- BWH Researchers continues to reach out to the Executive Director of the Center for Patients and Families for patient family advisors for PCORI grants and other institution.

2015-2016

- *The patient and family centered care journey continues to be advanced by our patient family advisors and patient family advisory councils as their expertise and experience matures.*



- Advisors from our multiple PFACs participated on a focus group on how to engage patient advisors in research. Focus group was conducted by Planetree who received a PCORI grant to develop a toolkit on engaging patient family advisors onto research grants and projects
- Project Manager for the Center for Patients and Families along with senior patient advisor and with a patient family advisor attended the International Institute for Patient Family Centered care in New York City, July 2016. They presented at two sessions. First session was Partnering with Patient and Family Advisors to Validate a Patient-Centered Care Tool. The second session was Implementing a Pragmatic framework for Authentic patient-Researcher Partnership in Clinical Research
- Obstetric Patient Family Advisors participated in the Patient Family Centered Care Curriculum launched in January 2016. Target audience for this curriculum was for the Obstetric medical residents.
- South Huntington Patient Family Advisors participated on a quality improvement project on improving communications between patient, provider and staff. Project required advisors to be trained to be a direct observer for patient encounters with staff and provider from check in to check out. Project was piloted May 2016 and is ongoing.
- ED patient family advisors are working with researchers on how to capture gender identify orientation information from patients in the ED
- Jen Center Patient Family Advisors worked on improving the hospital signage for way-finding
- Fish Center Patient Family Advisors worked with leadership on crafting letter to patients notifying that their physician is retiring and will need to select a new primary care
- Shapiro Patient Family Advisors worked with the Patient Safety Learning Lab and provided feedback on their fall prevention toolkit and assisted with validating their My Safe Care survey
- LGBT PFAC launched October 2015 and hosted in May 2016, an education panel discussion on Creating a Caring Environment for Transgender Patients: A Panel Discussion for Care Providers and Staff
- BWH Center for Patients and Families published two articles in May 2016. The first article, Patients, Persistence, and Partnership: Creating and sustaining Patient and Family Advisory Councils in a Hospital Setting was published in the Journal of Clinical Outcomes Management. The second article, Implementing a pragmatic framework for authentic patient-researcher partnerships in clinical research was published in the Journal of Comparative Effectiveness Research
- Executive Director for Center for Patients and Families continues to receive requests for patient family advisors for PCORI grants



5. ATTACHMENTS:

ATTACHMENT 1:

APPLICATION FORM FOR PATIENT AND FAMILY ADVISORS

Please print:

Name: _____
(Last) (First) (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)

- Yes
- No

I am: (fill-in all that apply)

- A patient
- A family member of a patient
- Other, please specify: _____

Please list times when you are able to attend meetings: (fill-in all that apply)

- Daytime: _____
- Evening: _____
- Weekend: _____

My care provided at Brigham and Women's Hospital was primarily: (fill-in all that apply)

Hospitalization (inpatient): MM/YY

- Clinic visit (outpatient): MM/YY
- Emergency Department care: MM/YY
- 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: 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



Attachment 3: PATIENT AND FAMILY ADVISORY COUNCIL STRUCTURE & MEMBERSHIP



