



BRIGHAM AND  
WOMEN'S HOSPITAL

**Brigham and Women's Hospital  
Patient and Family Advisory Council (PFAC) Report  
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## **Patient and Family Advisory Council (PFAC) Report**

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## 1. BWH PATIENT AND FAMILY ADVISORY COUNCIL DESCRIPTION

### Goal Statement:

The Patient and Family Advisory Council (PFAC) works in partnership with the leadership and clinical staff of Brigham and Women's Hospital to create an environment of patient and family-centered care across the entire institution, and provide feedback regarding patient and family centered care activities at Brigham and Women's Hospital (BWH). The Patient and Family Advisory Council guides the BWH Patient and Family Centered Care Philosophy and the way it is interpreted and implemented throughout the institution. Through this partnership, discussions and decisions about patient and family-centered care occurs in various meetings and forums.

### Reporting Structure:

The Brigham & Women's Hospital Patient Family Advisory Steering Committee is co chaired by the Chief Medical Officer, Chief Nursing Officer, and the Senior Patient Advisor and fourteen patient advisors. This council is the overarching Council for each of the service line patient and family advisory councils. There are currently seventeen service line councils that are either existing, are launching or preparing to start a council along with six research studies that have patient advisors collaborating with research investigators (See Attachment 3). One to two advisors from each of the service line reports to the Steering Committee and thus reports back to the service line thereby making a direct flow of information between the two groups.

### Long Term Goals:

- Advise on the infrastructure necessary to create and maintain a patient and family-centered care culture.
  - Continue to identify opportunities for improving the patient and family experience
  - Advise on policies and practices to support patient and family-centered care



- Recommend how to better measure/quantify/evaluate patient and family centered-care evolution at BWH

### **Membership:**

Membership of the Council is comprised of patient and family advisors and select representatives of Brigham and Women's Hospital including the Chief Medical Officer (CMO), the Chief Nursing Officer (CNO) and the Senior Patient Advisor as chairs, the Executive Director of The Center for Patients and Families, and The Patient and the Family Advisor Liaison. The BWH service line leadership joins the council on an ad-hoc basis as the need arises they are not considered official members.

Qualifications for membership as an advisor include, being a current or former BWH patient or family member in addition to having a willingness to contribute towards the overall mission of the council while not seeking to pursue a personal agenda. A qualified member shall be someone who successfully satisfies the previous two requirements and completes a membership application, (See Attachment 1) and interview or who has, in another form, been deemed willing and able to contribute towards the larger mission of the council. The application and interview process seek to identify individuals who are:

- interested in serving as advisors
- comfortable in speaking in a group with candor
- able to use their personal experience constructively
- able to see beyond their own experience
- concerned about more than one issue or agenda
- able to listen and hear differing opinions
- representative of patients and families served by the hospital or a hospital program

However, it does not seek to exclude anyone who would need more support than others to serve in the role of advisor. We recognize that individuals can grow and develop in this role. We are committed to having a council that reflects the diverse patient population we serve here at BWH.



Recruitment is primarily reliant on clinician recommendation of potential patient and family advisors; however, members are also identified by the Center for Patients and Families, and in some of the councils, members self-identified.

Selection is based on information provided by the clinician recommending the patient/family advisor. Selection is also determined from the information provided on the PFAC membership application (See Attachment 1) and if invited to an interview, from the information learned in person.

### **Members Roles & Responsibilities:**

The duties of the members include but are not limited to:

- ✓ Serving as a sounding board for initiatives which the institution deems important in order to establish balance with priorities of patients and families
- ✓ Generating new ideas to drive initiatives at all levels of the hospital
- ✓ Sharing best practices across the institution (service-specific & cross-service)
- ✓ Providing feedback as requested by the local advisory councils and subgroups
- ✓ Program planning and evaluation
- ✓ Providing input on institutional policies, programs, and practices, particularly those which affect the care and services that individuals and families receive
- ✓ 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 Family Web Journal to improve the hospital's website, Ethics Committee and Patient Experience 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 sixteen patient/family advisors and five staff advisors. The patient/family advisors and staff advisors represent their respective service line advisory councils, Care Improvement Council and the Steering Committee.

**Governance:**

Officers are not elected at the present time, therefore, officer duties do not exist. The 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. Minutes of Council meetings including Council accomplishments are transmitted to the Care Improvement Council.

**PFAC MEETING MINUTES**

- ✓ Minutes 3-25-08
- ✓ Minutes 6-24-08
- ✓ Minutes 9-23-08
- ✓ Minutes 12-4-08
- ✓ Minutes 3-24-09
- ✓ Minutes 6-30-09
- ✓ Minutes 9-22-09
- ✓ Minutes 12-3-09
- ✓ Minutes 3-23-10
- ✓ Minutes 6-29-10
- ✓ Minutes 9-28-10
- ✓ Minutes 12-7-10
- ✓ Minutes 3-23-11
- ✓ Minutes 6-29-11



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- ✓ Minutes 9-13-11
- ✓ Minutes 12-6-11
- ✓ Minutes 3-8-12
- ✓ Minutes 6-12-12
- ✓ Minutes 9-13-12
- ✓ Minutes 11-28-12
- ✓ Minutes 3-20-13
- ✓ Minutes 6-5-13
- ✓ Minutes 9-25-13
- ✓ 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



## 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.

The patient and family advisor orientation begins with the interview process where the potential advisor learns directly from the area leaders about the area where he/she may serve and what being an advisor would mean.

The patient and family advisor receives a formal three-hour orientation through the volunteer office including training on patient confidentiality. At the end of this process, and after the appropriate vaccinations, as required of any new employee, advisors also receive a hospital identification badge, for their term as an advisor.

The next step brings together the patient and family advisor with the patient and family liaison 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.

The orientation through the Volunteer Office is provided once a month and as needed individually. The staff liaison and the Executive Director for The Center of Patients and Families orient the new advisor on an as needed basis and provide individual training to the advisors. Specific topics are discussed by the Chief Medical Officer and Chief Nursing Officer throughout the year in an effort to provide continuing education in the healthcare environment.



### 3. 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, Linda, Smith, Jenifer Walsh, Michele Bates, Joyce Gillespie, Kevin Benisvy

#### 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. Adler, Dale S.,M.D.; Carusi, Daniela Anne,M.D.,M.S.C.; Chiodo, Christopher,M.D.; Coblyn, Jonathan Scott,M.D.; Ferrazza, Dawn; Hoyt, McCallum Robinson,M.D.,M.B.A

##### 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 Quality and Safety Committee

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

##### 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: Semimonthly
- Advisor: Michael Coughlin

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

6. Oncology Care Improvement Council —The Care Improvement Council (CIC) is joint venture between Dana Farber and BWH. The purpose of the council is to discuss any ongoing issues in the inpatient setting. This council meets quarterly and has three patient/family advisors on this council.
7. 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. This council meets once a month and has 4 patient/family advisors.
8. Shapiro PFAC—The Shapiro PFAC is in its fifth year. The council is comprised of cardiovascular patients and family members along with kidney transplant donors and recipients. The council worked with the Associate Chief Nurse on improving the white boards in the Shapiro Building. 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 fourteen patient/family advisors.
9. Orthopedics CIC—This CIC has a patient/family advisor on their council. They are working on engaging family members to stay with the patient overnight since all orthopedic patients now have private rooms. This council meets once a month.
10. Obstetric (OB) PFAC—this council is involved in many of the changes and operation issues that have occurred in the Connors for Women's and Newborns (CWN) this year. They are actively engaged in, the development of the new NICU and other service line changes. 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.
11. Emergency Department(ED) PFAC—this council is in its fourth 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 a new initiative for improving patient care related to Massachusetts Medical Orders for Life Sustaining Treatment (MOLST). There are currently four patient/family advisors. This council meets monthly.
12. South Huntington Medical Home PFAC—this council was established in 2013. The council provided the practice feedback on how to inform patients on the implementation of a new electronic medical records system. They are also working with the Medical Director on a process improvement project in improving the



- communication between patients, medical staff and providers. There are currently five advisors. This council meets monthly.
13. Women's Council on Health— this council is comprised of eleven women who have experienced trauma and violence in their lives. As advisory members they inform on policy, clinical care and research efforts. The council is developing a brochure for the Coordinated Approach to Recovery and Empowerment (C.A.R.E.) clinic, a web page and providing feedback on a grant being funded by the Office of Women's Health. This council meets formally bi-monthly and informally as indicated. These women represent a variety of cultures, ethnic backgrounds and life experiences.
  14. Patient and Family Nursing Education— Advisors joined this committee in March 2014. Advisors are currently working with the committee on patient and family dialogue and reviewing education materials. There are three advisors. The committee meets monthly
  15. 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 how to inform patients about the new electronic medical records system that was implemented this past May. They have also provided feedback on the patient newsletter that the clinic distributes to patients. One of their advisors was featured in a short informational video on the importance of obtaining a colonoscopy. This council has eight advisors and meets once a month.
  16. Sleep Apnea—this council had their inaugural meeting 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.
  17. Fish Center PFAC—this council had their inaugural meeting in May 2015. The Fish Center is a multidisciplinary clinic. The council's first project was to identify areas that the clinic is doing well and areas that require improvement. The council has 10 advisors and meets once a month.
  18. LGBT PFAC—this council is in the preparation phase. The council has recruited 6 patient/family advisors to be part of the council. The council will have their inaugural meeting in October 2015.
  19. General Medical Services—this council is comprised of hospitalists, staff and 4 patient family advisors for inpatient general medical care. The council is working regionalization plan and improving communication with patients and staff. Council meets bi-monthly.
  20. 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**

21. 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.
22. 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 72 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.
23. 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. There are six patient advisors on the patient engagement team.
24. Prospect—this Moore Foundation grant focuses on dignity and respect in the Medical Intensive Care Unit (MICU). It initiates staff to assess the patient and family needs and expectations and communicate them to all staff members throughout the stay. We have created a nursing guide and documentation tool and a video for training and education of the MICU staff. We have two patient advisors currently in the study.
25. 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 three patient advisors currently on this study.
26. 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.

#### **Supporting :**

The Center for Patients and Families project manager organizes the Steering PFAC meetings, the Shapiro PFAC meetings, Jen Center PFAC meetings and South Huntington PFAC meetings.



The other PFAC meetings are managed by either a program manager or nurse manager within their own service lines. The amount of administrative time to support the councils is about twenty hours a month. The council members are provided with parking vouchers when they attend the PFAC meetings. Parking is allotted through the Center for Patients and Families budget. We do not provide stipends to our patient/family advisors.

### **Maintaining Success with Council:**

The 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 keep patients informed during the implementation of a new electronic medical record system that went “live” this past May. Our advisors have also provided feedback to the Marketing Department on how to improve the BWH website specifically the patient and visitors sections.

This past year we have created three new patient family advisory councils. The LGBT is in the preparation phase and will be launching their council in October 2015. The Fish Center is a multidisciplinary practice and had their inaugural meeting in May 2015. General Medical Services launched in November 2014 and has been working diligently with hospitalist and staff to improve the patient and family experience on the general medical service inpatient floors. Brigham and Women's Hospital sponsored the Fall 2014 Institute of Patient Family Centered Care conference. This conference allowed BWH to spotlight multiple patient family advisors in various venues. Advisors were part of a keynote patient panel and were featured in several breakout sessions. BWH also started a track for medical residents. This allowed medical residents to attend a one day intensive training course on how they can encompass the Institute for Patient Family Centered Care principles into their practice.

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 2015-2016 Agenda:**

The Patient and Family Advisory Steering Committee's overarching goal is 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 create a patient family centered care curriculum utilizing the core principles from the Institute for Patient and Families. The curriculum would be taught to attending physicians and medical residents along with nurses and the care team. 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

### 1998-2001

- *The BWH journey began in 1998 with efforts dedicated to laying the foundation for understanding the voice of our patients and families:*
  - 1<sup>st</sup> Public Reporting of Patient Satisfaction data to Massachusetts Health Quality Partners and renewed commitment to improving the patient experience
  - Established several multidisciplinary inpatient care improvement teams
  - Established a Patient and Family Relations Department
  - Bretholtz Center and Kessler Library for patients and families opens created with patient/family input

### 2002-2005

- *Once the foundation was set, the next stage was marked by a period of searching for innovative improvement ideas that could be readily tested and applied.*
  - Family areas created in Obstetrics
  - Multidisciplinary rounds instituted
  - Web nursery created
  - Enhanced nurse call system implemented
  - Improvement design teams included patient advisors
  - Senior leaders attended Institute for Family Centered Care conference to explore ways to include patient and family advisors

### 2005-2008

- *The third period of the journey to PFCC was defined by efforts to assess the culture and values at BWH while continuing to make improvements:*
  - Formation of 1<sup>st</sup> local patient advisory council in the NICU
  - Roll out of meals room service house-wide
  - Development of PFCC philosophy with input from patients and families and over 300 staff from across both service and discipline spectra
  - Inclusion of expert nurses in “Describing what excellent nursing care looks like at BWH” as part of unit-based focus groups
  - Patient & family inclusion in design of Shapiro Cardiovascular Center and seeking input for family zone design

### 2008-2009

- *The journey continues to be reinvigorated by ideas from the outside and by fortifying linkages between patients/families and those who deliver the care, all with the goal of providing the very highest level of quality care in all of its dimensions.*
  - Press-Ganey Satisfaction Surveys Administered in Ambulatory Practices
  - BWH PFAC Meets for first time and provides input on hospital PFCC Philosophy and Family and Visitor Policy



- Cardiovascular Staff (RNs, PCAs, etc.) receive 4-hr interactive “Connecting with Care” training to learn communication strategies to create, manage and sustain a PFCC environment
- PFAC hears the Dana Farber PFAC story and receive tour of the Carl J. and Ruth Shapiro Cardiovascular Center Prior to Opening
- Carl J. and Ruth Shapiro Cardiovascular Center Opens
- PFAC hears the how family involvement in the NICU lead to creation of a PFAC and to changes in the experience
- PFAC invites Public Affairs director to discuss Boston Globe articles describing care at the BWH
- The Institute for Patient and Family Centered Care Conference: BWH sends 20 delegates from CV, NICU, Ambulatory, Neuroscience, and administration to create action plans to start local councils or further develop existing councils
- Patient and Family Advisor Liaison is hired
- PFAC hears updates from IPFCC Conference
- BWH Patient and Family Advisor Liaison develops member recruitment, interview, and orientation process with input from PFAC advisors
- PFAC hears additional reports from IPFCC Conference and recommends learning about the safety agenda
- Membership efforts are bolstered by CMO and CNO reaching out to chiefs to help identify potential advisors from the various service lines they serve

#### 2010 – 2011

- *The journey continues as more departmental committees and service lines become interested in developing Patient and Family Advisory Councils or having a patient on their existing committee.*
- Maureen Fagan, WHNP – BC / MHA appointed the Executive Director, Center for Patients and Families
- Identification of service line patient and family service line committee development begins
- Training clinical leadership and staff in the principles of patient and family centered care
- BWH welcomed Jacqueline Somerville, RN, PhD, the new Chief Nursing Officer (CNO) and Senior Vice President of Patient Care Services
- BWH welcomed Stanley Ashley, MD, the new Chief Medical Officer (CMO)
- The new CMO and CNO will continue the commitment of having a patient family centered care environment in the organization.
- A large OB delegation goes to IPFCC conference in St. Louis Missouri
- Cardiovascular PFAC held their first monthly meeting in May 2011
- A patient/family advisor was invited on to the Orthopedic Care Improvement Council.
- 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
- Shapiro PFAC
- 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 institutio



**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):

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## 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**



