



BRIGHAM AND
WOMEN'S HOSPITAL

Patient and Family Advisory Council (PFAC) Report Submitted September 30, 2011

**Brigham and Women's Hospital
Center for Patients and Families**

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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 Patient and Family Advisory Council reports to the BWH Senior Leadership Care Improvement Council (CIC), the hospital's patient care assessment committee. The CIC chair is also co-chair of the PFAC and the co-chair also belongs to the CIC, thereby making the flow of information between the two groups direct.

Long Term Goals:

- Advise on the infrastructure necessary to create and maintain a patient and family-centered care culture.
 - 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) as chairs, the Sr. VP of the Center for Clinical Excellence, 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 as the need arises and 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 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 the case of the Neonatal Intensive Care Unit, members self-identified.

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

Members Roles & Responsibilities:

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

- ✓ Serving as a sounding board for initiatives which the institution deems important in order to establish balance with priorities of patients and families
- ✓ Generating new ideas to drive initiatives at all levels of the hospital
- ✓ Sharing best practices across the institution (service-specific & cross-service)
- ✓ Providing feedback as requested by the local advisory councils and subgroups
- ✓ Program planning and evaluation
- ✓ Providing input on institutional policies, programs, and practices, particularly those which affect the care and services that individuals and families receive

Responsibilities of members include but are not limited to:

- ✓ Adhering to the confidentiality requirements and other responsibilities set forth by the hospital during the formal hospital orientation program for volunteers

The council members can participate in various hospital settings. Council members can participate on hospital committees, tasks forces and/or service line patient family advisory councils. Members can participate in the review of Press Ganey results, and quality and safety meetings. Currently, some departments are requesting that the patient/family advisors participate in the hiring of new hospital staff. The NICU was the first to have advisors interview candidates for a medical director. Some of our departments request that advisors participate as co-trainers for clinical and nonclinical staff, in-service programs 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 nine patient/family advisors with about twenty staff advisors. The staff advisors consist of staff from the service line advisory councils, Care Improvement Council and the Steering Committee. The council is trying to increase the

number of patient/family advisors, therefore, we do not have a wait list for potential advisors at this time. Our goal is to move towards a council where the ratio of patient/family advisors will be greater than staff advisors.

The Council members who have received care in one or more of our service lines, represent the population served by the hospital.

Governance:

Officers are not elected at the present time, therefore, officer duties do not exist. The council structure consists of two patient advisors co chairing the council with the CNO and CMO. The Center for Patients and Families is responsible for organizing the Council meetings. The staff liaison for the Council is the project manager for The Center for Patients and Families.

The term of an advisor is set for a three year period with the option to extend the term or become an advisor emeritus based on their 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 is transmitted to the Care Improvement Council.

PFAC MEETING MINUTES

- ✓ Minutes 3-25-08
- ✓ Minutes 6-24-08
- ✓ Minutes 9-23-08
- ✓ Minutes 12-4-08
- ✓ Minutes 3-24-09
- ✓ Minutes 6-30-09
- ✓ Minutes 9-22-09
- ✓ Minutes 12-3-09
- ✓ Minutes 3-23-10
- ✓ Minutes 6-29-10
- ✓ Minutes 9-28-10
- ✓ Minutes 12-7-10
- ✓ Minutes 3-23-11
- ✓ Minutes 6-29-11
- ✓ Minutes 9-13-11



Evaluation:

- We believe in continuous improvement and the council evaluates itself on topics which are important to the functioning of the council including but not limited to goals, membership and governance. (See Attachment 2)

2. PATIENT AND FAMILY ADVISOR ORIENTATION: OVERVIEW

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

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

The next step brings together the patient and family advisor with the patient and family liaison who will introduce him/her to the concepts of PFCC as set forth by the Institute for Family-Centered Care, share the Brigham and Women's Hospital-specific philosophy statement of PFCC, and provides a brief history on the journey of Patient and Family-Centered Care at BWH. A hospital tour of specific areas is available to the advisors for their respective council. The final step in the orientation takes place when the liaison accompanies the advisor to his/her first meeting.

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



3. ADVISOR & PROVIDER ORIENTATION: PFCC CORE CONCEPTS

Patient and Family Centered Care

- The priorities and choices of patients and their families are identified in **collaboration with** the provider to drive the delivery of health care.
- Interventions are done **with** patients and families rather than to and for them

Definition of Family

- The patient and family define the “family”
- The patient and family determine if and how the family will be involved in care and decision-making

PFCC Core Concepts

- Dignity and respect
 - Providers include individual's preferences, culture, capacity and abilities in determining care
- Information sharing
 - Communication is open, timely, complete, understandable
- Participation in care and decision making
 - Presence allows involvement, practice and learning
- Collaboration in policy, program development and design
 - Patient and family advisement at all levels of operations and care delivery

4. ADVISOR & PROVIDER ORIENTATION: BRIGHAM AND WOMEN'S HOSPITAL PATIENT-AND FAMILY-CENTERED CARE PHILOSOPHY

Brigham and Women's Hospital (BWH) commits to working with patients and their families and considers them to be partners at the center of the health care team. At the core of this partnership are the patient's wishes and priorities to help guide their care. Each patient will determine who to define as "family" and choose if and how to involve "family" in care and decision-making. We commit to working with patients and their families to be active participants rather than passive recipients of care.

We seek to understand and meet the needs of our patients and their families, and with the patient's consent, strive to deliver information, which is open, timely, complete, and understandable to them. We extend this commitment with attention to the dignity of and respect for the preferences of both patient and family with respect to culture, capacity, and abilities in determining care. To maintain the vitality of our commitments to patients and families, BWH recognizes the need to incorporate patient and family input on care delivery, policies, and in designing and improving operations and facilities.



5. PATIENT AND FAMILY ADVISORY COUNCIL STRUCTURE & MEMBERSHIP

A. Brigham & Women's Hospital Enterprise Patient and Family Advisory Council (PFAC)

1. Patient and Family Advisory Council (PFAC) est. 12/6/07

- Purpose: Forum for sharing best practices across the institution (service-specific & cross-service); Sounding board for initiatives which the institution deems important in order to establish balance with priorities of patients and families; Place where new ideas are generated by patients and families to drive initiatives at all levels of the hospital
- Meeting Frequency: Quarterly
- Current Advisors: Martie Carnie, Linda Gelb, Estrellita Karsh, John and Natty McArthur, Patricia P. Petraglia, Gayle Shumacher, Jim Stam, Marla Wolke

2. Patient and Family Advisory Council Agenda Planning Committee

- Purpose: Plans the agendas for upcoming PFAC meetings.
- Meeting Frequency: Meets twice before and once after each PFAC meeting for about one hour.
- Current Advisors: Martie Carnie, John and Natty McArthur

B. BWH Hospital Cross-Service Committees

3. Senior Leadership Care Improvement Council (CIC)

- Purpose: This hospital board level committee oversees all departments in terms of quality & safety; regulatory requirements and new hospital policies. It also reviews faculty appointment and privileges.
- Meeting Frequency: Meets one time per month for two hours.

4. Intensive Care Unit (ICU) Leadership Committee

- Purpose: Intensive Care Unit clinical leaders share and address practice and quality of care issues such as hand washing and Joint Commission requirements.
- Meeting Frequency: Meets one time per month for one hour.

5. Quality Leadership Council

- Purpose: Develop multiyear strategic quality and patient safety plan and to review current quality and safety initiatives to ensure integration within hospital operations.
- Meeting Frequency: Monthly. 2nd Tuesday of each month
- Current Advisors: Jim Stam

6. Council on Disabilities Awareness (contact: Janet Razulis)

- Purpose: To assess and improve facilities and practices regarding people with disabilities
- Meeting Frequency: Quarterly
- Current Advisors: Melissa Hoyt



7. Ambulatory Council

- Purpose: BW/F initiative established to create and oversee the development of a comprehensive strategic plan for the BW/F ambulatory enterprise
- Meeting Frequency: Monthly (started meeting in April 2008)
- Current Advisors: Patricia Petraglia, David Altshuler, Kathleen Alvino
- Additional Members: Council membership includes BWH and BWPO leadership and consumers from across the institution, representing many disciplines within ambulatory services. Adler, Dale S.,M.D.; Beard, Clair,M.D.; Carusi, Daniela Anne,M.D.,M.S.C.; Chiodo, Christopher,M.D.; Coblyn, Jonathan Scott,M.D.; Daphnis, Margo E.; Delvecchio, Michael; Dinkin, Marc J.,M.D.; Ferrazza, Dawn; Goplerud, E. Jan; Greene, Alyson F.; Hoyt, McCallum Robinson,M.D.,M.B.A.; Hu, Jim C.,M.D.,M.P.H.; Sampson, Christian Edward,M.D.; Schneider, Louise Isabel,M.D.; Whittemore, Elizabeth; Vitti, Sharon; Walls, Judy

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

8. 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 monthly and has three patient/family advisors on this council.
9. NICU PFAC— This Council was the first PFAC at BWH. They have worked on numerous projects to improve the NICU unit. This council meets once a month and has 4 patient/family advisors.
10. Neuroscience CIC—This Council meets once a month and has two patient/family advisors. The purpose of this council is to improve operational issues when asked for the unit.
11. Cardiovascular PFAC—The Cardiovascular PFAC had their first meeting in May 2011. The council is currently working on inpatient guidelines for the Cardiovascular units and providing feedback to the nursing directors on their innovation projects on their units. This council meets monthly.
12. STAAR—This hospital level committee is responsible for developing and implementing a long-term strategy for integrating clinical care across the continuum of the patient's health care experience. Thus far, patient input in shaping committee recommendations has been pivotal in drafting first steps in the hospital's future continuum of care strategy.
13. Orthopedics CIC—This CIC recently included a patient/family advisor onto their council. They are currently working on education material for total hip arthroplasty patients. This council meets once a month.

14. OB/GYN PFAC—This council is at the beginning stages and currently still working in workgroups. It is anticipated that they will have their first meeting by the end of 2011. Currently there are four patient/family advisors on this council.

Supporting the Council:

The Patient and Family Council on the Steering Committee has a six person leadership team. The staff liaison organizes the Steering PFAC meetings and the Cardiovascular 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. Food and parking are allotted in the Center for Patients and Families budget. We do not provide stipends to our patient/family advisors.

Maintaining Success with Council:

The Council has made significant strides this year. They have seen Patient and Family Advisory Councils (PFAC) take root in multiple service lines. The Cardiovascular PFAC held their first meeting this year in May and continues to meet monthly. The OB/GYN department brought twenty staff members including the Nursing Director to the Institute for Patient and Family Centered Care Conference (IPFCC) this past spring to St. Louis, Missouri. The BWH Emergency Medicine Department is sending a delegation to the IPFCC Conference this fall. Please see the section on BWH accomplishments on page 14 for additional accomplishments. Staff members in each PFAC service line will track the specific councils accomplishments. The staff liaison will ensure that the accomplishments are recorded.

Patient and Family Advisory Council 2011-2012 Agenda:

The Council has three proposed agenda items for the upcoming year. First, to research customer service enhancement programs, look further into the Patient Protection and Affordable Care Act, and finally, to provide assistance to the new Medical Home that was recently opened in our community.

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

1998-2001

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

2002-2005

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

2005-2008

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

2008-2009

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



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

2010 – 2011

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



7. 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:

Brigham & Women's Hospital— Patient Family Advisory Council
Council Evaluation 2011

Please circle one number for each item.

__ Family Advisor __ Staff Advisor __ Other

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

Patient & Family Advisors ONLY

14. I learn things from the PFAC meetings that help me understand how the hospital works.	5	4	3	2	1	N/A
15. I learn things from the PFAC meetings that help me understand how to help the hospital change and improve.	5	4	3	2	1	N/A
16. The hospital actively listens to and applies lessons learned from family experiences and suggestions.	5	4	3	2	1	N/A
17. I was adequately oriented to the work of the council and the expectations of me as a patient and family advisory.	5	4	3	2	1	N/A



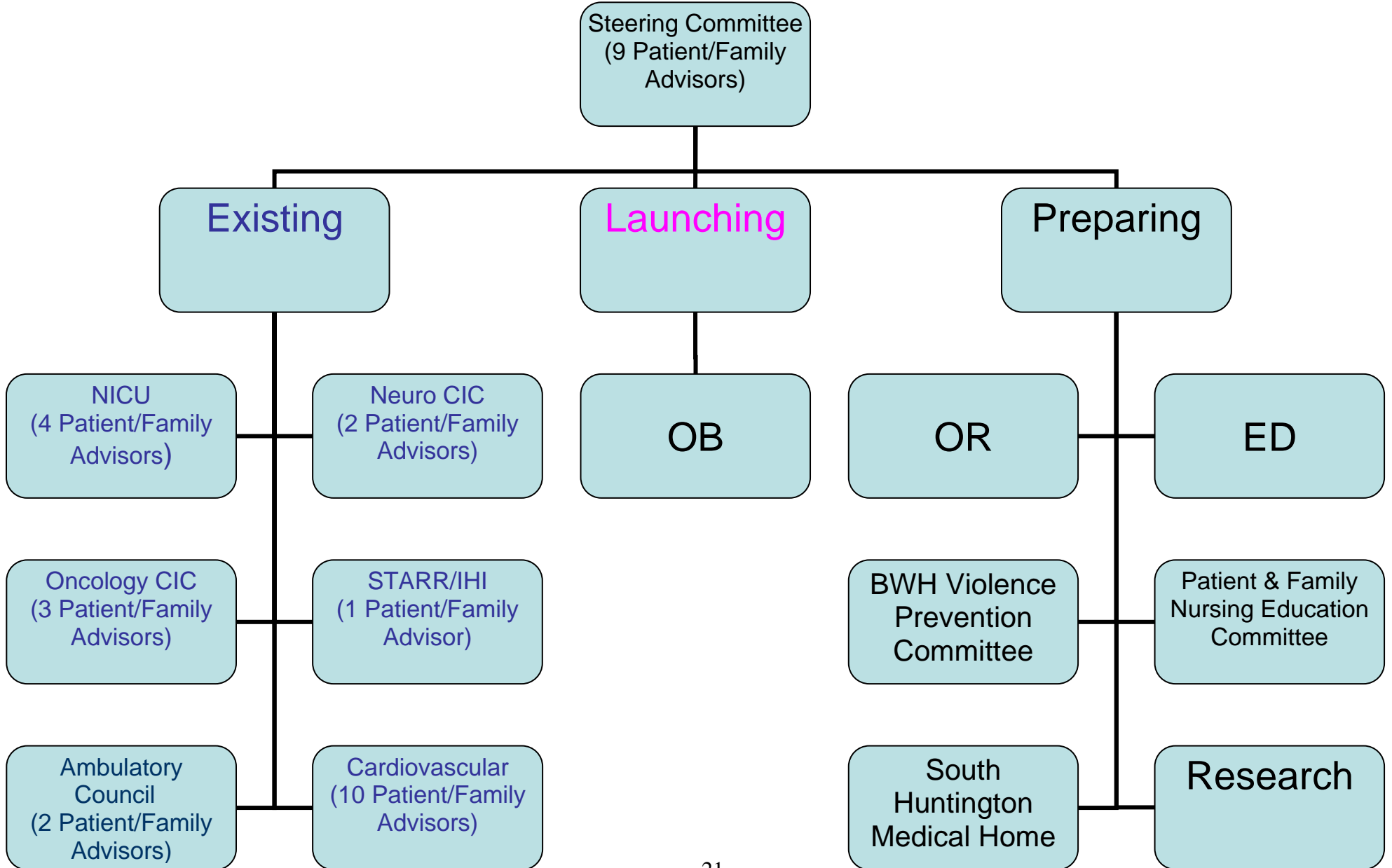
Staff Advisors ONLY

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

The PFAC's greatest strengths:

The PFAC's greatest challenges/my recommendations for improvement:

Attachment 3: PATIENT AND FAMILY ADVISORY COUNCIL STRUCTURE & MEMBERSHIP





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