

The image of the arbor represents the coming together of BIDMC's work in patient and family engagement and healthcare quality and safety

2015 Patient and Family Advisory Council Annual Report



Beth Israel Deaconess
Medical Center



HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL

2015 Patient and Family Advisory Council Annual Report

Hospital Name: Beth Israel Deaconess Medical Center

Date of Report: September 30, 2015

Year Covered by Report: October 1, 2014-September 30 2015, or Fiscal Year (FY) 2015

Year PFAC Established: 2010

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Summary

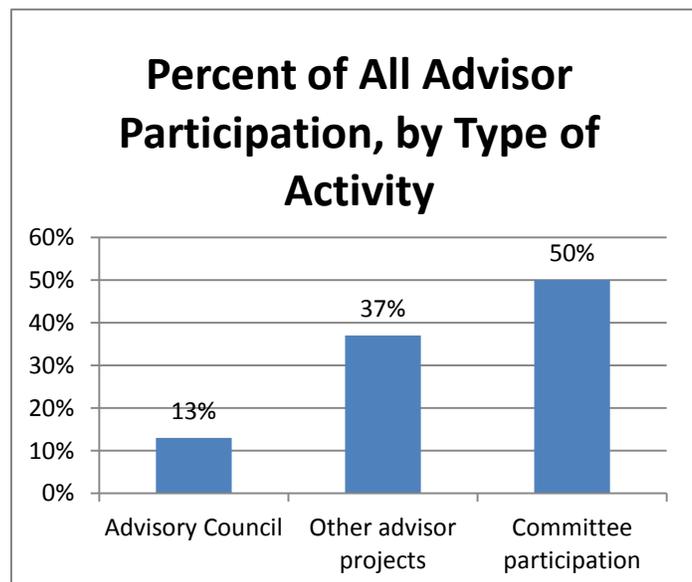
This report outlines the activities, impact, and accomplishments of the Hospital-Wide PFAC (HW PFAC). It also provides annual updates about other BIDMC advisory councils and describes highlights of the overall patient and family engagement activities that have taken place at the medical center over the past year.

In addition to the patient and family advisors that participate in the HW PFAC, BIDMC has patient and family advisors participating in four other advisory councils (NICU, ICU, Universal Access, and Healthcare Associates – Primary Care), seated on numerous hospital committees, and sharing their voices through short-term advisory roles including but not limited to:

- participating in staff trainings and presentations;
- providing video testimonials;
- participating in focus groups;
- advising on research projects;
- conducting usability testing of websites; and
- e-advising - providing e-mail feedback on a plethora of projects, as well as written, and web materials.

In fact, participation on patient and family advisory councils made up just a small percentage - 13% of all advisor contributions at BIDMC over the past year. Committee meetings constituted 50%, and other projects (including participation in planning committees, events, staff trainings, and our e-newsletter, just to name a few) made up the other 37% of advisor activities.

BIDMC is encouraged by the increase in requests for advisors to serve on task forces, work groups and research committees, as well as to respond to



short term requests that have directly impacted decision making in a number of areas including facility design, staff uniforms, communications, patient services, marketing materials, and hiring. While the HW PFAC and other advisory councils have historically made up the foundation of the patient and family engagement program at BIDMC, an increased demand for patient and family input has broadened the reach and scope of advisors.

Since 2010, 274 patient and family advisor applications have been submitted to BIDMC and approximately half, or 139 of these applicants have gone on to participate in councils, committees, short-term projects, or e-advising projects. Reasons for applicants not participating as advisors after submitting applications include: lack of an opening on a particular council in which an advisor was interested; incomplete screening; or a change in the applicant's availability to serve as an advisor.

Between October 2014 and the end of September 2015, the period covered by this report, BIDMC received 21 new advisor applications. Of these applicants:

- 3 joined the HW PFAC;
- 4 joined Universal Access Advisory Council;
- 4 joined the ICU PFAC;
- 1 joined the NICU PFAC;
- 2 joined the Service Excellence Steering Committee;
- 5 participated as e-advisors, and;
- 2 did not complete the screening process.

Along with our committed group of new advisors, our core groups of existing advisors remained highly active in 2014-15 as well. Overall this past year, 93 advisors participated in an average of 6 activities each (committee and council meetings, events, projects, or other activities). Advisors contributed 1,026 volunteer hours this year, valued at \$28,543. Over the four years of the program, advisors have contributed 4,115 hours, valued at \$114,479.

This year, advisors, who are the heart of this work, offered the following statements as reflections of their involvement in Patient and Family Engagement program at BIDMC:

- *Volunteering as a Patient/Family Advisor has given me an opportunity to make a difference at BIDMC. The committee on which I serve has welcomed me, been interested and willing to listen to my opinions and experiences, and has valued my input. This makes me feel that, by helping to fulfill the mission and goals of the committee, I am contributing to the betterment of the hospital itself.*
- *In 2015, I was happy for the opportunity to participate in live speaking events for two separate groups of doctors and pharmacists this past year. The live exchange of stories and ideas goes a long way to improving communication. Keep them coming!*
- *I have enjoyed feeling like I belong to an organization that sees its patients and their families first as human beings. Being able to share experiences, both negative and*

positive, to make improvements, even in the smallest of ways, just makes me feel good. My involvement also helps me stay connected to my mom since she passed. Being a Patient Family Advisor continues to help me heal my broken heart so I can remain strong enough to help others who may be going through something similar. And, isn't that what life is all about?

- *I feel my strengths and interests are well-matched to the advisor opportunities offered to me. I feel appreciated and valued, and I get to use my brain on worthwhile projects, which are all rewarding for a semi-retired person (or anyone else, of course).*
- *I am so grateful to be given the opportunity to represent the vulnerable. How we treat the sick is a reflection of our humanity.*

Hospital-Wide Patient and Family Advisory Council Annual Update

HW PFAC Membership and Recruitment

The HW PFAC is co-chaired by a patient/family advisor and BIDMC's Senior Director of Social Work and Patient and Family Engagement. The PFAC is supported by the hospital's Social Work department through the position of Program Leader for Patient and Family Engagement. This position is a full-time, 40-hour/week role.

The HW PFAC is comprised of 15 patient and family advisors (65%) and 8 BIDMC staff members (35%). Staff members include the Senior Vice President for Patient Care Services and Chief Nursing Officer; Director of Patient Safety; a Hospitalist with an appointment as Associate Director for Inpatient Quality; an Ambulatory Director, the Manager of Inpatient Quality; Project Manager for Inpatient Quality; Senior Director of Social Work and Patient and Family Engagement; and Project Leader for Patient and Family Engagement. This year, one advisor reached the end of his term limit. (For more information about membership, recruitment, terms limits, and other operational details, please see the HW PFAC bylaws, attached.)



Hospital-Wide PFAC meeting

It is an ongoing challenge to recruit PFAC members who are representative of the diverse patient population served by BIDMC. Similarly, it is difficult to determine the degree to which our HW PFAC members represent the population in terms of race, ethnicity, gender, age, or other demographic characteristics since we do not currently ask applicants to identify these characteristics in the screening process. That being said, we remain committed to seeking members who reflect the diversity of the populations that we serve.

Patient Safety Awareness week in March 2015 was utilized as an opportunity for targeted recruitment, aimed at increasing the diversity on our council. Advisors were instrumental in the planning of this event. Efforts were made to reach out to patients and family members with limited English proficiency and for whom English was not a first language. Publicity for that event included hard-copy and electronic information provided in both Spanish and Chinese. Additionally, Spanish and Chinese interpreters staffed the tables along with patient and family advisors, and members of the Patient Engagement and Patient Relations staffs. The presence of interpreters drew patients and visitors to the tables who might ordinarily not have had access to information about advisor opportunities.

HW PFAC Meetings

The HW PFAC meets six times per year for two hours. At the start of each meeting, advisors share positive or negative health care experiences that they, or a family member have encountered since the last meeting. Hospital staff members who are present on the council are often able to respond immediately, or take note of the occurrence in cases where follow-up is needed. Alternatively, the Program Leader follows up after the meeting by contacting the appropriate leader within BIDMC, with the permission of the advisor, to communicate both positive and negative reflections.

Following the sharing of advisor experiences, a typical meeting includes two presentations followed by discussion. Topics align with the medical center's operating goals, and are generated by staff members, providers, researchers, as well as health care professionals from outside organizations, who request time at PFAC meetings to gather advisor feedback. Areas of focus include new hospital initiatives, research projects, marketing materials, policies, patient and family support protocols, communication strategies, and other initiatives.

HW PFAC Impact and Accomplishments

The HW PFAC provides patient-and family-centered input on topics largely rooted in the BIDMC's strategic priorities, which are outlined in the annual operating plan. A key strategic priority relates to the provision of extraordinary care through improvement in: quality, safety, and the patient experience.

This year, HW PFAC advisors have provided feedback on:

- Patient Care Link
- Advance care planning
- Patient preferred name
- Bedside nursing handoff
- Environmental sustainability
- The Respect and Dignity initiative
- BIDMC patient portals
- Welcome video for patients admitted to the hospital
- Caring for the family when a patient



HW PFAC meeting

- dies in the hospital
- Improving the surgical experience for geriatric patients

The influence and impact of the HW PFAC at the medical center has evolved in recent years. During the early years, hospital staff from a range of departments and divisions came to the PFAC to present and seek feedback at a single point in time during their project. Increasingly, staff members across the medical center have cultivated relationships with the PFAC and its individual members (including emeritus members), not only turning to the group for feedback *throughout* the development of a program, but also working with advisors outside of PFAC meetings to advance improvement projects. Examples of such projects include: the Respect and Dignity work, Conversation Ready, Flip the Discharge, the perioperative surgical home project, patient portal improvement efforts, ongoing work on improving information about and access to advance directives and end of life care, and bereavement support.

Members of the HW PFAC also participated on the search committee for a new Program Leader for Patient and Family Engagement, have assisted with the Patient and Family Engagement e-newsletter, and have played an active role in staff education and training. The advisor co-chair of the HW PFAC appears in a newly produced video on privacy and security which has been viewed by thousands of staff via the internal portal. HW PFAC members also participate in the statewide PFAC Advisory Board overseen by Health Care For All.

HW PFAC accomplishments this year were reflective of the following state or national quality of care initiatives, which complement the medical center's strategic priorities (not all advisors involved in the following projects are members of the HW PFAC, however at least one member of the HW PFAC has been involved in each):

Improving information Exchange:

Advisors continue to consult with BIDMC staff on ways to improve information provided to patients and families, for example:

- providing feedback about the inpatient welcome video;
- suggestions about implementing bedside shift report to increase communication and patient safety;
- providing feedback about the process by which family members receive support and information when a family member dies at the hospital;
- suggesting improvements to PatientSite, BIDMC's patient portal; and
- participating in the further development of BIDMC's OpenNotes program, which allows patients to read providers' notes.

Health care proxies/substituted decision making and end-of-life planning:

Advisors have continued to participate in BIDMC's Conversation Ready project, focused on building and creating hospital infrastructure to support patients' end-of-life wishes. The project has had an impact on systems within the hospital as well as direct patient care. Advisors on the HW PFAC have also participated on focus groups and e-advisor opportunities about

development of written materials that will include new DPH-required information about end-of-life care options.

Care transitions:

Care transitions have been a prominent theme at HW PFAC meetings. HW PFAC Advisors (current as well as emeritus advisors) have consulted on a project called Flip the Discharge, to improve information for patients and families about the discharge process. Advisors also provided feedback on the perioperative process, and one current advisor, as well as an emeritus advisor, will participate on the Perioperative Surgical Home steering committee which is addressing care processes from the pre-operative period through the recovery at home



HW PFAC meeting

Eliminating Preventable Harm

Advisors have been connected to work toward BIDMC's Annual Operating Plan goal of eliminating preventable harm through two initiatives:

- Moore Foundation MyICU Workgroup, responsible for designing a communication portal for patients and families that ideally will enhance communicate and eliminate preventable harm in BIDMC's ICUs.
- Respect and Dignity Workgroup, responsible for supporting the implementation of definitions, policies, and practices that allow BIDMC to both measure and optimize the preservation of respect and dignity for the hospital's patients.

Mental health care:

Three advisors participate in a separate Behavioral Health Advisory Committee that is making strides to improve both environmental aspects of the inpatient psychiatric unit, as well as to enhance patient and family information. One of these advisors sits on the HW PFAC.

Respect and Dignity:

Advisors have been involved with the Respect and Dignity work at BIDMC, consulting with leaders of that initiative at HW PFAC meetings, and through participation on committee work outside of meetings. The goal of the Respect and Dignity initiative is to reduce or eliminate emotional harms leading to a loss of respect and dignity, in the same way that the medical center has worked to reduce or eliminate physical harms. The Director of Patient Safety and the Associate Director of Inpatient Quality, who are leading the Respect and Dignity work, are staff members on the HW PFAC.

HW PFAC Goals:

The PFAC has not had a formal goal-setting process. Priority topics are co-generated by the staff and advisors members who suggest or inquire about topics, during meeting discussions or through offline communication. Examples of such member-generated topics this year included geriatric care, and patient portals, both of which were topics of subsequent HW PFAC meetings.

Aside from the work on the Medical Center's strategic priorities, other HW PFAC goals for the coming year include:

- Improving regular communication about past and ongoing work in which the PFAC has participated, by providing regular updates to the PFAC;
- Improving communication about patient and family engagement work that is occurring outside of the council, to allow PFAC members to feel more connected with the greater scope of advisor work taking place;
- Fostering partnerships with other PFACs, including those within BIDMC, and those at other Beth Israel Deaconess locations; and
- Enhancing opportunities for advisors to inform the PFAC agenda and collaborate on projects.

HW PFAC Challenges:

The challenges that the HW PFAC has experienced this year are reflective of its success, its growth, and the increased recognition by the medical center of its value. The greatest three challenges were:

1. A greater number of staff wishing to consult with our PFAC than we could accommodate during the course of PFAC meeting. Utilizing other patient and family engagement modalities, including surveys, focus groups, interviews, and small work groups has helped us to meet this challenge, but demand will continue to rise as awareness of the value of our PFAC grows.
2. Related to the above, meetings are dense as we attempt to maximize the time to generate feedback for projects on the agenda; we are challenged to allow time in meetings to reflect on the goals and interests of the PFAC members and cultivate group cohesion through collaborating on advisor-initiated projects.
3. Advisor interest in serving on the HW PFAC exceeds the availability of open seats. We received 14 applications from individuals who wished to join the HW PFAC, while we only had 4 open seats. The number of applicants, combined with our commitment to increase the diversity of our PFAC and ensure that it is as representative of our patient population as possible, has required that we defer strong candidates. Fortunately we have ample other patient engagement opportunities in which new advisors can participate.

Beyond the HW PFAC: Patient and Family Engagement at BIDMC

In reviewing the accomplishments of the patient and family engagement program at BIDMC, it is important to look beyond what occurs in HW PFAC meetings, to the many contributions made by all of our 93 active advisors this year, including contributions of five other advisory councils, the highlights of which are below.

Healthcare Associates Patient and Family Advisory Council



Health Care Associates PFAC

The Healthcare Associates (HCA) PFAC, which is the advisory council for primary care at BIDMC, meets quarterly and includes seven advisors.

Focus areas of the council this year have included:

- Electronic communication/PatientSite
- Working with the phone staff around phone communications
- The waiting room environment
- Improving the patient intake process
- Educational materials, for example the mammogram poster
- Quality metrics, for example for cancer screenings, falls, and advance directives
- Coordination of care for complex and chronic illnesses
- Participation in the Silverman Quality and Safety Symposium

In addition to providing feedback in the setting of PFAC meetings, advisors continually strive to partner effectively with HCA providers and staff by participating in internal meetings, retreats, and projects to provide input from the point-of-view of patients and families. This year, one council member became a regular part of our HCA Operations weekly meeting, which is a committee that makes operational decisions in Healthcare Associates. Additionally, two council members are regular attendees at suite team meetings, weekly multidisciplinary meetings of providers and staff.

ICU Patient and Family Advisory Council

The ICU PFAC has grown this year, from 4 to 7 advisors, and expects to welcome more new advisors in the coming years thanks to successful recruitment. The ICU PFAC has continued to

provide invaluable feedback on multiple projects supported by the Gordon and Betty Moore Foundation. Two of the projects funded by the Moore grant in which ICU PFAC advisors played a major role included:

- **Critical Care Grand Rounds:** Two of our advisors shared their experiences as former BIDMC ICU patients with a room full of physicians, nurses, social workers, pharmacists, and respiratory therapists; Among the many valuable lessons staff learned, the advisors highlighted the psychological importance of developing a standardized process for room entry. The advisors powerfully communicated the importance of staff introducing themselves and communicating what/why they are in the room. The feedback from staff after the session was overwhelmingly positive and one staff member is quoted as saying this was “one of the most valuable sessions we have had in critical care.” This session was videotaped and posted on the internal portal for future staff education.
- **MyICU videos:** MyICU is a new computer interface that has been designed to enhance communication between providers and patients/families. It’s intended to encourage patients and their loved ones to participate in care, feel more engaged with staff, and provide them with information that supports decision making. Several of our ICU PFAC advisors are a part of the welcome video and instructional video which will benefit many patients and families in the years to come.

NICU Family Advisory Council

The NICU Family Advisory Council includes 22 family members and 8 staff members. In FY 2015, the council met three times, advising on the following initiatives:

- The NICU worked with the March of Dimes to initiate the March of Dimes Family Support Program. This provides families and staff in the NICU with educational and practical supports during their time in the NICU.
- One major care initiative for patients and families this year has been skin-to-skin care. The NICU PFAC worked with families to hold a “Kangaroo-a-thon” which encouraged NICU families to “kangaroo” their infant (the term for holding a child on your chest).
- The NICU Family Mentoring program was launched this year. NICU “alumnae” parents have been trained to work with and provide support to current family members. Currently, the NICU has four alumnae parents at work on the floor and four more mentoring by phone.
- In consultation with the NICU Advisory Council, the NICU staff is also re-examining its ante-partum procedures for families who will most likely end up in the NICU after delivery. They are doing focus groups with past families to get feedback about how best to prepare families for their NICU.

Council members have also informed the following NICU programs:

- Meet and Greet monthly socials, during which families come back for a coffee and meet with current families.
- Pre- Thanksgiving event: The NICU PFAC also hosts an evening for alumni families to come and share pie and good cheer with current NICU families.

Universal Access Advisory Council

The Universal Access Advisory Council has been in existence for five years. The goal of the council is to provide accessible and respectful care to those with disabilities, and to ensure that people with disabilities are getting the same excellent quality of care that other patients are getting at the medical center. Over the past five years, the focus has been on physical improvements, such as accessible scales, door openers, low counters, and ramps. As this work progressed and with the help of advisors, it became apparent



Universal Access Advisory Council

that staff education needed to coincide with the physical plant changes. As a result, fiscal Year 2015 represented a significant transition point for the Universal Access Advisory Council, with a shift away from facilities issues, and an increased focus on awareness, training and operations. Issues that the council has addressed include: education of front-line ambulatory staff around respectful communication; understanding the accessibility needs of patients in advance of their visit; the development of operational guidelines related to patients with cognitive impairment, service animals, and management of other disability-related issues at the medical center. The UAAC looks forward to continuing this important work, integrating critical improvements in facility accessibility with expanded awareness and training for all staff, and identifying operational improvements to that support equitable and improved access to care universally.

Other Advisor Contributions

In addition to their participation on our five advisory councils, this year, advisors were added to several pre-existing committees that had not previously included advisors, namely: the Service Excellence Steering Committee, Health Care Associates operations meetings and Health Care Associates suite team meetings. We also were encouraged by the inclusion of advisors at the initiation of newly created committees at the medical center, including MyICU, the Perioperative Surgical Home Steering Committee and the PatientSite Governance Committee.

One of the highlights of the year was the increased involvement of advisors in staff education and training. Advisors shared their expertise in videotaped teaching modules shown to all

nurses in annual competency training sessions on responsiveness. Similarly, advisors shared their thoughts and experiences in staff training videos that addressed the Ebola crisis from the patient perspective and the importance of safeguarding protected health information, again from the patient perspective. The privacy video is now standardly shown at every new employee orientation. A videotaped testimonial of an advisor’s experience in radiology was shared with radiology department leaders and staff members. Two advisors shared their stories as patients and advisors at a February Schwartz Rounds presentation entitled "Listening to Patient and Family Advisors". Similarly, two advisors participated on a standing-room-only panel for a Critical Care Grand Rounds about their personal experiences as patients of the ICU. Advisors also participated in poster presentations for the Silverman Quality and Safety Symposium, and the Annual Ethics Symposium at BIDMC.

The following table summarizes advisor contributions at BIDMC in FY15.

Advisors at BIDMC...	Examples:
Participate on BIDMC PFACs	<ul style="list-style-type: none"> • HW (Hospital-Wide) PFAC • HCA (Health Care Associates) PFAC • ICU (Intensive Care Unit) PFAC • NICU (Neonatal Intensive Care Unit) Advisory Council • Universal Access Advisory Council PFAC
Are key members of many ongoing committees	<ul style="list-style-type: none"> • Behavioral Health Advisory Committee • Conversation Ready • Critical Care Executive Committee • Drug Shortage Task Force • Ethics Advisory Council • Flip the Discharge • HCA Suite team meetings • HCA operations meetings • Medication Safety Committee • Moore Foundation Grant Committee • MyICU • OpenNotes committee • Patient Care Assessment Committee • PatientSite Governance Committee • Perioperative Surgical Home Steering Committee • Respect and Dignity • Service Excellence Steering Committee
Consulted on quality improvement projects and work groups	<ul style="list-style-type: none"> • Bedside nursing change-of-shift pilot • Bereavement Support Work Group • Code of Conduct Work Group

	<ul style="list-style-type: none"> • Mystery Shopping program in ambulatory care • PatientSite and OpenNotes project work • Staff uniforms in inpatient area
Assisted with space design projects	<ul style="list-style-type: none"> • Design of a new surgical waiting area on East Campus for family members • Provided feedback about privacy curtains for renovations taking place on Farr 8
Participated in Focus Groups	<ul style="list-style-type: none"> • Food services focus group • End of life care information for patients and families • Inpatient portals focus group
Edited and provided feedback for print and web materials, patient-facing websites, and for signage	<ul style="list-style-type: none"> • BIMDC portal article about patient safety • Diabetes packet • DPH End of Life planning / MOLST packet • Employee code of conduct • Front desk taxi signage • HCA welcome packet • Mammogram poster • “My Health Journey – Leaving BIDMC” webpage • Patient and Family Advisor brochure and application • Patient and Family Engagement e-newsletter • Radiology postcard • Social Work brochure • Visitor information handout for inpatient psychiatry • Usability testing of Wellist website
Provide feedback on customer service standards	<ul style="list-style-type: none"> • Advisors gave feedback on preferred name and gender identity • Service Excellence Steering Committee advisors shared feedback about ambulatory experiences, making appointments, having students and residents present during appointments, wait times, phone etiquette, cultural sensitivity, awareness about interpreter services, uniforms and IDs.
Teach staff and providers	<ul style="list-style-type: none"> • Edited script for ambulatory front line staff training skit • Participated in nurse competency training videos • Participated in Ebola video • Participated in “KIP” (Keep Information Private) video • Presented at Schwartz Rounds and Critical Care Grand Rounds • Videotaped testimonial of patient-centered care in Radiology was shared with staff and department leaders • Were featured in several Silverman posters • Were featured in a poster for “Ethics is Everyone” annual ethics symposium • “You Know Me” video featuring an advisor is shown at every staff orientation

Teach patients and families	<ul style="list-style-type: none"> • My ICU video • Talk Turkey – Advance Care planning awareness event
Represented BIDMC Pt/Fam Engagement outside of BIDMC	<ul style="list-style-type: none"> • Are members of Health Care for All PFAC Steering Committee • Complete survey for nationwide study of Patient and Family Engagement • Consulted with patient engagement leaders at Sloan Kettering • Meeting with BID Plymouth PFAC leaders including advisor co-chair • Participate in Betsy Lehman Center workgroups
Participated in BIDMC Staff/Provider retreats	<ul style="list-style-type: none"> • Department of Medicine QI Retreat • Health Care Associates retreat
Interviewed candidates for staff and advisor positions	<ul style="list-style-type: none"> • Advisors were on the interview committee for the new Program Leader for Patient and Family Engagement • Advisors helped interview applicants for patient and family advisors • Service Excellence Steering Committee advisors interviewed candidates for Service Excellence Training Consultant
Event planning and volunteering at events	<ul style="list-style-type: none"> • Helped plan Advisor Appreciation event • Helped plan “Ethics Is Everything” – Annual Symposium Planned event and staffed tables for Patient Safety Awareness Week • Present posters at Silverman Symposium • Staffed tables for Talk Turkey
Participated on quality improvement research	<ul style="list-style-type: none"> • Consulted on a Hartford Foundation Grant on improving perioperative care for geriatric patients • Consulted on a PCORI application about inpatient consultations • Consulted on a research project involving a survey about advance directives • Provide ongoing assistance with research tools being designed to better understand patient and family experience with OpenNotes.

Looking Ahead

As we begin this next year, we look forward to further building our arbor, connecting patient and family advisors with the ongoing work of improving quality and safety. We have broken new ground in terms of involving advisors in staff teaching, and in research opportunities, and continue to see positive working relationships develop between advisors and staff at all levels of the organization.

Annual Advisor Appreciation Event, May 2015



BIDMC Patient and Family Advisors Participating in Various Initiatives, 2014-15



Focus Group about end of life care materials



Silverman Quality and Safety Symposium



Usability testing of a website



Nurse trainings featured advisor videos

Appendix

Beth Israel Deaconess

Patient and Family Advisory Council

Bylaws

Article I. Name

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

Article II. Mission

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

Article III. Membership

Section 3.01 Roles and Responsibilities

(a) Patient and Family Advisors

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

(b) Staff Advisors

- Attend each council meeting
- Engage thoughtfully with the issues presented for council review
- Provide constructive feedback from a staff perspective
- Respectfully listen to diverse opinions
- Agree to work within meeting infrastructure determined by Council

- Adhere to Confidentiality Agreement
 - Advocate for and report on progress towards incorporating Council feedback within the organization
 - Inform Project Leader of changes or conflicts that would affect their ability to attend council meetings
- (c) Co-chairs
- Attend each council meeting
 - Work in collaboration with Project Leader
 - Define process for future agenda setting and plan agendas
 - Adhere to Confidentiality Agreement
 - Facilitate meetings
 - Present follow-up from previous meetings and provide updates on work in progress
- (d) PFAC Project Leader
- Attend each council meeting
 - Prepare and follow-up with staff who come to the Council seeking feedback
 - Send reminders and communicate meeting logistics to members
 - Recruit and orient new members and sustain current Council membership
 - Report organizational outcomes as a result of PFAC feedback annually
 - Define a clear process for following up on Advisory Council recommendations
 - Adhere to Confidentiality Agreement
 - Ensure that minutes are taken at each meeting
 - Distribute minutes within 2 weeks of the date the meeting is held
- (e) Board Liaison – selected by the Council co-chairs and the Patient Care Committee of the Board.
- Attend each Council meeting
 - Report to the Patient Care Committee when appropriate
- (f) Alumni/ae – If they request, Council members who have served their term may become Alumni/ae Members. In this role, they may be involved in subcommittee projects and working groups, but will not have Council voting privileges.
- (g) Alternate – chosen from a short list of screened applicants to serve as either a staff or patient/family advisor in the event that a sitting member of the PFAC must step down for any reason. They must meet with the Project Leader for orientation prior to joining the PFAC.

Section 3.02 Eligibility

Patients, family members and staff from Beth Israel Deaconess Medical Center (BIDMC) are eligible to be members of the Council. New patient and family members will have been seen at the medical center within the past two years. Members should be committed to building a partnership of advisors and staff working to understand the needs of the constituents they represent and to implement programs and policies to address health care challenges within the medical center.

Section 3.03 Council Makeup

The Council will be made up of a broad base of fifteen to twenty patients and/or family members and up to seven staff members from the institution. The Council base shall consist of at least half patient and family representatives. If the number of patient/family Council members falls below 15, recruitment efforts will be immediately triggered.

Section 3.04 Participation

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

Section 3.05 Membership Term

A term of active membership consists of two years. Following the initial creation of the Council, up to two thirds of the members may elect to serve one additional year. Each year thereafter approximately one third will rotate and new members will be added.

Amendment: The maximum term of membership is four years.

Section 3.06 Vacancies/Leaves of Absence

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

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

Section 3.07 Recruitment & Selection

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

Article IV. Officers

Section 4.01 Officers and Duties

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

Section 4.02 Nomination Procedure

Candidates for the co-chair position will be nominated from Council members having at least one year of experience as a Council member. This requirement will not apply to the first election of a Co-Chair. A nominating committee may be selected by the Council. Nominations will also be accepted from the floor prior to election.

Section 4.03 Election Procedure

Officers will be elected by the affirmative vote of two-thirds of the members present and voting. The first Council patient/family member Co-Chair will be elected no later than August, 2011.

Section 4.04 Term

The standard term will be two years; even if these means the Co-Chair will exceed member term limits. The term of office will begin at the close of the meeting at which the officer is elected, unless otherwise specified.

Section 4.05 Vacancies

A Co-Chair may resign from office at any time. The Council may choose to elect a replacement to complete the term of the officer or to leave the position open until the next scheduled election.

Article V. Meetings

Section 5.01 Regular Meetings

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

Section 5.02 Special Meetings

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

Section 5.03 Quorum

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

Section 5.04 Attendance Requirements

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

Section 5.05 Voting

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

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

Section 5.06 Agenda

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

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

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

Section 5.07 Minutes

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

Section 5.08 Inclement Weather

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

Article VI. Committees

Section 6.01 Special Committees or Projects

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

Article VII. Volunteer Requirements

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

Article VIII. Confidentiality

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

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

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

Article IX. Amendment Procedure

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