

2020 Patient and Family Engagement Annual Report

Hospital Name: Beth Israel Deaconess Medical Center (BIDMC)

Date of Report:

Year Covered by Report: October 1, 2019-September 30, 2020

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

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Report is available by request and posted online at

**[https://www.bidmc.org/centers-and-departments/social-
work/patient-and-family-engagement-at-bidmc](https://www.bidmc.org/centers-and-departments/social-work/patient-and-family-engagement-at-bidmc)**

Summary

This annual report provides an overview of contributions made by Beth Israel Deaconess' patient and family advisors from October 1, 2019 through September 30, 2020, BIDMC's fiscal year. It includes information about four advisory councils, which include the Hospital-Wide (HW) PFAC, the Health Care Associates Advisory Council (HCA PFAC), Universal Access Advisory Council (UAAC), and the Neonatal Intensive Care Unit Family Advisory Council (NFAC). It also briefly highlights several other ways in which advisors have partnered with staff and providers on improvement efforts, including on committees, in research, on focus groups, in presentations, as educators, and in many other ways.

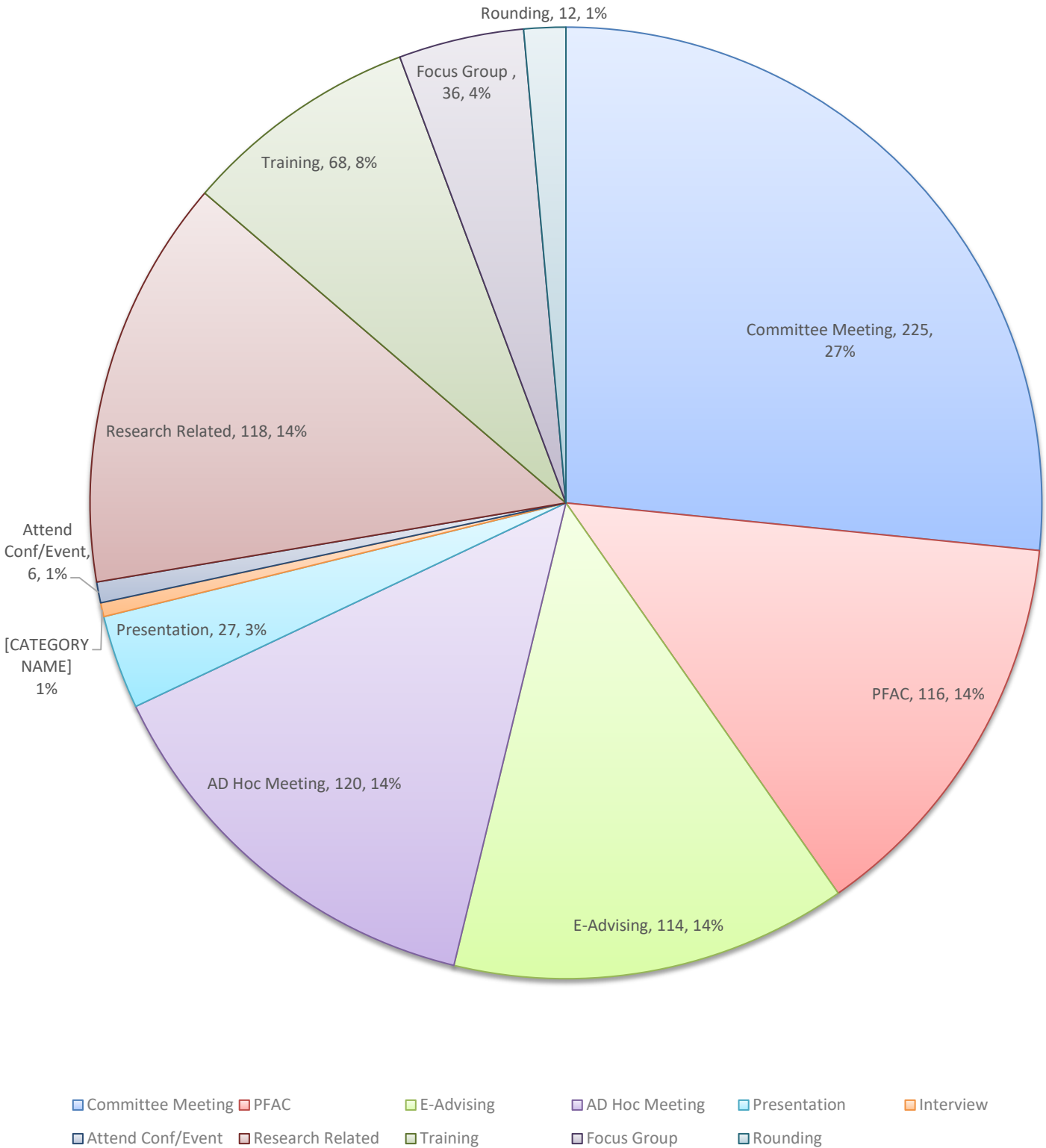
FY2020 was a year of significant stress on health care systems throughout the Commonwealth and across the country. BIDMC, like all health care systems, was deeply impacted by both COVID-19 and the growing recognition of racial inequity in health care. BIDMC's patient/family engagement program adapted to the changing environment and continued to incorporate patient/family advisors throughout every phase of the pandemic and will continue to do so going forward. Advisors have also responded to the expanding work around diversity, equity, and inclusion. BIDMC continues to utilize virtual platforms and remote communication to involve advisors in nearly all of the same areas and ways as prior to the pandemic, as well as the growth areas of the hospital.

FY2020 was also a year of internal growth and change. In 2019, BIDMC became part of Beth Israel Lahey Health. The system includes academic and teaching hospitals, a premier orthopedics hospital, primary care and specialty care providers, ambulatory surgery centers, urgent care centers, community hospitals, home care services, outpatient behavioral health centers, addiction treatment programs and more. In 2020, for the first time, the PFACs from across the network joined together to offer feedback and perspectives on issues related to the BILH response to COVID. Spearheaded by BIDMC's patient/family engagement leadership, this exciting opportunity demonstrated innovative ways to enhance the impact of PFACs across the network.

The figures on the following pages demonstrates the wide range in types of engagement in which advisors participated in FY 2020 and the number of hours that advisors contributed to each type of engagement.

Figure 1 reflects the number of total hours that were spent on each type of engagement by advisors over the course of the year.

Fig 1. FY2020 Advisor Contributions By Hour (n=864)



FY 2020 - Type of Activity	Advisor Hours # (Total: 846)	Advisor Hours %
PFAC Meeting	116	14%
E Advisor	114	14%
Attend a conference or event	6	1%
Committee Meeting (recurring)	225	27%
Presentation at a conference, grand rounds, etc..	27	3%
Interview	4	1%
Advisor Rounding	12	2%
Ad Hoc Meeting (non-recurring)	120	14%
Staff or provider training/education activity	68	8%
Focus Group	36	4%
Research Related	118	14%

Overall in the past year, 70 active advisors contributed a combined total of 864 volunteer hours. The FY 2020 advisor hours are valued at approximately \$21,600. Factors which have influenced the strength and endurance of BIDMC's Patient and Family Engagement program include: BIDMC's continued investment in the program through the funding of a program leader position; an increase in requests for advisor feedback from parties both inside and outside of our institution; growing awareness of the Patient and Family Engagement program within and beyond the institution; and continued advisor participation in presentations, at conferences, and rounding on patients to gather real-time feedback.

Patient/Family Advisor Recruitment

Advisor recruitment involves paper and electronic applications, social media postings, word of mouth, presentations at staff meetings, and referrals from providers. The Program Leader has also made targeted outreach to continue to increase advisor diversity.

Application brochures are located in waiting areas and inpatient solariums. The Patient and Family Engagement program maintains a presence on the BIDMC website (www.BIDMC.org/pfac), where potential advisors can find an online version of the application. In-person interviews are conducted by current members of the PFAC along with the Project Leader for Patient and Family Engagement. Recruitment criteria remain the same as in previous years and can be found on the BIDMC website (www.BIDMC.org/pfac).

The screening process includes: completion of a paper or web-based application; a phone interview with the Program Leader for Patient and Family Engagement; an in-person interview with the Program Leader and an advisor and/or a staff chair of a PFAC; standard volunteer onboarding including CORI (criminal background) screening, HIPAA and compliance training; medical screening as needed for the assignment; and an orientation and training session as needed for the assignment.

Advisors who travel to the medical center or to off-site meetings and events receive free parking or reimbursement for The Ride or public transportation. Food and beverages are served during PFAC meeting and at other meetings and functions that occur during mealtimes. Accommodations available to advisors if needed include interpreter services, assistive devices, reimbursement for childcare or eldercare, and the ability to participate in meetings by conference call. Advisors do not typically receive stipends from BIDMC.

In FY2020, seven individuals submitted applications. Of these, 1 applicant is being considered to join the hospital-wide PFAC; 1 joined the Universal Access Advisory Council; 1 became an e-advisors/ad hoc advisor, 2 were lost to follow up and 2 were referred to our network partner PFACs as they receive care in the community. The team also continually strives to increase diversity on BIDMC's PFACS and committees and is actively considering opportunities to increase diversity and representation in our Advisor community.

The next sections provide summaries of the accomplishments of BIDMC's five PFACs from October, 2019 through September, 2020.

BIDMC's PFACs:

Hospital-Wide PFAC

Overview and infrastructure

The HW PFAC was formed in 2010, the same year that BIDMC established a Patient and Family Engagement program. The program is managed by a Program Leader for Patient and Family Engagement, a full-time position in the Department of Social Work. The Senior Director of Social Work and Patient and Family Engagement oversees the program, which encompasses the hospital's PFACs, as well as other patient and family engagement work throughout the institution. The Program Leader is responsible for coordinating the HW PFAC, recruiting, onboarding, and assigning patient and family advisors, managing the Advisor Rounding project and co-managing the ICU transitions guide program, giving internal and external presentations about patient and family engagement, and working with providers, researchers, and employees to develop and support partnerships with advisors.

At the start and close of FY 2020 HW PFAC was comprised of 13 patient and family advisors (52%) and 11 BIDMC staff members (48%). Typically, as dictated in the Hospital-Wide Patient and Family Advisory Council Bylaws (attached, see appendix), the HW PFAC utilizes term limits. A term is two years; advisors are able to extend their terms for additional one or two years, for a maximum of four years. This year, due to COVID disruptions, the PFAC Advisor terms will be extended for an additional year, with approval from the PFAC Co-Chair.

Additional information on the HW-PFAC, including orientation can be found in the attached appendix.

HW PFAC Agendas and Meetings

Traditionally, the council meets every other month, six times per year for two hours in the evening. In FY2020, due to COVID-19 disruptions to regular operating procedures, including limitations on staff and advisor on-site work, meetings were held virtually. This will continue through at least January of 2021. Agendas are typically shaped by requests by the PFAC co-chairs, hospital staff members, providers, researchers, as well as health care professionals from outside organizations. Areas of focus include new hospital initiatives, marketing materials, policies, research projects, patient and family support protocols, communication strategies, and other initiatives. In this fiscal year, communication materials and hospital policies related to COVID were a focus in the March-July timeframe.

At the start of most meetings, advisors have an opportunity to share health care experiences that they have had since the last meeting. Due to the COVID pandemic, the decision was

recently made with the PFAC co-leaders to devote more time to patient experiences and understand the varying needs of the group around issues such as returning to inpatient care, telehealth, and changes in the visitor policies. Hospital leaders, some who are invited stakeholders and others who are members of the council, make note of these experiences to share themes with senior leaders with the goal of improving quality, safety, access, and experience at the local level. As well, with the permission of the advisor, the staff co-chair or Program Leader ensures that the experiences and associated feedback are shared with the appropriate department leader(s).

In the first half of FY20, the hospital-wide PFAC focused its work on projects and policies related to typical hospital functioning such as a pilot study around increased opportunities for medicine reconciliation and improving communication opportunities around waits and delays in ambulatory clinics. The second half FY20 was dominated by COVID-specific work and allowed the PFAC to work in unprecedented ways, both in content of the work and processes. COVID allowed the opportunity for the PFAC to work virtually, something that many Advisors hope to continue as an option going forward, and offered the opportunity for the BIDMC hospital-wide PFAC to work with other PFACs in the Beth Israel Lahey Health network.

A major achievement of the hospital-wide PFAC was the leadership it provided in coordinating feedback on the network-wide Crisis Standards of Care policies. This marked the first time that the PFACs from across the network worked together in an integrated fashion. Members of the PFACs joined for an information meeting and followed up with a series of four focus groups intended to gather feedback around the proposed structure of the Crisis Standard of Care Policy and opportunities to communicate effectively with patients and families. BIDMC looks forward to continuing this partnership with network PFACs in FY21.

The hospital-wide PFAC and additional advisors also worked with staff on recovery and reopening plans following the spring's COVID surge. PFAC members provided perspective both internally and in national forums on opportunities for hospitals to welcome patients back for in-person ambulatory and inpatient care.

Most recently, the PFAC has reviewed and commented on the evolving visitor policy and interfaced with leadership on the proposed policies and communication strategies. Additionally, PFAC members have participated in two national surveys sponsored by Vizient to offer patient and family perspectives on re-opening plans. BIDMC Advisors have been consistent contributors to both local and national efforts to gather information and feedback on best practices for health care engagement.

Health Care Associates Advisory Council (HCA PFAC)

Established in 2013, the Health Care Associates PFAC (representing BIDMC's on-site Primary Care Clinic) continued their work under new HCA leadership and the co-chairs held several meetings with leadership to regarding the future of patient engagement. Additionally, PFAC co-chairs have continued to think strategically about how to bring in diverse patient voices in their advisor pool and to further diversity, equity, and inclusion initiatives in HCA and hospital-wide.

HCA PFAC continued to meet in person or virtually, as needed, throughout FY2020. Their model has been continued to focus on embedding advisors in committees and/or utilizing advisors in training, presenting, and teaching opportunities.

Prior to COVID and its impact on standard operations, HCA PFAC members gave input final presentation on care of patients in HCA with limited English proficiency (several were members of the year-long Dialogues Task Force on same topic).

HCA PFAC members contributed to several presentation opportunities, including General Medicine Grand Rounds regarding their contribution to Resident quality improvement project on Patient Retention in Primary Care at HCA. In response to moving to telehealth visits, PFAC members participated in BIDMC Academy presentation on Telehealth and Equity with senior medical leadership at the hospital and in HCA.

Advisors also worked on research grants such as projects around the quality in communication and referral loops; teaching opportunities with medical students and HCA staff regarding how to engage patients in telehealth most equitably and effectively; and input on web redesign.

Universal Access Advisory Council

Established in 2010, the mission of Beth Israel Deaconess Medical Center's (BIDMC) Universal Access Advisory Council (UAAC) is to provide input and guidance for the medical center in offering a welcoming, accessible, and comfortable environment for individuals with disabilities and other access challenges. The Council supports and facilitates ongoing dialogue benefitting all members of the BIDMC community – patients/consumers, staff, families, volunteers, and visitors related to access to the structures, equipment and offered services for those with disabilities; informing and educating various departments about disabilities and accessibility concerns/needs; and identifying opportunities for improvement based on internal feedback and current events related to the ADA regulations.

The UAAC currently includes 4 patient/family advisor members and approximately 40 staff attendees from a wide variety of disciplines and departments including facilities, ambulatory care, nursing, radiology, interpreter services, food services, physical therapy, legal, business conduct, health care quality and several others.

UAAC meets every-other month; however during the national shutdown meetings were put on hold thus the council only meet four times this fiscal year. Nevertheless, the council has been busy. Below are some of the projects that UAAC worked on during FY20.

- Gender Identity Information Management Steering Committee presented to the current state and best practices as to how to create an affirming environment for this patient population while highlighting available training for staff.
- Facilities presented numerous examples of gender inclusive signage and symbols currently used industry wide. Council members had a robust conversation giving comments and feedback on signage and gender neutral bathrooms.
- UAAC Members provided comments and suggestions regarding New Employee Orientation. The suggestions lead to material changes, resources available on the portal, and individual departments evaluating their approach.
- The patient/family advisor members joined with the Patient/Family Advisors from Beth Israel Lahey Health (BILH) member institutions to offer feedback on the Massachusetts Department of Public Health (DPH) Crisis Standards of Care (CSOC) guidelines. PFAC members offered feedback, posed questions, and made suggestions.
- The Disability Program Coordinators representing the DPH presented Inclusion and Accessibility: Welcoming People with Disabilities in a Medical Setting. Of note, the presenters identified strategies to address particular challenges raised by the COVID-19 pandemic.
- Associate Director of Inpatient Quality presented on the iPad deployment program during COVID-19 outbreak. As BIDMC evaluates next steps with the iPad program, the UAAC members shared ideas for future uses.
- One of UAAC's advisors has partnered with a staff member of the council to put out a newsletter every-other month, BIDMC Universal Access News Clips, which highlights current events and publications related to accessibility. This is the 4th year of publication.

Moving into the 2020-21 year, the UAAC looks forward to continuing its contribution in the important work of bringing forward ideas, suggestions, real example and experiences to promote improvements in facility accessibility for patients, staff and visitors that support equitable and improved access to BIDMC's care delivery teams and services. 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.

NICU Family Advisory Council

The NFAC's activities were also impacted due to COVID. In March 2020 the NFAC held an in person meeting where the group advised on a new NICU program called Welcome to the NICU which gives NICU families an opportunity to learn more about the NICU family programs, facilities, resources available, and other family specific aspects of non-clinical care during a NICU stay.

The NFAC also heard a presentation from one of BIDMC's NNP Leaders on our proposed new family meeting format- First Family Update- which positions a multidisciplinary meeting with families in a less formal way during the first week of an infant's care and then on an ongoing basis to build a rapport between caregivers and families and allow for opportunity for collaboration and dialogue. NFAC members agreed that revisiting the Family Meeting and reformatting was important and provided feedback on the proposed option – now on hold due to COVID-19.

In the same in person meeting, our NFAC members also listened to a presentation about the new recruitment strategies to capture a larger amount of families and babies in the NICU Growth and Developmental Support Programs (GraDS) – a clinic run in partnership with Boston Children's Hospital and BIDMC.

In June 2020, NFAC members joined a virtual town hall style meeting to hear an up to date presentation on the current state of the NICU during COVID-19. During this meeting members were briefed on the constant state of change in NICU care as well as its impact on NICU families and heard about how the programming work had pivoting to supporting parents remotely. There was a long Q&A period and some lengthy discussions about how the changes would impact NICU families during their time of crisis and what the alumni community could do to help support the program. There was also a lengthy discussion around health equity and inclusion, translation services that are necessary and now mission critical for LEP families, and how the online portal MyNICU has been essential during the pandemic and must be translated for others.

Beyond the PFACs:

Patient/family engagement permeates a wide variety of projects and outcomes at BIDMC; its value is inestimable. The following tables list the contributions that advisors made in FY 2020 outside of PFAC meetings.

Committees and Task Forces

Below is a list of BIDMC committees on which advisors have participated in FY 2020.

Ongoing Committees	# of Advisors
Respect and Dignity Action Committee	2
Patient Care Assessment Committee of the Board of Directors (quality & safety)	2
Ethics Advisory Committee	2
PatientSite Governance Committee	3
External Committees supported by BIDMC PFAC Advisors	2
BIDMC Experience Advisory Committee	2
Hate Speech and Disrespect Policy Committee	1
Opioid Task Force	2
Community Benefits Committee	1
Open Notes – Adolescent Toolkit Committee	1
Dialogues Task Force	3

Research and Grant Funded Opportunities

Diagnostic Breakdowns Committee	4
Quality in Communication and Referral Loops	2
Vizient Member Surveys	8

Focus Groups

Advisors have participated in 1 focus group this year.

Focus Group Topic:	# of Advisors
Crisis Standards of Care Focus Group	7

Education of Medical Students, Staff Members, Volunteers, and Physicians

Type of training/event:	# of Advisors
Patient-Centered Communication Training for Residents	8
Patient Engagement in Telehealth	2

Presentations

Advisors participated in presentations about the following topics in FY 2018:

Presentation:	# of Advisors
Vizient/Sg2 Webinar	1
Crico Convening - Telemedicine	1
Open Notes in Mental Health Care Conference	1
IHI Patient Advisor Video	4
BIDMC Academy: Telehealth and Equity	2

E-Advisor Projects

Advisors provided feedback by email on the following projects or documents in FY 2018.

Project/Document	# of Advisors
Hospitalist Information Card	18
COVID Homecare	22
Food Services Appreciation	4

COVID Visitor Information	24
Cancer Welcome Packet	17
Antibiotic Challenge	22
Advisor/Staff Tip Sheets	2
HCA Website Redesign	1

Other Ad Hoc/ Short Term Initiatives

Project	# of Advisors
Patient Centered Communication	8
Interviews for new Advisors	1
Photo Shoot	1
Creating a Welcoming Environment Training Video	1
Rounding	2

Taking Stock and Looking Ahead

COVID-19 had impacted all our environments in ways we have yet to understand. Patient and Family Engagement is crucial as we consider the delivery of care, health inequity and disparity, and communicating in dynamic and evolving environments. The program will continue to find ways to expand its impact, by increasing advisor diversity, considering new opportunities for partnership and connection, and fostering efficient integration of advisors into committees, education, research, short term projects, and other ventures.

Appendix:

Hospital-Wide Patient and Family Advisory Council Bylaws



Beth Israel Deaconess Patient and Family Advisory Council Bylaws

Article I. Name

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

Article II. Mission

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

Article III. Membership

Section 3.01 Roles and Responsibilities

(a) Patient and Family Advisors

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

(b) Staff Advisors

- Attend each Council meeting
- Engage thoughtfully with the issues presented for Council review
- Provide constructive feedback from a staff perspective
- Respectfully listen to diverse opinions

- Agree to work within meeting infrastructure determined by Council
 - Adhere to Confidentiality Agreement
 - Advocate for and report on progress towards incorporating Council feedback within the organization
 - Inform Project Leader of changes or conflicts that would affect their ability to attend Council meetings
- (c) Co-chairs
- Attend each Council meeting
 - Work in collaboration with Project Leader
 - Define process for future agenda setting and plan agendas
 - Adhere to Confidentiality Agreement
 - Facilitate meetings
 - Present follow-up from previous meetings and provide updates on work in progress
- (d) PFAC Project Leader
- Attend each Council meeting
 - Prepare and follow-up with staff who come to the Council seeking feedback
 - Send reminders and communicate meeting logistics to members
 - Recruit and orient new members and sustain current Council membership
 - Report organizational outcomes as a result of PFAC feedback annually
 - Define a clear process for following up on Advisory Council recommendations
 - Adhere to Confidentiality Agreement
 - Ensure that minutes are taken at each meeting
 - Distribute minutes within 2 weeks of the date the meeting is held
- (e) Board Liaison – selected by the Council Co-Chairs and the Patient Care Committee of the Board.
- Attend each Council meeting
 - Report to the Patient Care Committee when appropriate

Amendment:

- (f) *BIDCO (Beth Israel Deaconess Care Organization) representative - see Appendix I*
- *Attend each Council meeting.*
 - *Respectfully listen to diverse opinions*
 - *Agree to work within meeting infrastructure determined by Council*
 - *Adhere to Confidentiality Agreement*
 - *Provide updates on work in progress*
- (g) Alumni/ae – If they request, Council members who have served their term may become Alumni/ae Members. In this role, they may be involved in subcommittee projects and working groups, but will not have Council voting privileges.
- (h) Alternate – chosen from a short list of screened applicants to serve as either a staff or patient/family advisor in the event that a sitting member of the PFAC must step down for any reason. They must meet with the Project Leader for orientation prior to joining the PFAC.

Section 3.02 Eligibility

Patients, family members and staff from Beth Israel Deaconess Medical Center (BIDMC) are eligible to be members of the Council. New patient and family members will have been seen at the

medical center within the past two years. Members should be committed to building a partnership of advisors and staff working to understand the needs of the constituents they represent and to implement programs and policies to address health care challenges within the medical center.

Section 3.03 Council Makeup

The Council will be made up of a broad base of 12 to 16 patients and/or family members and up to 12 staff members from the institution. The Council base shall consist of at least half patient and family representatives. If the number of patient/family Council members falls below 12, recruitment efforts will be immediately triggered.

Section 3.04 Participation

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

Section 3.05 Membership Term

A term of active membership consists of two years. After two years, members in good standing will be invited to renew their membership for an additional year. Members may serve for two additional years, for a maximum of four years. All active members must be in compliance with the responsibilities listed in Section 3.01.

Section 3.06 Vacancies/Leaves of Absence

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

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

Section 3.07 Recruitment & Selection

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

Article IV. Officers

Section 4.01 Co-Chairs and Duties

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

Section 4.02: Nomination for Co-Chair Procedure

To be eligible as a nominee, Advisors will have had at least one year of experience on the Council by the start of the next Co-Chair term (See Section 4.04: Term). Council members may communicate nominations for the office of Advisor Co-Chair to the Program Leader by email, phone, or in person. A Council member may not nominate him or herself.

Section 4.03: Election Procedure

The Advisor Co-Chair will be elected by an online or mailed ballot. Members will have a minimum of two weeks to return their ballots. Once the established deadline has been reached, the Program Leader will tally the votes. The nominee with the highest number of votes will be elected as Co-Chair. In the case of a tie, the standing Advisor Co-Chair will determine how to break the tie.

Section 4.04: Term

The standard term of office will begin and end at an annual meeting held in September, unless otherwise specified. The standard term will be two years, even if this means the Co-Chair will exceed member term limits by one or two years.

Section 4.05 Vacancies

A Co-Chair may resign from office at any time. The Council may choose to either elect a replacement who will serve the remainder of the resigned officer's term, or leave the position open until the start of the next annual meeting, whereupon a newly elected Co-Chair will begin a standard two-year term of office.

Article V. Meetings

Section 5.01 Regular Meetings

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

Section 5.02 Special Meetings

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

Section 5.03 Quorum

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

Section 5.04 Attendance Requirements

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

Section 5.05 Voting

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

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

Section 5.06 Agenda

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

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

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

Section 5.07 Minutes

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

Section 5.08 Inclement Weather

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

Article VI. Committees

Section 6.01 Special Committees or Projects

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

Article VII. Volunteer Requirements

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

Article VIII. Confidentiality

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

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

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

Article IX. Amendment Procedure

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

Appendix I.

Referenced in Article III, (f), BIDCO (Beth Israel Deaconess Care Organization) is a physician and hospital network that provides "value-based" care. Value-based care refers to healthcare services that are "bundled" and reimbursed based on the **quality** of the care. This differs from a "fee-for-service" model, in which services are reimbursed individually, with the focus on quantity rather than quality. BIDCO's network includes 2,500 physicians, including 600 primary care physicians (PCPs), 1,900 specialists, and eight hospitals. BIDCO's 8 hospitals include:

- Beth Israel Deaconess Medical Center,
- Beth Israel Deaconess Hospital Needham,
- Beth Israel Hospital Milton,
- Beth Israel Hospital Plymouth,
- Ana Jacques Hospital,
- New England Baptist Hospital,
- Lawrence General Hospital and
- Cambridge Health Alliance.

The mission of BIDCO is to move health care forward by providing the highest quality of care that is coordinated, safe, and cost-effective. In order to promote this goal we will be participating in BIDMC's Hospital-Wide PFAC. BIDCO believes the PFAC will help the organization address barriers related to issues such as access to care and cultural competency, in order to improve patient and family experience and health outcomes.