

**Brigham and Women's Hospital
Patient and Family Advisory Council (PFAC) Report
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1. BWH PATIENT AND FAMILY ADVISORY COUNCIL DESCRIPTION

Goal Statement:

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

Reporting Structure:

The Brigham & Women's Hospital Patient Family Advisory Steering Committee is co-chaired by the Chief Medical Officer, Chief Nursing Officer, Chief Quality Officer, the Senior Patient Advisor and ten patient advisors. This council is the overarching Council for each of the service line patient and family advisory councils. There are currently ten service line councils that are either in the existing or launching phase. One to two advisors from each of the service line sits on the Steering Committee. During the Steering Committee meeting, specific topics are discussed by the Chief Medical Officer, Chief Nursing Officer, and Chief Quality Officer in an effort to provide information on hospital initiatives and to obtain feedback from the advisors on ongoing projects. Advisors from each service line advisory council reports to the Steering Committee and reports back to their service line on what they learned.

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), the Chief Quality Office (CQO), and the Senior Patient Advisor as chairs, the Executive Director of The Center for Patients and Families, and The Patient and the Family Advisor Liaison. The BWH service line leadership joins the council on an ad-hoc basis. 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 an interview. The interview process seeks to identify individuals who are:

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

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

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

Selection is based on information provided by the clinician recommending the patient/family advisor. The nominated advisor will have a phone interview with the Patient Family Advisor Liaison and Senior Patient Advisor. For some councils, service line leadership will also opt to join interviews. Advisors will be invited to join the Patient Family Advisory council based on the information learned on the interview.

Members Roles & Responsibilities:

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

- Serving as a sounding board for initiatives which the institution deems important in order to establish balance with priorities of patients and families
- Generating new ideas to drive initiatives at all levels of the hospital
- Sharing best practices across the institution (service-specific & cross-service)
- Providing feedback as requested by the local advisory councils and subgroups
- Program planning and evaluation
- Providing input on institutional policies, programs, and practices, particularly those which affect the care and services that individuals and families receive
- Providing input on institutional research projects and programs, particularly those that involve Patient Family Centered Outcomes Research Institute and research that engages patient family perspectives
- Adhering to the confidentiality requirements and other responsibilities set forth by the hospital during the formal hospital orientation program for volunteers
- Share industry-wide best practices observed through trade associations and medical associations

Council members can participate in various hospitals setting and on various hospital committees, tasks forces and/or service line patient family advisory councils. Some of our departments request that advisors participate as co-trainers for clinical and nonclinical staff, in-service programs, grand rounds, inter-professional rounding and health professional trainees.

Structure:

Currently, the BWH Steering Committee council has 10 patient/family advisors and four staff advisors. The patient/family advisors and staff advisors represent their respective service line advisory councils on the Steering Committee.

Governance:

The Patient and Family Advisory Steering committee structure consists of our senior patient advisor co-chairing the council with the CNO, CQO, and CMO. The Center for Patients and Families is responsible for organizing the Council meetings. The staff liaison for the Council is the program 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.

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.

2. PATIENT AND FAMILY ADVISOR PHILOSOPHY & ORIENTATION

Brigham and Women's Hospital (BWH) commits to working with patients and their families and considers them to be partners at the center of the health care team. At the core of this partnership are the patient's wishes and priorities to help guide their care. We commit to working with patients and their families to be active participants rather than passive recipients of 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. Previously, after candidates agreed to become a patient and family advisor, they participated in a formal two-hour orientation through the Volunteer Office, which included training on patient confidentiality. Orientations were facilitated by the Volunteer Office provided on a monthly basis. After completing the orientation, advisors were asked to provide immunization records and proof of negative TB test, as required by Occupational Health. As a team, we noticed that in-person orientations often posed a challenge for advisors, especially for advisors that lived further away or had limited access to public transportation. The Center for Patients and Families worked with the Volunteer Office to expand our offerings, and in January 2020, we were able to offer our first virtual orientation, specific to patient advisors.

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

Impact of COVID-19 on On-Boarding Efforts

COVID-19 impacted our on-boarding operations. Starting in March 2020, all volunteer on-boarding was halted. Since then, the Volunteer Office has worked diligently to revamp their on-boarding process and facilitate remote on-

boarding. In August 2020, our office received the green light to resume recruitment efforts. Given that all PFAC meetings will be held remotely for the foreseeable future, occupational health requirements have been waived. Moving forward, advisors will be asked to attend an online orientation hosted by Volunteer Services, as well as complete a series of HealthStream trainings to provide advisors with competencies in Ethical Standards and Compliance and HIPAA.

3. PATIENT AND FAMILY ADVISORY COUNCIL STRUCTURE & MEMBERSHIP

A. Steering Patient and Family Advisory Council (PFAC) Established 12/6/07

Purpose: The Steering PFAC serves as a forum for sharing best practices across the institution (service-specific & cross-service) and a sounding board for initiatives which the institution deems important in order to establish balance with priorities of patients and families. In our meetings, patients and families can generate new ideas that drive initiatives at all levels of the hospital.

Meeting Frequency: Quarterly

B. BWH Service-Line Patient and Family Advisory Councils:

- NICU PFAC – This council meets quarterly and has five patient/family advisors. They have accepted three new patient advisors who will be on-boarded in the coming months. They recently held their first virtual meeting where they discussed how to best support families during this time when meeting in-person is not advisable. Additionally, a new medical director and nurse joined as Co-Chairs, along with the current patient advisor co-chair.
- Connors Center for Women and Newborn (CWN) PFAC – This year, the council provided input on a variety of initiatives, including breastfeeding support for new mothers and the revamping of the educational packets provided at discharge. Advisors also had the opportunity to share their insight on post-partum support during the COVID-19 era and the visitation policy. Recently, two of our council members decided to move forward with their Certified Lactation Counselor (CLC) education and training. Currently there are five patient/family advisors on this council. This council meets quarterly.
- Emergency Department (ED) PFAC – This council continues to incorporate patient/family advisors in on-boarding training for new staff. Council leadership, accompanied by an advisor, had the opportunity to speak to this work at this year's IPFCC Conference in a podium presentation titled *Patient and Family Advisors as Teaching Partners: Emergency Department Staff Empathy*. The council is resuming virtual meetings in September and hosted their first virtual training session with new-hires this past August. Also, one of the advisors from this council participates in a health equity working group, facilitated by our Medical Director of Quality, Safety, and Equity. Advisors on this council had the opportunity to provide feedback on the Emergency Department expansion, which will be opening in the next couple of months

with components of design being influenced by patient feedback. There are currently eight patient/family advisors on this council. The council meets monthly.

- South Huntington Medical Home PFAC – During this year, patient/family advisors participated in conversations on the restructuring of medical teams at the practice in an effort to improve continuity of care. Advisors were also consulted in the process of re-inventing annual wellness visits as an opportunity to approach topics of aging with patient populations. As the practice moves forward with incorporating Substance Use Disorder (SUDs) treatment into the primary care setting, medical leadership asked for advisor input on the best way to build trust with patients so that they may feel empowered to communicate their need for this treatment. There are currently six advisors on this council. This council meets monthly.
- Women's Council on Health – This council is made up of nine patient advisors, all of whom are survivors of interpersonal violence. Rather than a formal meeting structure, this council has found that meeting on a more ad-hoc basis works suits the needs of the advisors and the council leadership. This year, the council reviewed a series of patient-facing materials, including Tips and Resources for Feeling Safe and Empowered at your Healthcare Visit and Intimate Partner Violence – Inquiry During Telehealth Visit, a brochure developed during COVID. In addition, three patient advisors will be attending the Trauma-Informed Annual Meeting in October.
- Jen Center PFAC – The Jen Center is an internal medicine clinic located within the Brigham. This council has seven advisors and meets once a month. Prior to COVID, advisors worked with the practice on the launch of their Diabetes Management Program. The council was put on hold, as clinic leadership focus on COVID-19 workflows in its re-opening process. Clinic leadership hope to resume meetings in the new year. In the interim, the PFAC liaison is working with the clinic to prioritize recruitment efforts. The clinic continues to engage patient advisors electronically by sharing any projects or initiatives that require patient input on an ad-hoc basis.
- Fish Center PFAC – The Fish Center is a multidisciplinary clinic. This council has eight advisors. While the council was placed on hold during COVID, it is resuming meetings in October 2020. Pre-COVID, the council was consulted on gender inclusivity efforts in the clinic, as well as ideas for revamping the website. The clinic also releases monthly newsletters that are shared with patient/family advisors beforehand for edits and feedback. This calendar year, the council focused heavily on recruitment.
- General Medical Services – This council is comprised of hospitalists, staff, and one patient family advisor for inpatient general medical care. The council meets bimonthly. This year, the GMS Care Redesign Leadership team, in collaboration with their patient advisors, worked on COVID operations for the general medicine teams and the BIOSI project, a B-CRISP project that addressed pain management on the general medicine service, focusing on the transition to functional pain scale and recommendations for alternatives

to, and reduction in, opioid use. In addition, this council focused its efforts on the ED to in-patient hand-off process as Safety Report escalations.

- Brigham Digital Patient Experience – This is new PFAC – established in February 2020 with the goal of providing the patient’s perspective on digital experiences at Brigham Health. The council was chaired by staff from the Brigham Digital Innovation Hub and had entered its recruitment phase when volunteer activities were paused due to COVID. We hope to continue building this council in the coming year.
- Rheumatology PFAC – This PFAC has six members and meets on a quarterly basis. This council was also paused due to COVID-19 and plans to resume once leadership is able. Before pausing the council, advisors participated in reviewing Press Ganey data for the practice, as well as complaint data from Patient/Family Relations. In one of our meetings, advisors hosted a product Show & Tell where they were asked to submit photographs of gadgets/products they found useful and share them with the group. This meeting spurred the idea of hosting a department-wide patient forum, where patient advisors could lead discussion on gadgets for other rheumatology patients. These plans are paused due to COVID-19.

C. BWH Patient and Family Advisory Councils in Research

- Quality Improvement Project in Maternal Fetal Medicine Ambulatory Setting – Physicians sought patient advisor input on an MFM quality improvement project geared at increasing primary care visits for women after pregnancy, specifically women with high-risk pregnancies. In designing the intervention, one of our CWN (OB) PFAC advisors was recruited to consult on an on-going basis.
- A Consumer-Focused Approach to Initiate Decision-Making on Cost of Care Cascades After Common Medical Tests – This study proposed to develop and test a novel intervention to help patients and clinicians discuss the cost and downstream implications of medical tests. The study aims to meet four times over the course of two years. Nine advisors were recruited for this study.

Supporting:

The Center for Patients and Families program manager organizes the meetings for all the PFACs with the exception of the General Medicine Services, Emergency Department, NICU, and Women’s Council on Health PFAC. For these councils, PFAC meetings are managed by either a program manager or nurse manager within their own service lines. While councils were hosting in-person meetings, patient advisors were provided with parking vouchers. Parking is allotted through the Center for Patients and Families budget. We do not provide stipends to our patient/family advisors. To encourage participation, the Center for Patients and Families also offers to cover the costs of annual conferences. This year, we paid the registration fee for one of our ED PFAC members to attend the Institute for Patient-And-Family-Centered Care, held virtually. This advisor, along with ED PFAC leadership, presented at the conference. Each PFAC is continuously working to identify and help bridge barriers to participation. Certain PFACs offer meeting times outside of regular business hours.

Patient and Family Advisory Council 2020-2021 Agenda:

For this upcoming year, the Patient and Family Advisory Steering Committee's overarching goal is to continue to expand our service line patient family advisory councils and ensure that we are using our existing advisors in meaningful ways throughout the organization. We have a few councils that were put on hold due to COVID-19 restraints, and we hope to provide the support needed to allow them to move forward. A portion of this support will be through our recruitment efforts under our new virtual model. As most of our councils resume virtual meetings, we hope to leverage technology to remove previous barriers to participation and create a robust platform for e-advising. As part of this goal, we plan to create committees made up of advisors across our service line councils that specialize in areas of interest.

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

2019-2020

- As Brigham and Women's Hospital switches vendors for our patient satisfaction surveys, patient/family advisors were asked to join Question Selection meetings.
- Peri-Op Leadership requested advisors meet with peri-op team to share their experiences with the visitor policy in in the Peri-Op/PACU units, either as a visitor or a patient.
- Primary Care Central Recovery and Reimaging Steering Committee recruited two advisors to assist with re-opening plans for primary care practices across all BWH sites.
- An advisor was asked to sit on Quality Grand Rounds on eGFR Race Corrections. The goal of this discussion was to raise awareness on the fact that race corrections are not based in science, but rather historical misconceptions that can result in delays in treatment and worse outcomes for people of color.
- Quality and Patient Experience team requested feedback on patient communication materials regarding Mass Hillway Program – a program created for sharing medical records between organizations.
- Patient advisors participated in a design session focused around new Virtual Visit Platform, hosted by the Partners Information Systems team.
- Stakeholder Advisory Board for the Provider Awareness & Cultural Dexterity Toolkit for Surgeons (PACTS) Trial – advisors participated in developing e-learning modules and survey questionnaire for PACTS.
- An advisor was asked to sit on a Health Equity panel discussion for resident physicians.
- Patient advisors participated in a BWH APPS focus group aimed at making research tools and initiatives more visible, connecting research opportunities to broader participation of patients, and promoting research participants via media, online, and other channels.