

# Patient & Family Engagement 2023 Annual Report

**Hospital Name:** Beth Israel Deaconess Medical Center (BIDMC)

**Date of Report:** September 30, 2023

**Year Covered by Report:** October 1, 2022 - September 30, 2023

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

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**Report is available by request and posted online at**

**<https://www.bidmc.org/PFAC>**

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# Summary

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This annual report provides an overview of contributions made by Beth Israel Deaconess Medical Center's (BIDMC) Patient & Family Engagement program from October 1, 2022 through September 30, 2023, BIDMC's fiscal year (FY). It includes information about 3 active advisory councils: Hospital-Wide Patient & Family Advisory Council (HW PFAC), Adult Intensive Care Unit Patient & Family Advisory Council (ICU PFAC), and the Neonatal Intensive Care Unit Family Advisory Council (NFAC). This report also highlights several other ways in which advisors have collaborated with staff and providers on improvement efforts including on committees, quality improvement projects, presentations, and in a multitude of other ways.

In FY2023, Patient & Family Engagement (PFE) reaffirmed its commitment to making equity and belonging a central focus in all aspects of the advising work. In FY2022, PFE included a goal in the annual report to “increase representation within the advisor group of populations who have been historically marginalized in medical settings to promote more inclusive, equitable, and informed care through collaboration with hospital staff and leadership.” However, without any reliable baseline data on the unique identities and experiences of the current BIDMC patient/family advisor community, efforts to achieve this goal could not be adequately evaluated. Thus, PFE's Identity Survey was developed in collaboration with the HW PFAC. There was agreement among the Council advisors that a voluntary survey of the active advisor community should be conducted using the questions BIDMC was already in the process of rolling out as registration questions. By aligning the PFE survey with BIDMC's questions, comparisons could be drawn between advisor community data and hospital-wide data. The survey included questions about Race, Ethnicity, and Language (REAL Data) and a limited number of questions from Sexual Orientation and Gender Identity data (SOGI). In communication with the advisor community about this effort, PFE acknowledged that the information gathered in the Identity Survey represented only a starting place as identity is complex and diversity goes far beyond the limited information sought in this survey. Furthermore, PFE acknowledges that patient experiences, positive and negative, are significantly impacted by many additional aspects of identity beyond what was included in this preliminary survey. With this understanding and the support of the HW PFAC advisors, the Program Leader sent the Identity Survey to approximately 52 advisors in November 2022 and by the close of the survey in March of 2023, 35 responses had been received. The data gathered was consistent with PFE's expectations: the advisor community skews white, female, cisgender, with English as a primary language. Despite its significant imperfections, the survey offers a starting place from which to develop a strategic plan and to evaluate progress.

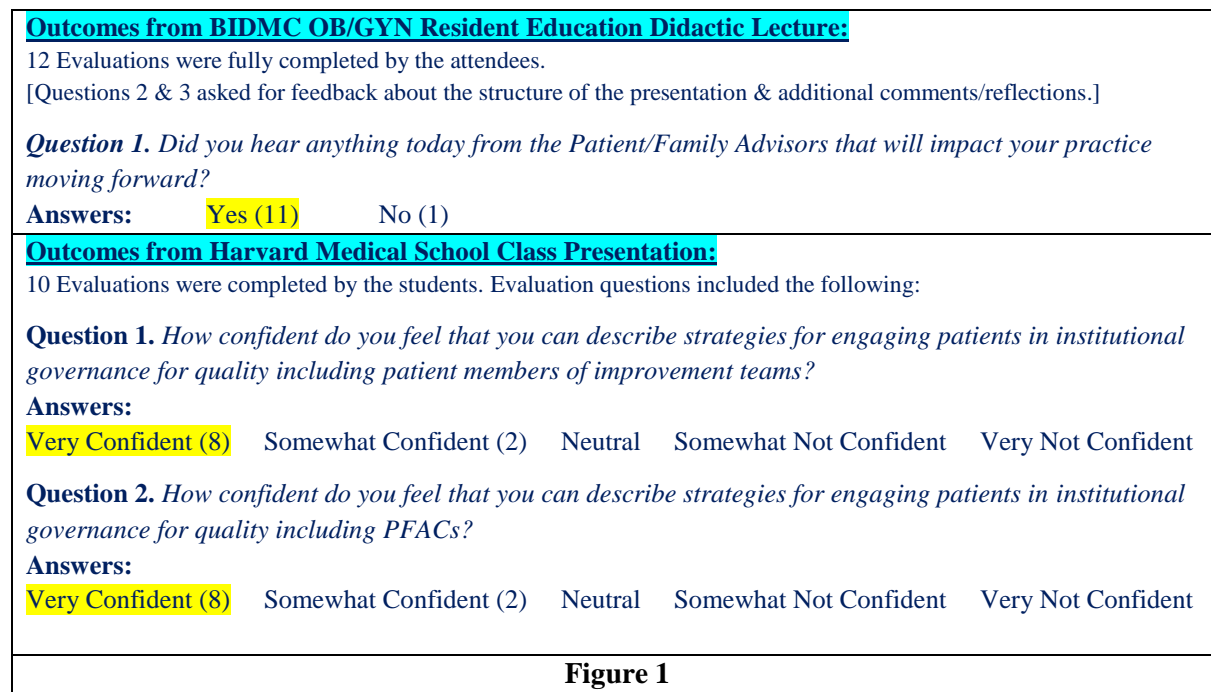
PFE recognizes that it is critical to center the voices and experiences of marginalized groups at every opportunity to make meaningful improvements in patient experience and true progress in

health care equity. Given the results of the Identity Survey and what is known about historic inequities in the health care system, the recruitment focus remains on engaging more folks who identify as trans/gender diverse/non-binary, as Black, Indigenous, People of Color (BIPOC), and/or as persons living with disabilities. There is a great deal more work to be done toward the goal of creating an advisor community that fully reflects the degree of diversity in the patients and families served across the Medical Center. Efforts to engage a more diverse group of advisors and to prioritize participation in projects by advisors who can provide perspective on the experiences of marginalized communities are ongoing.

In addition to the attention to diversity and equity in recruitment efforts, PFE strives to maintain a health care equity lens in all advising projects. This year, patient/family advisors were invited to join health care equity focused committees and initiatives including BIDMC's Promoting Health Care Equity team, the BIDMC DEI Council, and network level committees focused on health care equity. Even on projects for which health care equity may not have been the leading focus, advisors addressed it in their thoughtful contributions. For instance, in a didactic lecture for OB/GYN trainees designed to address 2 patient/family centered competency areas from the Accreditation Council for General Medical Education, an advisor shared her experience of being a Black-identified woman in health care and a specific incident of discrimination. She offered suggestions to medical trainees on how to provide better, more equitable, person-centered care.

One of the highlights of FY2023 has been the advisors' contributions to staff and health care professionals' learning. As mentioned above, advisors offered a didactic lecture as a part of the OB/GYN resident education. 4 Advisors shared health care experiences which they used to illustrate examples of successful and unsuccessful ways to practice patient- and family-centered communication and/or patient counseling and sharing decision-making. The patient/family advisors provided their key recommendations for how providers can most effectively engage in interpersonal and communication skills with an emphasis on person-centered care. In a separate project, 2 advisors participated in the orientation for new graduate nurses in the Emergency Department. The advisors shared narratives related to person-centered emergency department care experiences. In yet another education-oriented activity, the Program Leader co-presented with an advisor and a master's level social work intern to a class of Harvard Medical School's Master of Healthcare Quality & Safety Program. The cohort of students for the master's level course was made up of approximately 26 individuals from across the globe with professional experience primarily as physicians, nurses and scientists, many of which held leadership roles at their respective organizations. The lecture focused on the meaning of person-centered care, the history and structure of BIDMC's PFE program, PFE's journey toward building an effective and equitable program, areas for improvement and exploration, and key recommendations for success. Most importantly, the presentation included a section titled "Hear From an Expert" in which the patient/family advisor shared about their experience including what brought them to the role of advisor and what keeps them connected, what concerns they think providers may have

about partnering with advisors and how they would respond to those concerns, and their most important takeaway messages for providers considering initiating patient/family engagement work. Available evaluation outcomes for the Harvard Medical School Master class and the BIDMC OB/GYN Resident Education lecture suggest that the advisors’ contributions will have a meaningful impact on these health care providers’ practice [See Figure 1].



Another highlight of FY2023 was the advisors’ involvement in interdisciplinary retreats. First, 3 ICU PFAC advisors participated in a Department of Medicine quality improvement retreat. The advisors partnered with providers and administrative leaders in collaborative problem-solving for full in-person days of the weeklong retreat; they were encouraged to participate in as much of the retreat as they were able to from start to finish. The retreat leader hosted both an orientation ahead of the retreat and a debriefing session afterward with the 3 advisor participants. Several other advisors participated in a Harvard-Based BIDMC Division of Clinical Informatics event that brought together a consortium of experts including patients and family members to, again, engage in collaborative problem solving and development. Both retreats have ongoing initiatives that will include continued advisor involvement as valued stakeholders and experts.

Though advisor activities across the Medical Center are different from year to year, BIDMC continues to foster its longstanding culture of valuing patient and family involvement in health care delivery, quality and safety efforts. By integrating advisors into key projects, committees and network level initiatives, the goal of equitable person-centered care can be better achieved.

# Patient/Family Advisor Activities

## Time-Tracking

The Patient & Family Engagement program (PFE) continued using the time tracking method instituted in FY2022 in which advisors are prompted to complete a timesheet at the end of each month to report how many hours they contributed to advising activities. This remains an imperfect system as it relies on self-report and not all advisors consistently completed the timesheets. The Program Leader also tracks advisors' involvement in advising activities as much as possible to verify timesheets and fill in gaps. PFE recognizes that advisors are immensely valuable and would like to better delineate specific outcomes from advisor participation in the future. As such, improving tracking methods and further exploring program evaluation strategies remains an area of interest for the program.

Figure 2 demonstrates the wide range of activities advisors participated in during FY2022 and the estimated number of hours they contributed to each type of engagement activity based on advisor self-report and the Program Leader's tracking.

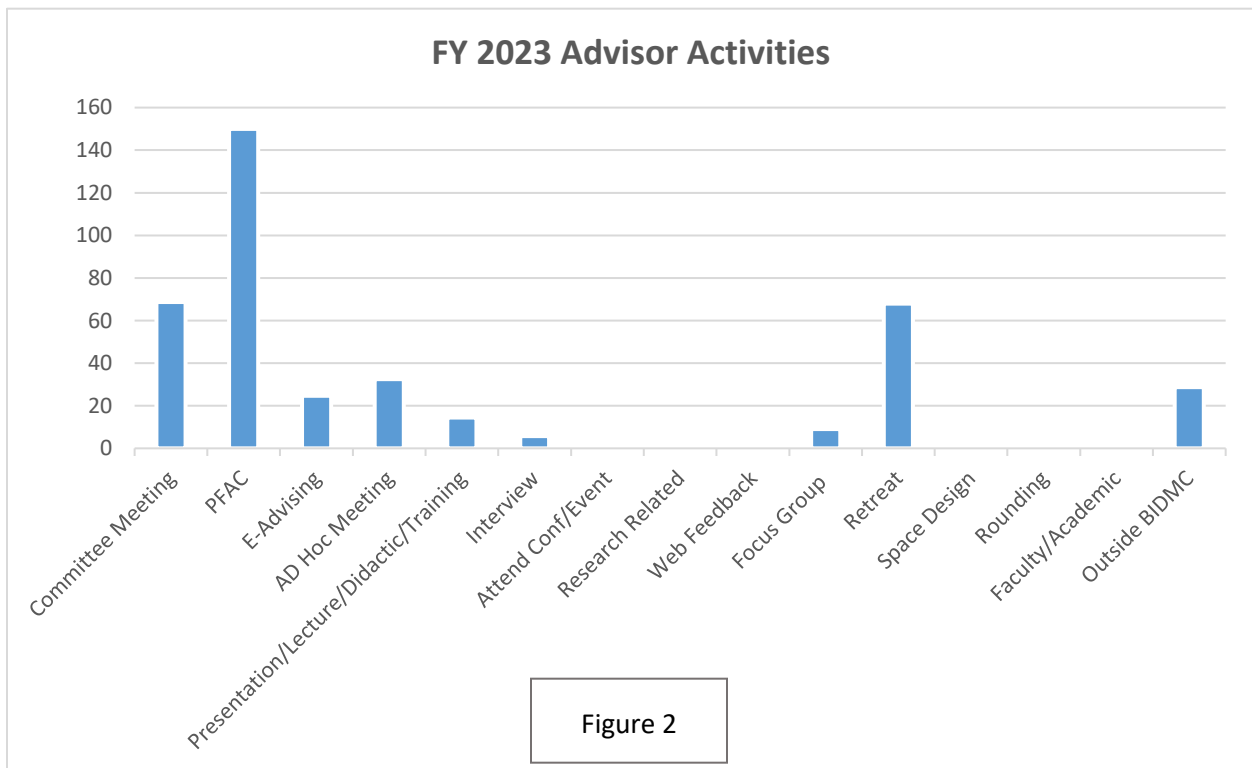


Figure 2

*\*Of note, some of the advising categories listed above overlapped with PFAC advising. For example, advisors provided feedback on space design during an ICU PFAC meeting. NFAC advisors' hours are not accounted for in Figure 2.\**

Factors which influence the strength and endurance of BIDMC's Patient & Family Engagement activities include: BIDMC's continued investment in funding a Program Leader position, leadership support across BIDMC, ongoing requests for advisor feedback from parties both inside and outside of the institution, and continued energy and enthusiasm on the part of advisors for participating in committees, PFACs, e-advising, and other advising opportunities throughout the Medical Center and in the community.

### **Patient/Family Advisor Recruitment**

Advisor recruitment involves paper and electronic applications, sharing of marketing materials internally and with community partners for publication and/or distribution, word of mouth, presentations at staff meetings and at community events, and referrals from providers. Over the years, the Program Leader has also made targeted outreach both within BIDMC and in the community to continue to increase advisor diversity.

The Patient & Family Engagement program maintains a presence on the BIDMC website where potential advisors can find an online version of the application or the downloadable brochure for a paper application. Updated recruitment materials are showcased on the website and shared both within the Medical Center and in the community. Recruitment criteria remains the same as in previous years and can be found on the BIDMC website ([www.BIDMC.org/pfac](http://www.BIDMC.org/pfac)).

The screening and onboarding process for prospective advisors includes: completion of a paper or web-based application; a phone screening with the Program Leader for Patient & Family Engagement; a virtual interview with the Program Leader and a current patient/family advisor (most commonly the HW PFAC patient/family advisor co-chair); standard volunteer onboarding including CORI (criminal background) screening, confidentiality attestation and compliance and code of conduct training; medical screening as needed for the assignment; and an orientation and training session as needed for the assignment.

In FY2023, the Patient & Family Engagement program continued strategic efforts to prioritize increasing diversity within the advisor community. As mentioned above, this year an Identity Survey was conducted via an anonymous online survey to establish baseline demographic and experience data from the current advisor community. Other strategic efforts included networking with health care providers trusted by and actively serving LGBTQIA+ and BIPOC communities and highlighting PFE's commitment to engaging new advisors who bring more diversity in identities and experiences whenever presenting on PFE or networking with health care providers and Medical Center staff. PFE created a new poster, handout and a promotional video to better highlight the program's commitment to health care equity. A total of 7 new patient/family advisors were on-boarded to the program this year, including 2 women who identify as BIPOC and 3 men. Recruitment efforts are ongoing and the focus for FY2023 remains on increasing diversity across the advisor community.

Advisors who travel to the Medical Center or to off-site meetings and events are given free parking stickers or reimbursed for The RIDE or public transportation. Food and beverages are provided during in-person PFAC meetings and at other in-person meetings and functions that occur during mealtimes. Only the closing PFAC meeting for FY2023 in September was held in person, the rest were conducted virtually. Advisors participated in 2 other in-person advising projects, 1 on site at the Medical Center and 1 at a community location, and had the opportunity to come in person for a tour of BIDMC's new Klarman Building as many had participated in aspects of the new building's development. Accommodations can be made available to advisors as needed including interpreter services, assistive devices, and the ability to participate in meetings by conference call and/or virtual participation. Advisors do not receive honorariums from BIDMC at this time.

**The next section provides summaries of the activities of BIDMC's 3 active PFACs from October 2022 through September 2023.**

## BIDMC's PFACs

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### **Hospital-Wide Patient/Family Advisory Council (HW PFAC)**

#### **Overview and Infrastructure**

The HW PFAC was officially formed in 2010, the same year that BIDMC established a Patient & Family Engagement program. The program is managed by a Program Leader for Patient & Family Engagement, a 24-hour position in the Department of Social Work. The Executive Director of Social Work and Patient & Family Engagement oversees the program, which encompasses PFACs, as well as other patient and family engagement work throughout the Medical Center. The Program Leader is responsible for program operations including recruiting, onboarding, assigning patient/family advisors to projects, coordinating the HW PFAC, helping to coordinate and co-facilitating the ICU PFAC, giving internal and external presentations about PFE, and working with providers, staff and community liaisons to develop and support collaborative partnerships with advisors.

At the close of FY2023, the HW PFAC is comprised of 12 patient/family advisors. There are approximately 7 regularly attending BIDMC staff members serving on the Council at this time. Therefore, ~37% of the Council is made up of staff advisors while patient/family advisors make up ~63%. Per the bylaws, the Council is committed to being comprised of no less than 50% patients and family members at all times (see attached Appendix). 5 Patient/family advisors were invited to join the HW PFAC in FY2023, 4 of whom accepted, 1 who had been a patient/family advisor in the past and returned to the program and to the Council as they had not yet completed

their full membership term; the 5<sup>th</sup> advisor did not have the bandwidth to make the commitment at this time. The HW PFAC is poised to be made up of over 40% BIPOC women patient/family advisors in FY2024. Recruitment is a continuous process and increasing diversity on the HW PFAC remains a priority.

### **HW PFAC Agendas and Meetings**

Historically, the council met in person every other month, six times per year for two hours in the evening. In FY2023, the restrictions on in-person gatherings in the setting of COVID-19 slowly dissipated; however, meetings were primarily conducted virtually in part aligned with hospital policy and in part due to advisor preference. The number of meetings and time involved remains the same. PFE held 1 in person meeting in September of 2023. Agendas are primarily developed based on requests from the PFAC co-chairs, PFAC patient/family advisors, hospital staff members, providers, and leaders. Areas of focus include new hospital initiatives, marketing materials, policies, research projects, patient and family education materials, communication strategies, and other initiatives.

This year, there were a wide range of topics covered in Council meetings from new programs and initiatives across the hospital and network to projects within the Patient & Family Engagement program itself. HW PFAC meetings included the following:

- Discussions with patient/family advisors on best communication strategies for increasing awareness of various BIDMC programs and activities
- A presentation by BIDMC's president on the Medical Center's mission, goals, operating plan and happenings across the hospital
- BIDMC's Promoting Health Care Equity Team
- Workplace violence
- Urgent care expansion
- Community Benefits and the Community Care Alliance
- Patient/family experience of OpenNotes
- Presentation by the Chief Operating Officer and the Executive Director of EPIC Implementation & Optimization on BIDMC's EPIC roll out
- Presentation by the new BIDMC Executive Director for DEI on DEI goals and initiatives
- Summaries of the year's activities and objectives for FY2024 shared by representatives from each of BIDMC's PFACs

Typically, at the start of every meeting, advisors have an opportunity to share health care experiences they have had since the last meeting. 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. 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), as well.

## **Adult Intensive Care Unit Patient/Family Advisory Council (ICU PFAC)**

The ICU PFAC was first established at BIDMC in 2007 and remained active for approximately 10 years. In 2021, ICU leadership and Patient & Family Engagement partnered to relaunch the ICU PFAC. At the start of FY2023, there were 5 patient/family advisors serving on the Council. 3 Additional advisors joined the Council over the course of 2023. This year, the ICU PFAC held 4 productive meetings which included rich discussions on the following topics:

- The creation of the center for Humanizing the ICU
- Patient education materials
- Website updates
- ICU patient/family-facing tools like a welcome packet
- The Critical Illness Survivorship Program
- ICU waiting room space design and available items

The ICU patient/family advisors offered valuable insight during meetings that included input gathered in discussion with their loved ones between meetings. Advisor contributions also included recommendations for better fostering a sense of belonging for all like ensuring BIPOC representation in the magazines made available in the waiting room. Goals for FY2024 include continuing efforts to recruit new patient/family advisors with diverse experiences and identities and further integrating the collaboration with the Council into the ICU's quality improvement practice.

## **NICU Family Advisory Council (NFAC)**

NFAC was the first patient/family advisory council established at BIDMC in the early 2000s. They have remained an active group since that time with longstanding advisor participation. NFAC held 3 meetings in FY 2023:

### **Fall 2022 Meeting**

The fall 2022 NFAC meeting focused on two areas: the NICU Wellness Program and Health Equity in the NICU.

Amanda Sandford, MD, the Director of the Neonatal Hospitalist Program and Margaret Day, LICSW, CLC, a NICU Family Program Manager and Parent Connection Program Coordinator

presented an overview of the programs that have been put in place to support staff and faculty. Key topics of discussion included:

- Education about burnout syndrome, why it matters for staff, and how it impacts performance, morale, productivity and self-esteem
- Discussion of finding connection and joy through trainings, programs and activities including a group summer outing
- Outlining of 2023 Wellness Program aims, including creating restorative space on the unit, creating a wellness welcome for staff, instituting a wellness week and creating wellness report cards.

Dr. Yarden Fraiman, a neonatologist who is leading many of the health equity efforts in the NICU as well as conducting research, spoke to the group on how to optimize health for all babies in the NICU and ensure that health equity is achieved across the entire life-course. Key topics of discussion included:

- Defining equality, equity, health equality and disparity, inequity, and health equity
- How the NICU team is creating a culture of equity in the NICU, exploring what happens after discharge, and building partnerships with colleagues and families
- Discussing NICU health equity initiatives, including creating the “Neonatal Health Equity and Justice Subcommittee”; creating a universal Social Determinants of Screening for all babies; creating anti-bias, anti-racism, upstander trainings; creating a collection of accurate race and ethnicity data; and conducting a racial justice assessment of the NICU

### **Spring 2023 Meeting**

The spring 2023 NFAC meeting featured new Faculty member Paige Terrien Church, MD, a Neonatologist & Developmental Behavioral Pediatrician. Dr. Church’s presentation, titled *Developmental Follow Through: From NICU to Home*, touched on key topics which included:

- The importance of continuation of care after a family has left the NICU, the key role caregivers play, and the support necessary for families to thrive
- Key aspects of brain development and long-term outcomes following preterm birth
- The impact of the NICU environment on babies & their families
- Challenges with infant follow up after discharge and empowering families to become neuroprotectors

### **Winter 2023 Meeting**

The winter 2023 NFAC meeting featured Kathy Tolland, DNP, RN, the NICU’s lead nurse manager, and Emily Whitesel, MD, a neonatologist, who are leading the Family Integrated Care (FICAR) work in the NICU. They discussed how the purpose of the FICare model is to place families at the center of their infant’s care, incorporating families as equal partners in the NICU care team. Key topics of discussion included:

- Outlining benefits of the FICAR program, including improved caregiver confidence and preparedness at discharge; decreased caregiver stress and anxiety; improved communication with medical team; decreased length of NICU stay; improved average daily weight gain; and increased breastfeeding and breast milk at discharge
- Identification by NICU staff of future opportunities to provide more family centered care, including better consistency of care and providers and improved services for families that do not speak/read English
- Discussion of positive program feedback from nursing staff, including feeling better prepared when working with caregivers participating in FICare; changing perspectives on providing bedside care; and better anticipating parents' needs
- Reflections on how to improve the NICU rounding experience as it is rolled out throughout the entire NICU

## Beyond the PFACs:

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Patient and family advisors are involved in a vast array of activities across BIDMC and throughout the community. The following tables list a few of the many notable projects and initiatives that advisors contributed to in FY2023 outside of PFAC meetings.

### Committees

<b>Ongoing Committees Within BIDMC</b>	<b># of Advisors</b>
<b>Patient Care Assessment Committee of the Board of Directors (Quality &amp; Safety)</b>	<b>2</b>
<b>Ethics Advisory Committee</b>	<b>3</b>
<b>BIDMC DEI Council</b>	<b>1</b>

### Staff Training/Academic Work

<b>Presentation/Publication/Faculty or Academic Project:</b>	<b># of Advisors</b>
<b>Didactic Lecture for OB/GYN Resident Education</b>	<b>4</b>
<b>Health Care Quality Master's Course: Harvard Medical School</b>	<b>1</b>
<b>Published in/Submitting to an Academic Journal</b>	<b>1</b>
<b>Emergency Department RN Training</b>	<b>2</b>

## E-Advisor Projects

<b>Project/Document</b>	<b># of Advisors</b>
<b>Development of an App</b>	<b>14</b>
<b>Workplace Violence Project</b>	<b>9</b>
<b>Epilepsy Informational Handout</b>	<b>4</b>
<b>ICU Welcome Packet (Non-ICU PFAC advisor review)</b>	<b>4</b>
<b>Quality Improvement Assessment Survey</b>	<b>8</b>

## Other Ad Hoc/Short Term Initiatives

<b>Projects Within and Outside of BIDMC</b>	<b># of Advisors</b>
<b>Department of Medicine QI Retreat</b>	<b>3</b>
<b>DCI Network BIDMC/Harvard Retreat</b>	<b>7</b>
<b>Interviewing Patient/Family Advisor Candidates for Patient &amp; Family Engagement</b>	<b>2</b>
<b>OpenNotes Video Teaching Tool</b>	<b>2</b>
<b>PFE Promotional Video (all advisors invited to share feedback)</b>	<b>2</b>
<b>Emergency Alerts Focus Group</b>	<b>7</b>

## Taking Stock and Looking Ahead

Patient and Family Engagement is critical to the delivery of quality care, addressing health inequities and disparities, 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

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### **Beth Israel Deaconess Medical Center Hospital-Wide 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 may be invited to renew their membership up to an additional two years, for a maximum of four years. All active members must be in compliance with the responsibilities listed in Section 3.01.

In unprecedented times, such as a global pandemic, membership terms can be extended for one to two additional years at the discretion of the Council Co-Chairs and Program Leader to account for significant disruption to typical policy, practice and procedure during such times. Membership is not to exceed a maximum of 6 years even during unprecedented periods.

#### **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 by the affirmative vote of two-thirds of the present members of the Council provided that the amendment has been submitted in writing. Advisors will have no less than 30 days to review the amendment after which a vote can take place through e-mail and/or at a subsequent 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.