

2022 Patient & Family Engagement Annual Report

Hospital Name: Beth Israel Deaconess Medical Center (BIDMC)

Date of Report: September 30, 2022

Year Covered by Report: October 1, 2021 - September 30, 2022

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

Staff Contact: Laura Dickman, LICSW, Program Leader, Patient and
Family Engagement

Staff Contact E-mail and Phone: ldickman@bidmc.harvard.edu,
617.667.4608

Report is available by request and posted online at

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

Summary

This annual report provides an overview of contributions made by Beth Israel Deaconess Medical Center's (BIDMC) patient and family advisors from October 1, 2021 through September 30, 2022, BIDMC's fiscal year. It includes information about five advisory councils: Hospital-Wide Patient and Family Advisory Council (HW PFAC), Universal Access Advisory Council (UAAC), Intensive Care Unit Patient and Family Advisory Council (ICU PFAC), Health Care Associates Patient and Family Advisory Council (HCA 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.

FY2022 brought with it new and continued challenges in the setting of the ongoing COVID-19 pandemic. Like all healthcare institutions across the nation, BIDMC had to find ways to respond to a third COVID-19 surge, capacity shortages and staffing challenges. Throughout these difficult circumstances, the patient/family advisors continued to share their wisdom from lived experience allowing BIDMC to uphold its commitment to person-centered care despite significant challenges. This year included meaningful advisor participation at all levels of hospital practice, from patient education material review to board level committees.

Patient/family advisors were involved on the frontlines of many of the hospital's response efforts to capacity challenges. Members of the HW PFAC were invited by the Beth Israel Lahey Health (BILH) Senior Associate General Counsel and Director of Ethics to provide feedback on how best to communicate with the patient/family community the capacity challenges faced by the Medical Center, as well as healthcare institutions state-wide and nationally. The input gathered from the Council advisors was used to make formal recommendations to BILH Marketing and Communications as they created materials to increase transparency across the hospital and BILH network. A follow up project was organized in collaboration with BIDMC and other BILH network PFACs, to elicit feedback on the ethical framework proposed to leadership to respond to said capacity challenges. Advisors from across BILH were invited to review an abridged written version of the ethical framework proposed to guide decision-making in the setting of capacity shortages. Included in the abridged version were some examples to illustrate how the ethical framework would be implemented in 3 different scenarios. A follow up Question and Answer live Zoom session was organized to allow for advisors to ask clarifying questions and share feedback verbally with the BILH Senior Associate General Counsel and Director of Ethics and the BIDMC Patient & Family Engagement Program Leader. Overall, the patient/family advisors provided thoughtful feedback and were in agreement with the core concepts of the proposed ethical framework.

Over the course of this trying year, patient/family advisors both shared and received meaningful words of appreciation. A select group of advisors recorded words of gratitude for a video that was circulated across the hospital in an effort to boost morale during a time of increased caregiver burnout. In a powerful video compilation, advisors shared their appreciation for the care at BIDMC and specifically for the staff and providers' continued commitment to delivering compassionate care throughout these difficult times. In honor of the advisors' enormous contributions to BIDMC and the healthcare community, Patient & Family Engagement held an advisor appreciation event. The event included a video of BIDMC and community leaders expressing their appreciation for the advisors' contributions and acknowledging the significant value they bring to the Medical Center and beyond. The patient/family and staff advisors were invited to submit their favorite recipes and original artwork to be included in a digital book compiled by the Program Leader as a co-created gift for the advisor community centered on nurturing through art and nutrition. The Chief Operations Officer was the keynote speaker for the advisor appreciation event; in his speech, he outlined the tremendous impact advisors have on the Medical Center and its mission to provide exceptional, person-centered care.

One of the great accomplishments celebrated by the Patient & Family Engagement community this year, was having an article co-authored by 3 patient/family advisors be published in BMJ Quality and Safety. The article is titled, "Filling a gap in safety metrics: development of a patient-centred framework to identify and categorise patient-reported breakdowns related to the diagnostic process in ambulatory care." In addition to the enormous achievement of being published, their article was also selected by BMJ Quality and Safety's Editorial Team as one of their "top papers" for the year. Criteria for "top papers" include importance to the field, citations, and reader engagement. The Patient & Family Engagement program encourages advisors to participate in projects and activities that have a far-spanning reach.

The efforts initiated in FY 2021 to diversify the Patient & Family Engagement advisor pool continued with fervor through FY 2022. The recruitment focus at this time has been on engaging new patient/family advisors who identify as trans/gender diverse/gender non-binary and/or Black, Indigenous, People of Color (BIPOC). The goal is 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. Gains were made in racial/ethnic diversity within the advisory community in FY2022, but 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. Specific steps taken toward this goal in FY2022 are outlined below in detail in the *Patient/Family Advisor Recruitment* section below.

Also of note in FY2022, the ICU PFAC, the very first BIDMC Advisory Council, was revived through close collaboration between Patient & Family Engagement and ICU leadership. Patient

and Family Engagement has also been closely involved in consulting with colleagues in OBGYN as they develop an advisor group pilot program with focused attention on recruiting a diverse and representative cohort of patient advisors. The Advisory Council activities across the Medical Center have shifted over the last year, but BIDMC continues to foster its longstanding culture of valuing patient and family involvement in healthcare delivery, quality and safety efforts.

Patient/Family Advisor Activities

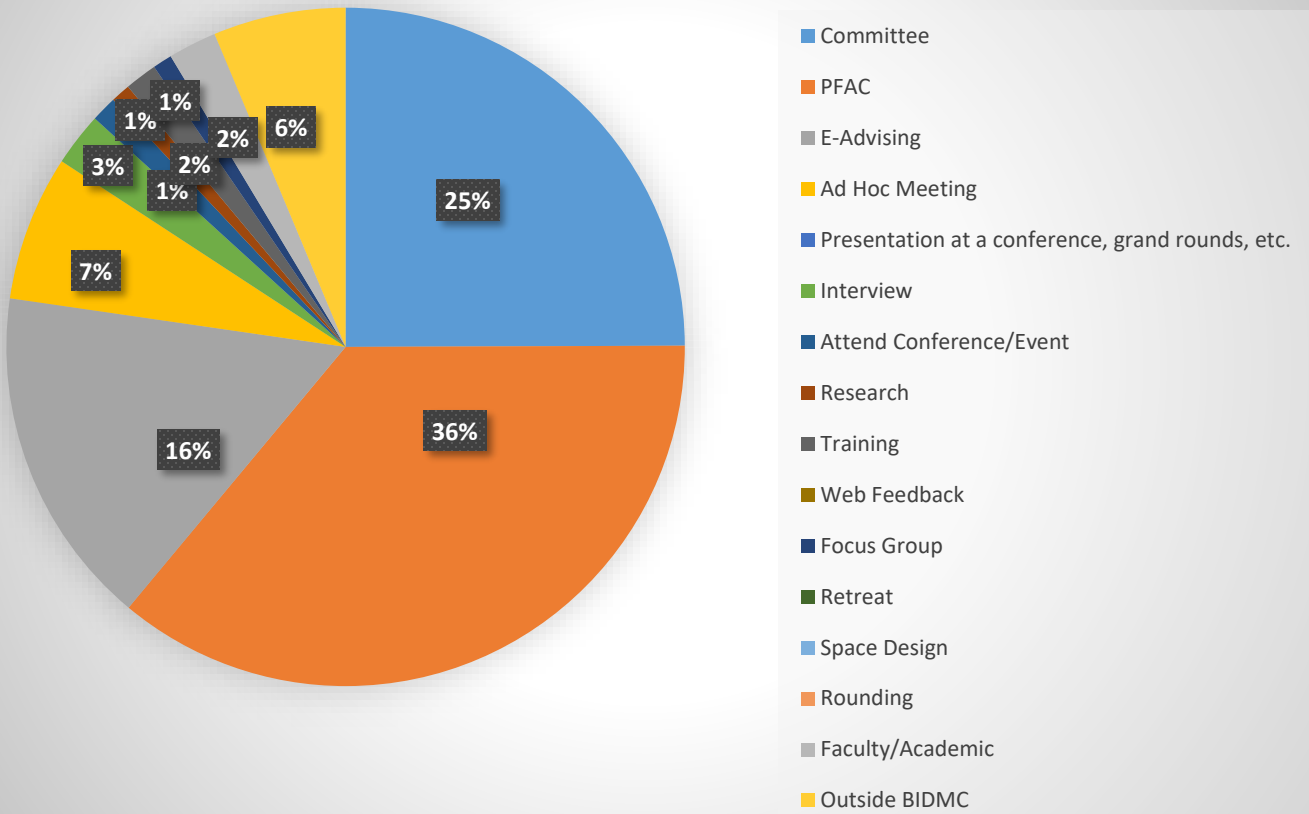
Time-Tracking

In the latter part of FY2021, the then new Program Leader for Patient & Family Engagement had begun efforts to strengthen and streamline organizational processes to increase efficiencies within the program and improve communication and tracking methods. In FY2022, a new time tracking method was instituted 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. The response and accuracy rate seem to have improved from past years when time spent on advising activities was collected primarily at the end of the fiscal year through email communication. That said, it remains an imperfect system as it relies on self-report and not all advisors consistently completed the monthly reminders. The Patient and Family Engagement program recognizes that advisors are immensely valuable but would like to better delineate specific outcomes from advisor participation in the future. As such, improving tracking methods and exploring program evaluation strategies remains an area of interest for the program.

The figures on the following pages demonstrate 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. ****Of note, not all advisors reported every hour they contributed to advising activities, so the while the figures below are the best estimate, there are likely many additional unaccounted for hours of advisor time.****

Figure 1 breaks down the percentage of total time spent on each category of engagement activity by advisors over the course of the year.

FY2022 Advisor Activities



*Total NFAC and HCA PFAC advisors' activities not included.

Figure 2 breaks down the number of hours spent on each category of engagement activity by advisors over the course of the year. Like Figure 1, NFAC and HCA PFAC advisors' hours are not accounted for in Figure 2.

| FY 2022 - Type of Activity | Advisor Hours # (Total: 324.75) | Advisor Hours % |
|---|------------------------------------|-----------------|
| Committee | 82 | 25% |
| PFAC | 117.25 | 36% |
| E-Advising | 52.75 | 16% |
| Ad Hoc Meeting | 22.5 | 7% |
| Presentation at a conference, grand rounds, etc.* | 0 | 0% |
| Interview | 8.25 | 3% |
| Attend Conference/Event | 4 | 1% |
| Research | 3 | 1% |
| Training | 5 | 2% |
| Web Feedback* | 0 | 0% |
| Focus Group | 1 | 0% |
| Retreat* | 0 | 0% |
| Space Design* | 0 | 0% |
| Rounding* | 0 | 0% |
| Faculty/Academic | 7.5 | 2% |
| Outside BIDMC | 21.5 | 6% |

**Not all activities advisors are able to participate in occurred in FY2022. For instance, the Rounding program, which has been a robust area of contribution for advisors in the past, was on hold due to COVID-19.*

Factors which influence the strength and endurance of BIDMC’s Patient & Family Engagement activities include: BIDMC’s continued investment in the funding of 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 advisor opportunities throughout the Medical Center and beyond.

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. The Program Leader has also made targeted outreach both within BIDMC and in the community to continue to increase advisor diversity.

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. Updated recruitment materials are showcased on the website and have been shared both within the Medical Center and in the community (see above for details regarding outreach efforts). Recruitment criteria remains the same as in previous years and can be found on the BIDMC website (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 patient/family advisor; 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 in-person PFAC meetings and at other in-person meetings and functions that occur during mealtimes. There were no on-site PFAC meetings in FY2022, but Patient and Family Engagement remains committed to providing the aforementioned transportation and meals when in-person activities resume. Accommodations available to advisors as needed include interpreter services, assistive devices, reimbursement for childcare or eldercare, and the ability to participate in meetings by conference call. Advisors do not receive stipends from BIDMC at this time.

In FY2022, the Patient & Family Engagement program continued strategic efforts to prioritize increasing diversity within the advisor community. Recruitment was focused on engaging new patient/family advisors who identify as trans/gender diverse/gender non-binary and/or Black, Indigenous, People of Color (BIPOC). A total of 10 new patient/family advisors were onboarded to the program, a number of whom brought additional racial/ethnic diversity to the advisor community. The Program Leader continued to network with colleagues, hospital affiliates, and community partners to spread the word about the Patient & Family Engagement program within specific communities. The Program Leader also presented at community events including Union Capitol Boston's Virtual Resource Fair and Families First's Virtual Resource Fair. Both presentations included Spanish interpretation coordinated by the organizations. The

Patient & Family Engagement program was able to provide copies of both our English and Spanish language handouts to these organizations for further distribution. Recruitment efforts are ongoing and the focus for FY2023 remains on increasing diversity across the advisor community.

The next sections provide summaries of the activities of BIDMC's five PFACs from October, 2021 through September, 2022.

BIDMC's PFACs

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

Overview and Infrastructure

The HW PFAC was 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 Senior Director of Social Work and Patient & Family Engagement oversees the program, which encompasses the hospital's 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 and family advisors to projects, coordinating the HW PFAC and ICU PFAC, managing the Advisor Rounding project and co-managing the ICU transitions guide program (both currently on hold in the setting of COVID), 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 close of FY2022, HW PFAC is comprised of 14 patient and family advisors, 2 whose term limits end at the final meeting of FY2022 leaving 12 active patient and family advisors (~55% of members) and approximately 10 regularly attending BIDMC staff members (~45% of members). 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). In FY2022, 5 new patient/family advisors were invited to join the HW PFAC, 4 of whom were new to the Patient & Family Engagement program and 1 who was an existing patient/family advisor who had yet to serve on the HW PFAC. 1 of the 5 new advisors opted to step down from the Council as they were unable to balance the time commitment with their current busy professional and personal commitments. Recruitment is a continuous process and increasing diversity on HW PFAC remains a priority.

HW PFAC Agendas and Meetings

Traditionally, the council meets in person every other month, six times per year for two hours in the evening. In FY2022, due to the ongoing limitations on in-person gatherings in the setting of COVID-19, meetings were held virtually. Virtual meetings will continue through at least September of 2022. Agendas are developed based on requests from the PFAC co-chairs, PFAC patient/family advisors, hospital staff members, providers, researchers, as well as health care professionals from outside organization. Areas of focus include new hospital initiatives, marketing materials, policies, research projects, patient and family education materials, communication strategies, and other initiatives.

During this fiscal year, there was a wide range of topics covered in Council meetings from new programs and initiatives within the hospital to updates on standing practices and crisis circumstances. As referenced above, patient/family advisors provided critical feedback on communication strategies in the setting of significant capacity shortage challenges at the November 2021 Council meeting. In January of 2022, the Chief Operating Officer provided detailed updates on COVID-19 numbers within the hospital, state and national trends, and the impact on the Medical Center. The March meeting was dedicated to the advisor appreciation event. May's meeting included presentations on the Joslin integration, the status of BIDMC's new inpatient building, and ambulatory customer service practices. Also in May, a Clinical Advisor from BIDMC's emergency department elicited feedback from the group on involving advisors in new nurse training; a small group of patient/family advisors were identified to participate in the upcoming training. July's HW PFAC meeting was dedicated to a presentation on Interpreter Services at BIDMC and Research practices at BIDMC with a focus on diversity and equity.

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.

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

Prior to FY2022, BIDMC's ICU leadership had been in communication with the Patient and Family Engagement program with the intention of relaunching the ICU PFAC. The ICU PFAC was the first formal patient/family advising group at BIDMC, established in 2007 and active for approximately 10 years. In 2021, the ICU leadership and Patient & Family Engagement program came together to begin the planning process for a relaunch. Over the course of FY2022, the ICU

and Patient and Family Engagement team worked closely with one another to increase awareness of this opportunity and engage patients and families in participating. Through those collaborative efforts, 6 ICU patient/family advisors were on-boarded by spring of 2022. A “meet and greet” event was held in June as an opportunity for ICU PFAC patient/family advisors and staff advisors to meet one another and collaborate on establishing advisor expectations and topics of interest to cover in future Council meetings. Following the “meet and greet” the patient/family advisors had the first opportunity to participate in an advising project for patient/family education materials in the ICU. The first formal ICU PFAC meeting will be held in October of 2022 and recruitment of additional advisors will continue throughout the coming year with a goal of approximately 10 patient/family advisors with diverse demographics and health care experiences.

Health Care Associates Advisory Council (HCA PFAC)

BIDMC’s HCA PFAC saw similar challenges to other areas of the hospital. They had originally intended to reorganize their PFAC approach prior to the COVID-19 pandemic, but there was too much disruption within the clinic and across the hospital to do so at that time. Throughout FY 2022, primary care continued to struggle with staffing shortages which further inhibited their capacity to engage new advisors and maintain a steady flow of advising activity. The staff leader of the HCA PFAC recently accepted a new and critical position in Health Equity with Beth Israel Lahey Health, so the clinic is exploring new staff leadership options. Despite not having any council meetings this year, patient/family advisors provided valuable contributions to an AHRQ grant on closing quality loops among other small scale projects that involved virtual advisor participation and correspondence. The HCA PFAC remains dedicated to a council that involves ongoing collaboration with patient/family advisors and they hope to resume a more formal and consistent council when possible.

Universal Access Advisory Council (UAAC)

In FY2022, BIDMC’s UAAC underwent a significant shift in its structure. In the setting of mounting demands on hospital staff, UAAC leadership evaluated the council’s role and the need within the hospital system. Their assessment revealed that UAAC meetings had become more of an education and awareness forum than a space for ongoing action in collaboration with patient/family advisors. UAAC patient/family advisor involvement was found to be most valuable on discreet projects and planned patient facing materials. As such, a decision was made to shift from a council structure with recurring meetings to an ad hoc committee which will reconvene as needed and continue to call on the UAAC patient/family advisors for their essential contributions when there are specific needs. Moving forward, BIDMC will no longer report on UAAC as a patient/family advisory council, but will continue to track and report on its patient/family advisors’ involvement in advising activities across the hospital and health system as a part of the larger Patient & Family Engagement program.

NICU Family Advisory Council (NFAC)

NFAC held 3 virtual meetings in FY2022 and covered a range of NICU-related topics. Their council convened in November to virtually celebrate the completion of construction and renovation of the NICU with a ribbon cutting ceremony on Zoom. At the event, both staff and NICU alumni families shared their reflections and deep appreciation for the enormous improvements. NFAC's February meeting included a presentation and discussion of the NICU Wellness Program by the Director of the Neonatal Hospitalist program, the NICU Family Program Manager/Parent Connections Program Coordinator, and a NICU nurse. They elicited feedback from NFAC on the program's practices and made a plan to follow up at the October NFAC meeting to update the council on the program's status. They also learned about the NICU's work to better center families' needs; efforts include nurse practitioner education, resetting nurse expectations and working hand in hand with the family partners on the team to create a form called "Preparing for Your First Family Meeting." NFAC advisors shared their feedback on how to improve the form, interactions and ongoing efforts to ensure services are family-centered. Their May meeting featured a robust discussion on including families in Quality Improvement (QI) work such as their current work with NeoQIC Family Engagement Collaborative and the ongoing QI work with the Vermont Oxford Network. They discussed how to overcome the many barriers to family involvement in NICU work and ensuring representation in family engagement of the diverse families cared for in the NICU. The May meeting also included a review of the updated NICU Family Centered Culture of Care & Philosophy, which was created by NICU families. Lastly, but importantly, the NICU Bereavement Committee Co-Chairs presented on the evolution of the Bereavement Program and recent developments. NFAC is planning their first in-person meeting in October of 2022 after 2 full years of exclusively remote work. The council is looking forward to another year of collaborative progress.

Beyond the PFACs:

Patient and family advisors are involved in a vast array of activities across BIDMC and throughout the community. The following tables list some of the notable contributions that advisors made in FY2022 outside of PFAC meetings.

Committees and Task Forces

| Ongoing Committees Within & Outside of BIDMC | # of Advisors |
|--|---------------|
| BIDMC Experience | 2 |

| | |
|---|----------|
| Patient Care Assessment Committee of the Board of Directors (Quality & Safety) | 2 |
| Ethics Advisory Committee | 2 |
| Patient Site Governance Committee | 2 |
| Perioperative Scorecard | 2 |
| OpenNotes D/C Follow Up | 3 |
| Healthcare Literacy in the PAT Clinic | 1 |
| BIDMC Drug Shortage Task Force | 1 |
| ED RN Training | 2 |

Faculty/Academic Work

| | |
|--|----------------------|
| Presentation/Publication/Faculty or Academic Project: | # of Advisors |
| Health Care Quality Master's Course: Harvard Medical School | 1 |
| Published in an Academic Journal | 3 |

E-Advisor Projects

| | |
|--------------------------------------|----------------------|
| Project/Document | # of Advisors |
| Capacity Ethics (BIDMC group) | 7 |
| Eat/Drink Surgery Handout | 9 |
| GYN Surgery Handout | 2 |
| Medication Card | 12 |
| Parking Flyer | 11 |

Other Ad Hoc/Short Term Initiatives

| | |
|---|----------------------|
| Projects Within and Outside of BIDMC | # of Advisors |
|---|----------------------|

| | |
|---|----------|
| BILH Pharmacy Program | 2 |
| Interviewing Patient/Family Advisor Candidates for Patient & Family Engagement | 2 |
| CRICO Projects | 2 |
| BIDMC Staff Appreciation Video | 3 |

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



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 HIPAA 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.