



MASSACHUSETTS
GENERAL HOSPITAL

**MASSACHUSETTS GENERAL HOSPITAL
PATIENT AND FAMILY ADVISORY COUNCILS
2011-2012 REPORT**

MASSACHUSETTS GENERAL HOSPITAL — A SNAPSHOT

The third oldest general hospital in the United States and the oldest and largest hospital in New England, MGH continues its tradition of excellence today. On July 17, 2012, MGH was named America's best hospital by *US News & World Report* based on the quality of care, patient safety and reputation in 16 different specialties. In 2003, MGH became the first hospital in Massachusetts to receive the highest honor for nursing excellence awarded by the American Nurses Credentialing Center: Magnet designation. In 2008, the hospital was redesignated a Magnet hospital.

Massachusetts General Hospital is a 950-bed academic medical center, located in the heart of Boston, offering sophisticated diagnostic and therapeutic care in virtually every specialty and subspecialty of medicine and surgery. In addition, the hospital provides care and services in multiple health centers located within neighboring communities, including Back Bay, downtown Boston, Chelsea, Charlestown, Danvers, Everett, North End and Revere, as well as at MGH West and the North Shore Medical Center. The hospital also holds concurrent Level 1 verification for adult and pediatric trauma and burn care.

Each year MGH:

- Admits 47,243 inpatients
- Handles 1.5 million outpatient visits
- Records 88,393 emergency room visits
- Performs 40,552 operations
- Delivers 3,657 babies
- Translates medical information between English and 60-plus different languages

MGH also conducts the largest hospital-based research program in the United States with an annual research budget of nearly \$764 million. This funding drives discoveries and breakthroughs in basic and clinical research, which translate into new and better treatments that transform medical practice and patient care. In addition, MGH is the original and largest teaching hospital of Harvard Medical School, where nearly all MGH staff physicians have faculty appointments. Since the hospital's founding, MGH has been committed to training and mentoring the next generation of international leaders in science and medicine, providing a wealth of opportunities for physicians, nurses, and other health professionals. These clinicians, in turn, lend fresh and innovative perspectives on how to treat and care for patients.

THE MGH MISSION

Within this large, complex environment of care, it is our mission that guides our beliefs, decisions and actions — our work. This statement of purpose was rewritten in recent years with direct input from patients and families, and provides the foundation for the hospital's patient- and family-centered approach to care:

“GUIDED BY THE NEEDS OF OUR PATIENTS AND THEIR FAMILIES, we aim to deliver the very best healthcare in a safe, compassionate environment; to advance that care through innovative research and education; and, to improve the health and well-being of the diverse communities we serve.”

All activities of the hospital are driven by the needs of those who entrust MGH with their care. Hearing their voices, examining the delivery of care through their eyes, and tapping into their personal experiences ensures that the hospital serves our many and varied patients and families to the best of its ability. And as MGH incorporates the patient and family care experience into its planning and day-to-day hospital operations through a variety of mechanisms, Patient and Family Advisory Councils (PFACs) serve as a primary vehicle for that collaboration.

PFACs AT MGH

MGH's patient and family advisory councils are grounded in the belief that often the most informed voices on the care team are those of the patient and family. Ultimately, they alone can confirm whether a plan of care was explained thoroughly; the clinical information provided was fully understood; their questions and fears were appropriately addressed; care was tailored to their specific needs; they felt safe; systems worked efficiently and effectively; and each was treated as a person — a whole person — and not simply as a chart or a medical record.

Currently, MGH has a General PFAC that is neither disease- or population-specific, but is broadly based and includes patients and family members with a variety of health issues and experiences. In addition, because of the spectrum of patient and family experiences within MGH, the hospital, patients and families have found it beneficial to operate multiple PFACs, each bringing voice to a specific patient and family experience, environment of care, and/or priority area for the hospital. Individually, these PFACs are optimally situated to impact the delivery of care directly. These PFACs represent the hospital's most widely used clinical services and represent a large proportion of the care provided at MGH. Collectively, they are positioned to influence hospitalwide initiatives, with the added benefit of bringing multiple, authentic and highly relevant perspectives to the table. To this end, PFACs meet monthly, and the minutes of all PFAC meetings and their accomplishments are provided directly to the hospital's governing body, its Board of Trustees, and retained for a minimum of five years.

MGH PFAC BACKGROUND

The first Patient and Family Advisory Council was formed at MGH in 1999. Today, clinically-based PFACs at the hospital include the MassGeneral Hospital *for* Children (MGH/C) (established: 1999), MGH Cancer Center (established: 2001), and MGH Heart Center (established: 2007), as well as a General PFAC (established: 2011).

All PFAC members are required to meet MGH volunteer standards which include HIPPA training and annual signing of the MGH confidentiality statement. Once oriented, patients and/or their family members — often existing PFAC members — serve on key service-based and hospitalwide committees, including the Pediatrics Ethics Committee, which provides regular case review and ad hoc discussion/consultation; the perinatal Advisory Committee; as well as the MGH Council on Disability Awareness (established: 2004). The approach provides for both frontline, grassroots involvement, as well as broad-based, hospitalwide impact. Several of *ad hoc* groups have also benefited from patient involvement. For example, a newly launched Ambulatory Practice of the Future has had a patient involved in all aspects of its planning throughout the last several years, and is in the process of establishing its own PFAC.

While the MGH Patient and Family Advisory Councils are, in essence, self-determining in terms of setting priorities and driving agendas, they all have specific structures and guidelines that are designed to facilitate governance and support members, as outlined in the following documents.



MASSACHUSETTS
GENERAL HOSPITAL



MASSACHUSETTS GENERAL
PHYSICIANS ORGANIZATION

**MGH GENERAL
PATIENT AND FAMILY ADVISORY COUNCIL**



The General Patient and Family Advisory Council 2011-12 Activities and Accomplishments

On October 25, 2011, the General Patient and Family Advisory Council held its inaugural meeting. Throughout the subsequent months, the General Council had numerous accomplishments and activities, including:

- Orienting all council members to Hospital policies, procedures and confidentiality requirements
- Engaged in a discussion with and provided feedback to the Senior Vice President for Patient Care Services and Chief Nurse Jeanette Ives-Erickson, RN, DNP, FAAN, about the development of Innovation Units at MGH and the introduction of a Welcome Packet for patients and families. The General PFAC reviewed the content of a newly developed Patient and Family Notebook and Discharge Envelope and felt it was a good tool for use by patients and family members. The description of relationship-based care and new role of Attending RN were received very positively.
- Held a dialogue on healthcare reform and accountable care organizations and its impact on patient care at MGH with the MGH President Peter Slavin, MD, MBA
- Sent three representatives to an MGH vendor fair to provide feedback on selecting an electronic health information system for use throughout Partners HealthCare. The PFAC representatives found one particular system to be more comprehensive and easier for patients and families to navigate; this was the system ultimately chosen by Partners.
- Provided feedback for a marketing campaign to name the Partners Enterprise IT system. The group engaged in an exercise with a marketing firm and voted on brand names for the new Partners system. It was important to get feedback from patients and family members as the new system is designed to help improve the quality of care that patients receive. This system will put patients in closer touch with their healthcare providers and allow them to be better informed of their own situations. The top 3 choices of the general PFAC were then presented to a larger group for a final decision.
- Provided feedback on additional features to be added to Patient Gateway, a web-based application used by primary care practices that allows patients to view portions of their medical record and lab results
- Several patient, family and staff members of the General PFAC attended the MGH PFAC's annual networking dinner, hosted this year by the MassGeneral Hospital *for Children* PFAC. The networking dinner provided an opportunity for members to share background about the work of the various PFAC's and to develop common goals, for example, to increase diversity of membership.
- Identified strategies to increase diversity of PFAC membership including developing a recruitment letter to be sent to patients who had been identified as

possible participants in a prior disparities survey, as well as developing a web-based application and aligning with disparities survey efforts.

- Reviewed Patient Experience surveys to understand what patients are saying and how their feedback contributed to quality improvement initiatives.
- Enhanced members' knowledge of PFAC best practices; hosted a presentation to the group by Rick Evans, Director of the MGH Patient Experience, who discussed a variety of topics, including program development, influencing models of care, influencing administration, designing patient and family education, guiding and designing patient environments, and influencing community outreach. The General PFAC will use this information to determine priority work for this coming year.
- Provided feedback to the MGH Center for Critical Care on artwork that promotes healing in an intensive care unit setting and family waiting areas. The group reviewed photographs and screen projections from an artist who wishes to donate work to an intensive care unit at MGH. This supports the Critical Care Center's mission to improve the environment of patient rooms and family waiting areas. Group discussion points included potential of art to facilitate healing, the need to be sensitive to personal preferences, tendency of certain images to trigger positive/negative associations, and the nature of ICU population. Members voted on their least and most favorite pieces of artwork. The PFAC will be invited to see what is ultimately chosen for the medical intensive care unit.
- Developed role descriptions for Patient Advisor on hospital committees and Patient and Family Faculty to serve as educators for clinical staff, participating in Grand Rounds, lectures and other educational programs.
- Chose two PFAC members to participate alongside healthcare professionals in the Schwartz Center National Consensus Project on Compassionate Healthcare to be held November 8-9, 2012, with the goal of reshaping the delivery of care.
- Promoted patient representation on key quality committees, a goal of the Quality Oversight Committee in 2012.



Massachusetts General Hospital General Patient and Family Advisory Council (PFAC) Bylaws

Article 1. Overview

The MGH Patient and Family Advisory Council (PFAC) will provide a formal communication vehicle for patients and families to take an active role in improving the patient experience at the MGH. The council will focus on discovering what programs and practices represent the most successful patient and family experience within MGH and will help to replicate and share those best practices across the entire community.

Our vision is to achieve a level of care where patient and family involvement is expected and welcomed by all. We will achieve this through collaborative efforts between patients, families, staff, physicians and administrators of the hospital.

Article 2. Mission Statement

Guided by the MGH Mission, Credo and Boundaries, the PFAC is dedicated to ensuring that our patients and families have a successful, compassionate, and supported healthcare experience.

Article 3. Goals

Section 1. Advise: Work in an advisory role to enhance patient and family centered care initiatives at the MGH by collaborating with existing Patient and Family Centered Councils and focus groups.

Section 2. Support: Staff and MGH leadership in their patient–family centered activities and initiatives. Act as a sounding board for implementation of new programs and existing programs across the MGH.

Sections 3. Participate: Provide patient/family member representation to committees and work groups including, but not limited to patient safety, quality improvement, facility design, service excellence, ethics and education.

Section 4. Identify: Identify existing best practices in patient- and family-centered care and explore ways to share and replicate those across the organization.

Section 5. Represent: Patient and family perspectives about the healthcare experience at the MGH and make recommendations for improvement.

Section 6. Educate: Collaborate with MGH staff to facilitate patient and family access to information. Influence and participate in MGH staff orientation, patient/family education, discharge/transition planning.

Section 7. Evaluate: The role of Patient Family Advisory Councils in improving outcomes for patients and families.

Article 3. Structure and Membership

The PFAC will consist of 10-15 members representing the diversity of the MGH community. Up to 6 MGH staff members may also serve on the PFAC. The structure of the Council may change over time and patients themselves may lead the Council as appropriate.

Article 4. Nomination and Application Process

Recruitment of patient and family council members is initiated by referral from all disciplines including MGH physicians, nurses, other healthcare providers and professional staff.

Section 1. Membership Recruitment: Sources of recruitment may also include Office of Patient Advocacy, Development Office, Volunteer Office, Maxwell & Eleanor Blum Patient & Family Learning Center, Diversity Council, community at large, and the Office of General Counsel.

Section 2. Membership Criteria: Members are selected based on the following criteria:

- Current experience as a patient or family member at MGH
- Ability to represent patient care experience
- Willingness to work in an advisory role
- Good listening skills
- Ability to interact well with differing groups of people
- Respect of others' perspectives
- Ability to participate in a consistent and agreed-upon schedule of meetings and potential subcommittee efforts
- Commitment to serve for a two-year term with potential to renew or step down at the end of the term

Section 3. Membership Selection: Application forms are sent to prospective members and, once selected, the applicant receives an acknowledgement letter from staff of the PFAC and a thank-you letter is sent to the referring MGH staff member.

Section 4. Terms of Appointment:

- Members of the PFAC select and grant two-year terms to council members
- Council members may request to be reappointed
- Resignation will be submitted in writing or via e-mail to the MGH PFAC
- Vacancies may be filled during the year as needed

Article 5. Roles and Responsibilities

Section 1. Roles and Responsibilities for Patient/Family Members:

- Attend each PFAC meeting or notify a staff member in advance if unable to meet
- Engage thoughtfully and constructively around the issues and ideas discussed during each session
- Be proactive in driving improvement and bring creative ideas for change
- Be respectful of the unique background and perspective of each member
- Be realistic and mindful of the hospital's budgetary constraints

Section 2. Roles and Responsibilities for Staff/Employee Members:

- Attend each PFAC meeting
- Prepare meeting agendas
- Identify, invite, vet and orient potential PFAC patient and family members
- Facilitate discussions and engage all members
- Provide a report back to the PFAC of progress on ongoing projects and any hospital changes of interest to the group
- Assist with operations behind the scenes (i.e. book rooms)
- Minimize potential barriers to achieving established goals
- Be an advocate for the utility, spread, and patient engagement of PFACs.

Section 3. Roles and Responsibilities of Chair/Co-Chair:

- Attend each PFAC meeting
- Communicate activities of the PFAC to the leadership of MGH
- Co-Chair will support duties of Chair in his/her absence

Article 6. Outputs of the PFAC

- The PFAC will provide regular updates to the MGH leadership and annual progress reports to DPH
- The PFAC shall engage in a variety of information gathering activities such as open discussion with patients and family members, including focus groups, surveys, and open forums.
- The PFAC may engage in educational and policy making forums
- The PFAC may serve as community liaisons, engaging other patients and families in various programs as necessary.
- Members of the PFAC may also serve on other committees as appropriate across the hospital system

Article 7. Orientation and Training

All selected patient and family applicants will receive orientation and training as to the mission and goals of the institution and the advisory council, as well as hospital regulatory and privacy issues.

Article 8. Confidentiality

PFAC members must not discuss any personal or confidential information revealed during a council meeting outside of these sessions. Council members must adhere to all applicable HIPPA standards and guidelines. If an advisor violates these guidelines, a staff member will remind them of the guidelines. On-going violations may result in repeating HIPPA training or reevaluation of membership status.

Article 9. PFAC Meetings

Meetings will be held monthly on a day and time that best meets the schedules of members. Each meeting will be 1 1/2 hours in length.

Section 1. Agenda: Meeting agenda will be set by the designated staff/employee member and distributed to the membership prior to each session.

Section 2. Meeting Minutes: The designated staff/employee will distribute the minutes in a timely manner to all PFAC staff and patient/family members. Council minutes will be retained for a minimum of 5 years.

Section 3. Attendance: It is expected that the members of the council will make every attempt to attend every session during their term. Teleconference call in is acceptable. Participation by every patient will provide the most effective meeting and make the most impact on the patient experience at MGH. However, if a member is not able to make one or more sessions, notification to a staff member as soon as possible is expected in order to make any needed adjustments prior to the group meeting.

Section 4. Inclement Weather: Business meetings will be cancelled if the City of Boston declares a snow emergency and driving to and/or from the Boston areas becomes unsafe. Council members will be notified in a timely manner.

Article 10. Termination

The Chair and Co-Chair of the PFAC reserve the right to dismiss any member who is not compliant with the rules and bylaws.



2012 General Patient Family Advisory Council Membership

Chair:

Robin Lipkis-Orlando, RN, Director, Office of Patient Advocacy

Co-Chairs:

Sharon Badgett Lichten, LICSW, Project Manager, Practice Improvement

Rick Evans, Director, Service Improvement

Patient/Family Members:

Susanne Goldstein

Kathy Varela

Sue Lunn

Patrick Brannelly

Win Hodges

David Wooster

MGH Staff Members:

Bessie Manley, RN, Nursing Director, Phillips House 22 Surgery

Linda Kane, LICSW, Office of Patient Advocacy

Steve Reardon, MPH, Office of Patient Advocacy

Karen Tanklow, LICSW, Clinical Director, Social Services

Touquir Zahra, MD, Hospitalist

Sandy Clancy, PhD, Pediatrics

Kay Bander, MGH Volunteer Services



MASSACHUSETTS
GENERAL HOSPITAL
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Help us improve the patient experience

At Massachusetts General Hospital, we are always looking for ways to improve the care and services we provide. We believe it is important to include patients and families in this effort. We want to invite you to play an important role by joining our *General Patient and Family Advisory Council*.

What is a Patient and Family Advisory Council?

Patient and Family Advisory Councils (PFACs) are made up of people like yourself who have had experiences as patients or family members at Mass General. Council members volunteer to attend monthly meetings and help hospital leaders shape our programs, services and even our new buildings.

How do PFACS work at Mass General?

Mass General has four PFACs that are focused around specific diseases and treatments. Over the years, these councils have made a huge difference at MGH and have helped to make the care we provide even better.

Introducing the new General PFAC at Mass General!

This past year, we created the General PFAC, which will help us improve the experience across the entire hospital. We will broadly address patient and family needs – from your annual checkup to surgery, and everything in between.

When does it meet?

The General PFAC meets from 5:30-7:30pm the last Tuesday of every month. Dinner and parking are provided free of charge.

How do I join?

If you are interested in making a difference for MGH, please complete the enclosed application or sign up online at www.surveygizmo.com/GENERALPFAC.

We Need Your Help!

We want people of all backgrounds to join; don't worry if you don't know a lot about hospitals! If you have questions, please reach out to Robin Lipkis Orlando, RN, Director of Patient Advocacy At PCSCPFAC@partners.org or 617-726-3370.



Patient Advisor – Hospital Committee Position Description

Summary

A Patient/Family Advisor is a designated representative from an existing PFAC who sits on hospital committees to provide input into patient care and organizational processes, and advocates for patient and family needs from a broad perspective.

Duties

- Attends meetings of designated committee(s).
- Reviews all materials for meetings beforehand.
- Offers input and feedback on committee areas of focus and agenda items from a patient and/or family perspective.
- Participates in work groups or projects generated by the designated committee as needed and appropriate.
- Reports back to the PFAC on the activities of the designated committee, as appropriate, and uses knowledge gained to help shape PFAC objectives and initiatives.

Qualifications

- Member of an MGH PFAC or related group for 2 years or more.
- Ability to speak to personal experience in a way that informs committee work and outcomes.
- Ability to advocate effectively for the needs and priorities of patients and families, as appropriate.
- Capacity to read and understand hospital reports necessary for the committee's work.
- Comfort with speaking in front of a large, diverse leadership audience.
- Aptitude for active listening.
- Ability to respect and uphold confidentiality of meeting discussions.
- Availability to attend recurring scheduled meetings.

Orientation

- Review of the job description of the Patient Advisor role.
- Meeting with the Committee Chair to review:
 - Committee purpose and function
 - Expectations of committee members
 - Relevant reports and data
 - Term of service with the committee
 - Benefits of participation
- Review of the organization's confidentiality policy and its requirements, vis-à-vis working with the designated committee.
- Review of at least 6 months worth of minutes and exhibits to allow for deeper understanding of the committee's work.
- Successful completion of an orientation to the committee.

A new Patient and Family Advisory Council

Unlike existing patient and family advisory councils, this new council is not disease- or population-specific. It is broadly based and includes patients and family members with a variety of healthcare issues and experiences.

Question: I heard there's a new Patient and Family Advisory Council. Can you tell us about it?

Jeanette: Unlike existing patient and family advisory councils, this new council is not disease- or population-specific. It is broadly based and includes patients and family members with a variety of healthcare issues and experiences. It will complement existing councils by exploring and sharing best practices, seeking opportunities to promote patient and family involvement in committees, and serving as an advisory resource for staff, physicians, administrators, and the community. The new Patient and Family Advisory Council (PFAC) met for the first time on October 25, 2011.

Question: Who are your members?

Jeanette: Staff on the council include representatives from the Office of Patient Advocacy, Service Improvement, Social Services, Hospitalist Service, PCS Office of Quality & Safety, nursing directors, and staff from the Emergency Department and Pediatric clinic. Patient and family members are a diverse group of men and women from different backgrounds and healthcare situations. They are energetic, motivated, and thoughtful, and fully committed to promoting patient- and family-centered care.

Question: Are you still recruiting new members? What is the criteria for membership?

Jeanette: Yes, we are still recruiting patient and family members. To become a member you must:

- be a current patient or be related to a current patient at MGH
- possess a willingness to work in an advisory capacity
- have good listening skills
- have the ability to interact well with people
- have the ability to attend monthly council meetings (and potentially support sub-committee efforts)

For more information, go to pscpcf@partners.org.

Question: How did the first meeting go?

Jeanette: Two patient and family members from existing PFACs joined us to share their wisdom and experience. Ongoing collaboration among all PFACs will be critical to our success. Some ideas that were generated for improving the healthcare experience at MGH included: looking at patients as members of the team; helping families understand the process of care; making sure everyone knows what's expected. Staff felt privileged to be engaged in this effort.

Question: What other PFACs exist at MGH?

Jeanette: MGH has been partnering with patients and families for many years. The Mass General Hospital for Children PFAC was established in 1999, the Cancer Center PFAC in 2001, and the Heart Center PFAC in 2007.

For more information, call 6-3370.



**MGH CANCER CENTER
PATIENT AND FAMILY ADVISORY COUNCIL**

MGH Cancer Center PFAC

Established in 2001, the mission of the MGH Cancer Center Patient and Family Advisory Council (PFAC) is to ensure that the voices of patients and families are represented in an effort to enhance their entire experience at the MGH Cancer Center.

Areas of Focus

The PFAC functions in an advisory capacity to promote and support patient and family-centered care as well as provide staff education on the patient and family experience. The PFAC also strives to expand the voices of patients and families throughout the Mass General Hospital by engaging with other PFAC councils.

The PFAC advises Cancer Center leadership by providing patient and family perspectives regarding Cancer Center initiatives such as space planning, website design, and the Cancer Center's ongoing evaluation regarding quality of care.

Council Operations

The Cancer Center PFAC currently consists of 12 Active Members, 16 Emeritus Members, and 5 Cancer Center staff members. Members represent diverse perspectives and experiences relative to age, gender, diagnosis and socioeconomic status. Current members represent eight different Cancer Center disease programs, as well as two different sites (MGHCC Boston and MG/North Shore Cancer Center).

Active members attend monthly meetings and are invited to serve on committees throughout the Cancer Center, as well as PFAC-specific subcommittees and other volunteer opportunities. Emeritus members maintain their involvement in PFAC activities, if available, but are not required to attend the monthly PFAC meetings on a regular basis. The five Cancer Center staff members include the executive director of the Cancer Center, an executive assistant and Cancer Center leadership staff representing nursing, social work and medical oncology. The associate chief nurse for the Cancer Center also attends meetings every other month.

Patients and family members serving on the PFAC must have a history of receiving care at the MGH Cancer Center. They must be able to use their own individual cancer experience in an objective way so that they can ask questions and offer a perspective that could be applicable to many patients and families living with cancer. They must possess good listening skills and be able to work collaboratively with others. They are also asked to commit to attending monthly PFAC meetings as well as participate on sub-committee activities when available.

Prospective members are nominated by Cancer Center staff with the patient's or family member's permission. Nominees are asked to complete an application form which is reviewed by a PFAC staff member prior to an interview with the candidate. PFAC staff select as a group new PFAC members with a goal of having a diverse membership including cultural and socio-economic diversity and diversity in cancer diagnosis and treatment. New members are oriented to PFAC by an experienced council member. The orientation includes a one-on-one conversation about PFAC with a seasoned PFAC member who also acts as a "buddy" at the first meeting and as questions arise.

PFAC members are required to meet MGH volunteer standards which include HIPPA training and annual signing of the MGH confidentiality statement. New members are encouraged to attend Cancer Center new staff orientation. Throughout the year during council meetings, ongoing education is provided by invited staff who present on a variety of topics such as cancer survivorship programming, quality of care, supportive care resources and changes in clinical care. Members are asked to make a two-year minimum commitment. There is no term limit.

By choice, the Cancer Center PFAC has no formal chair or elected officers. Currently a social worker and nurse co-facilitate meetings. Agenda items are prioritized by staff members based on topics discussed at PFAC meetings and requests from Cancer Center and MGH-wide staff that wish to consult the group.

In addition to their attendance at monthly PFAC meetings members are also asked to serve on Cancer Center and MGH steering and review committees. PFAC members have participated in committees on Supportive Care Services, the Ambulatory Practice of the Future, Quality and Safety, and Survivorship Day. Members serve in an educational/advisory capacity via scheduled meetings with the new oncology fellows, Cancer Center support staff and nursing staff. They have participated in the interviewing process for oncology nursing leaders, the review of patient satisfaction and quality data, and the design of programming and patient education efforts. They have also been involved in Cancer Center initiatives to improve clinical operations such as feedback on new nursing communication devices, the design of new clinical units, and projects to improve wait times and workflow.

The MGH Cancer Center PFAC meets on the second Wednesday of each month from 5:30-7:30 PM. Documentation of meeting minutes are stored electronically for a minimum of five years. Council minutes and accomplishments are provided to the hospital's governing body.



MGH Cancer Center PFAC 2011-12 Activities and Accomplishments

- Participated in care redesign initiatives designed to deliver more integrated patient and family-centered care. PFAC members were active reviewers of the colon cancer care redesign pathway and are part of the multidisciplinary team for the Thoracic Care redesign initiative. Two PFAC members also serve on the Lung Cancer Care Redesign Initiative as taskforce members.
- Took part in a joint meeting with all five MGH PFAC councils.
- Participated in Cancer Center Quality Rounds, a unique educational program focused on quality of care in the MGH Cancer Center with the objective of engaging all MGH Cancer Center staff in quality improvement. PFAC members lend the patient voice to improving quality and safety processes throughout the MGH Cancer Center.
- Provided input to the development of a survey to address the needs of patients and families who will be treated in the new Henri & Belinda Termeer Center. Opening in late 2012, the Termeer Center offers a comprehensive translational research program to speed the discovery and delivery of new targeted therapies to cancer patients at MGH. With genotype-based targeted therapies, clinical trials can begin at a much earlier stage of the disease process, when the chances of observing benefits for the patient are far greater.
- Participated in interactive presentations and discussions regarding MGH Cancer Center websites and an upcoming pilot project involving Patient Gateway, an online tool that offers patients a convenient way to request appointments, prescription refills and insurance referrals. Patient Gateway also offers an extensive library of links to health information, and a quick and easy way to pay medical bills.
- Served as a focus group for the MGH Cancer Center's new targeted therapies website.
- Championed the development of a peer orientation pilot project. The goal of this program is to improve the patient experience and encourage patients to participate in their own care by providing onsite peer orientation and peer support during outpatient cancer treatment.
- In June 2012, two patient/family members and one staff member attended the Institute for Patient- and Family-Centered Care's 5th International Conference on Patient- and Family-Centered Care: Partnerships for Quality and Safety. The Cancer Center PFAC submitted three abstracts, one of which was chosen to be presented during a highly visible concurrent session time-slot. The presentation, titled "Reflections: Year Ten of a Patient and Family Advisory Council," focused on changes to the council and best practices since 2001.

- Provided substantive consultation to inpatient nursing regarding patient and family experiences related to inpatient cancer care, including the following inpatient initiatives:
 - Bringing supportive care services to inpatients
 - Providing feedback on the Division of Hematology/Oncology's switch to an "Inpatient Rounder Model" in response to changing rules of the Accreditation Council for Graduate Medical Education (ACGME), a private, nonprofit council that evaluates and accredits residency programs in the United States.
 - Providing feedback about the new Oncology Inpatient Nurse Practitioner (NP) Service. In June 2011, the Inpatient Oncology NP Service increased their service to cover 32 inpatient beds. These beds include 18 beds on Lunder 9 and 14 beds on Lunder 10. The NP Service expanded their service to care for solid tumor, lymphoma, myeloma, leukemia and Bone Marrow Transplant patients. Patients are admitted for chemotherapy treatment, chemo desensitization, bone marrow transplant, medical management related to disease progression, treatment-related side-effects or end-of-life care. The inpatient Nurse Practitioners are the responding clinicians during the patient's hospitalization. They provide care to these patients 24/7. They work closely with the inpatient and outpatient oncology team and the nursing staff to facilitate and coordinate seamless care for these patient and their families.
 - Accommodating the needs of family members in inpatient rooms along with those of the patient.
- Provided recommendations about the experience of care at the MassGeneral/North Shore Cancer Center and Emerson Hospital's Bethke Cancer Center, such as the expansion of MGH supportive care services and the ongoing implementation of MGH standards of care at both satellite locations.
- Participated in two training sessions with oncology fellows and residents throughout the MGH Cancer Center. Each session provided the physicians an opportunity to learn directly from patients and families about the human experience of living with cancer and to talk openly about relationships between patients and their oncologists.
- Participated in two "Meet the Patients" sessions with support staff. These followed the format of the sessions with fellows outlined above, and offered an opportunity for support staff to hear directly from patients and caregivers about their experiences and to discuss their concerns.
- Provided ongoing, in-depth feedback and suggestions for the MGH Cancer Center HOPES Program, including workshops, supportive care services and patient/family education. The HOPES Program focuses on improving the quality of life and well-being of Cancer Center patients, their families and friends. Wellness services such as acupuncture, massage therapy, reiki, qigong, yoga, music and art therapy are available to cancer patients and their family members on an outpatient basis and on inpatient floors.

- Participated in the Cancer Center's Annual Survivors Day conference. The Cancer Center and its peer support and survivors program, the Network for Patients & Families sponsor the conference. The program focuses each year on three themes relevant to both patients in active treatment, long term cancer survivors and families and friends – updates on cancer treatment, management of side-effects, strategies that promote emotional and physical well-being, hearing the experience and wisdom of others living with cancer.
- Participated in a discussion following a presentation by the Director of Pharmacy regarding nation-wide drug shortages on the best strategies to educate patients/families on this issue.
- Participated in interviews to guide the MGH Cancer Center's strategic branding and the creation of a new advertising campaign.

MGH Cancer Center Patient and Family Advisory Council By-Laws

1) Purpose/Goals/Mission Statement:

To ensure that the voices of patients and families are represented in an effort to enhance their entire experience at the Massachusetts General Hospital Cancer Center.

To act in an advisory capacity to influence Patient- and Family-Centered Care as well as staff education and support. PFAC also strives to share and learn from others in an effort to expand the voices of patients and families throughout the MGH by engaging with other PFAC councils.

2) Membership:

At a minimum, at least 50% of council members shall be current or former patients or family members. Currently 75% of council members meet this requirement. The council's qualification and selection process reflect its commitment to being representative of the community served.

Qualifications:

- Recent treatment history for themselves or a family member. (*General Guidelines: Patients currently receiving treatment or having completed treatment in the last 5 years, inclusive of chemotherapy, clinical trials, radiation, proton therapy and surgery.*)
- These individuals should possess the ability to represent the perspective of patients and family members and understand cancer issues beyond one's own cancer experience.
- Diverse perspectives and backgrounds
- Ability to work as both a team player and an initiative taker
- Ability to make the time commitment for meetings and sub-committee efforts

Selection:

- Members are nominated by a Cancer Center staff member or clinician
- Completion of an application form, specifically created for PFAC
- PFAC staff member review of the application and interview of each candidate via telephone or in person (preferred)
- Applicant is invited to join PFAC.
- Matching with a current PFAC patient/family member in preparation for their first council meeting

Terms:

Two-year minimum commitment with the option to move to Emeritus status after that time, or continue as an active member. Emeritus members maintain their involvement in PFAC activities, as available, but are not required to attend the monthly PFAC meetings on a regular basis. No formal term limits have been set. Current membership ranges from 1.5 years to 11 years.

Officers/Chairs:

We do not have elected officers or a formal chair or cochair role. PFAC staff members facilitate the meetings as equal members of the council. PFAC patient/family members have requested that PFAC does not have a formal role of chair but that all members of the council are equally active participants to develop agendas and manage the flow of meetings.

3) Orientation:

Individual meeting with PFAC staff member and PFAC patient/family member (see "match" outlined above). A PFAC staff member presents a formal orientation to PFAC at the new members' first meeting. This orientation was last updated in August 2012. New members are also oriented to the hospital via the MGH Volunteer Department. New members are given the option of attending the Cancer Center new staff orientation if they are able to do so. Continuing education is offered via our monthly PFAC meetings.

4) Roles:

PFAC acts in an advisory capacity for issues involving patient- and family-centered care, staff education and sharing and learning from others. Beyond the monthly PFAC meetings, members are offered the opportunity to serve on Cancer Center committees and workgroups, as needed.

Members are also invited to serve in an educational/advisory capacity several times a year via scheduled meetings with the new oncology fellows, Cancer Center support staff and nursing staff.

Other opportunities for additional roles are presented to members as they arise:

- Interview process for oncology nursing leadership
- Review of patient satisfaction data and quality data
- Program planning, such as cancer survivorship programs, HOPES workshops
- Review and planning of patient education materials, such as the new patient guide, chemotherapy DVD)
- Operational efforts (workflow redesign/consultation, wait times, patient communication materials)

5) Responsibilities

Members commit to:

- Adhere to hospital policies around HIPPA as reviewed in their orientation to the Volunteer Department.
- Fully participate in monthly meetings
- Be good listeners
- Be an advisor and collaborator with the Cancer Center
- Be respectful

6) Logistics:

- The Council meets on a monthly basis, the second Wednesday of each month, from 5:30-7:30pm.
- Minutes of the monthly Council meetings are taken by the Executive Assistant or another designee acting on his/her behalf, and will be maintained in an online file, accessible to all PFAC staff members, for a minimum of five years.
- Minutes and materials are available for review and will be transmitted to the hospital's governing body as required/requested.



**MGH INSTITUTE
FOR
HEART VASCULAR AND STROKE CARE
PATIENT AND FAMILY ADVISORY COUNCIL**

Institute for Heart, Vascular and Stroke Care PFAC 2011-12 Activities and Accomplishments

In 2012, MGH launched the Institute for Heart, Vascular and Stroke Care, a new model of advanced, multi-specialty integrated care designed to be patient- and condition-focused. This model serves to streamline the patient experience by connecting each patient with the right specialist for his/her condition through one, single point of contact. Each specialist works with a multispecialty team of collaborating medical professionals to address a patient's conditions. The Institute is leading the charge in translational research by supporting unparalleled cross fertilization among research areas such as regenerative medicine and stem cell therapies, vascular biology, minimally disruptive interventions and cardiovascular genetics, genomics and metabolomics. We are creating an environment in which information is constantly shared and conversations lead to innovation.

The number one focus and goal of the MGH Heart Center PFAC this year was to transition the Heart Center PFAC to the Institute for Heart, Vascular and Stroke Care PFAC. This was a big change for the Heart Center members, who had been together for more than 5 years. However, they were excited and engaged with the notion of expanding their knowledge and opportunities to participate in the development of the Institute. More specifically, they requested and received education about the nature of vascular and stroke disease and the associated programs available to patients at MGH. Sessions included educating current members about the Institute (Ann Prestipino, Senior Vice President Surgical and Anesthesia Services and Clinical Business Development), vascular conditions (Mike Jaff, DO, Medical Director, Vascular Center) and the stroke program (Lee Schwamm, MD, Director, TeleStroke & Acute Stroke Services).

In February, the MGH membership transitioned to include Kevin Whitney, Associate Chief Nurse (his areas include vascular and stroke), Kim Wilbur, Senior Administrative Director for Neurology, Dr. Adam Cohen, Neurologist, Dr. Nandita Scott, Cardiologist, and Lin-Ti Chang, Staff Support. Dr. Claudia Chae stayed on for a few months and transitioned off in September. Julie Hennigan transitioned off in March. Recruitment efforts to reflect the expanded mission of the PFAC resulted in 4 new members, who formally joined the PFAC in August 2012. The Council members are currently in the process of updating the PFAC bylaws to reflect the change in scope.



MASSACHUSETTS
GENERAL HOSPITAL

INSTITUTE FOR HEART,
VASCULAR AND STROKE CARE

Patient and Family Advisory Council Charter / By-laws

OVERVIEW

In 2012, MGH launched the Institute for Heart, Vascular and Stroke Care (IHVSC), a new model of advanced, multi-specialty integrated care designed to be patient- and condition-focused. This model serves to streamline the patient experience by connecting each patient with the right specialist for his/her condition through one, single point of contact. Each specialist works with a multispecialty team of collaborating medical professionals to address a patient's conditions.

In February, the Heart Center Patient & Family Advisory Council (PFAC) membership established in 2007, transitioned and expanded to include representatives in Vascular and Stroke Care.

The mission for the Institute is to set the standard for excellence in multidisciplinary, comprehensive, and innovative heart, vascular and stroke care, drawing upon an unparalleled depth and breadth of clinical experience, to achieve the best outcome for every patient. The Institute will also lead in the discovery of new therapies and create an environment in which information is constantly shared and conversations lead to innovation. As such, the mission statement and goals of the MGH IHVSC PFAC are as follows:

MISSION STATEMENT

To ensure that the voices of patients and families are represented in a multidisciplinary effort to enhance the experience of care at the MGH.

GOALS

Advise:

- Work in an advisory role to enhance cardiovascular care at the MGH IHVSC

Support:

- Act as a sounding board for implementation of new MGH IHVSC programs, and improvement of existing programs

Participate:

- Provide input to improve the physical environment of care
- Provide representation on committees within the MGH IHVSC to represent the voice of the patient and families

Identify:

- Opportunities to promote wellness and prevention of heart, vascular and stroke conditions
- Patient- and family-centered care strategies
- New services, programs and/or communication, for consideration, that may benefit patients with heart, vascular and stroke conditions and/or the MGH IHVSC, itself
- New programs, efforts and/or mechanisms for consideration that would enable the MGH IHVSC patients to be able to give back to the MGH community through either support, community or recognitions

Represent:

- Patient and family perspectives about the overall experience of care at the MGH
- The MGH IHVSC in its commitment to listening to the voices of patients and families

Educate:

- Collaborate with MGH staff to create, review, and revise MGH IHVSC educational materials and processes
- Influence and participate in the education of MGH staff, including registered nurses, nurse practitioners, physicians and support staff

MEMBERSHIP

Nomination and Application Process

Recruitment of patient and family council members is initiated by referral from all disciplines including MGH physicians, nurses, other healthcare professionals and staff. Invitation letters and application forms are then sent to potential participants.

Applicants are selected based on the following criteria:

- Current experience as a patient or family member at the MGH
- Ability to represent overall patient care experience
- Willingness to work in an advisory role
- Ability to participate in a consistent and agreed upon schedule of meetings and potential subcommittee efforts
- Commitment to serve for a one-year term with potential to renew or step down at the end of the term

Once selected, the applicant receives an acknowledgement letter from staff of the MGH IHVSC PFAC and a thank you letter is sent to the referring MGH clinician or staff member.

Term of Appointment

- Members of the MGH IHVSC PFAC select and grant one-year term to council members.
- At the end of a one-year term, council members may request to be re-appointed.
- Resignation will be submitted in writing or via email to the MGH IHVSC PFAC. Vacancies may be filled during the year as needed.

ROLES AND RESPONSIBILITIES

Membership consists of 16 to 20 members: patients, family members and MGH staff. The three membership roles are described below.

ROLES	RESPONSIBILITIES
<p>1. MGH IHVSC</p> <ul style="list-style-type: none"> ▪ MGH IHVSC Co-Directors, Program leadership and staff 	<p>1. MGH IHVSC</p> <ul style="list-style-type: none"> ▪ Referral of potential PFAC member candidates. ▪ Provide new PFAC members with an overview of the MGH IHVSC's mission, programs and strategic initiatives. ▪ Partner with the MGH IHVSC PFAC to improve the patient and family experience of care at the MGH. ▪ Provide financial support for monthly meetings and approved Council Member activities beyond the monthly meetings.
<p>2. MGH IHVSC PFAC Members</p> <p><u>MGH Staff</u></p> <ul style="list-style-type: none"> ▪ MGH staff will be appointed by the MGH Heart Center Co-Directors and Associate Chief Nurse <p><u>Patient and Family</u></p> <ul style="list-style-type: none"> ▪ Includes patients and families representing diversity in age, gender, ethnicity and nature of heart, vascular and stroke conditions 	<p>2. MGH IHVSC PFAC Members</p> <p><u>All Members</u></p> <ul style="list-style-type: none"> ▪ Maintain patient confidentiality according to Health Insurance Portability and Accountability Act (HIPAA) guidelines. ▪ Advocate for all patients and families by identifying and representing their needs and concerns. ▪ Establish goals and objectives of the MGH IHVSC PFAC at the beginning of each year. ▪ Plan, facilitate and guide the work of the MGH IHVSC PFAC. ▪ Prepare for and attend meetings. ▪ Provide notification by email or phone in advance, if attendance is not possible at a given meeting. ▪ Participate in meeting discussions and activities. Any pertinent information, ideas, and suggestions should be communicated at meetings or by email or phone. ▪ Be willing to consider additional opportunities for involvement beyond the monthly meetings.
ROLES	RESPONSIBILITIES

MGH Staff

- Communicate HVSC PFAC activities to the leadership of the executive committees of the MGH IHVSC.
- Communicate with MGH IHVSC staff re council recruitment.
- Review new council member application(s) and participate in selection of new council member(s).
- Provide new members with an MGH IHVSC PFAC name tag and a binder which includes: Meeting Schedule, Staff and Member Contact List, Status Report, PHS Confidentiality Agreement, Caring Headlines Permission Form, Website page of MGH IHVSC & Blum Patient and Family Learning Center, MGH Ground Floor Map & Directions to the Yawkey Center for Outpatient Care.
- Send a reminder email to council members one-week prior to the monthly meeting including agenda and attached minutes from the previous meeting.
- Provide copy of agenda, minutes and any handouts as required at each meeting Provide council members a copy of their signed Partners Healthcare System Confidentiality Agreement and Caring Headlines Permission Form.
- Provide meeting space.
- Provide complimentary parking and light dinner at each meeting.
- Provide a PowerPoint slide presentation on the ongoing Council's activities and accomplishments as determined by the MGH IHVSC Executive Committee.
- Provide an annual progress report on Council's accomplishments during the preceding year to PCS for submission to Department of

ROLES	RESPONSIBILITIES
	<p>Public Health.</p> <ul style="list-style-type: none"> ▪ Retain Council minutes for a minimum of 5 years. ▪ Transmit minutes and annual accomplishments to the hospital's Board of Trustees <p><u>Patient and Family</u></p> <ul style="list-style-type: none"> ▪ Complete MGH volunteer program application and on-site orientation (which will occur at PFAC meeting for subsequent new members).

ATTENDANCE

Members attend monthly meetings on the first Tuesday of each month

- Location: MGH Yawkey Center for Outpatient Care in Yawkey 2-220
- Time: 5:30 PM to 7:00 PM

REAPPOINTMENT

MGH IHVSC PFAC Staff will remind Council Members for reappointment of members at the end of their term.



MASSACHUSETTS
GENERAL HOSPITAL

INSTITUTE FOR HEART,
VASCULAR AND STROKE CARE

**Institute for Heart, Vascular and Stroke Care
Patient & Family Advisory Council**
July 12, 2012 (updated)

The Heart Center Patient & Family Advisory Council (PFAC), established in 2007 will be transitioning to become the newly established Institute for Heart, Vascular and Stroke Care. In planning for the launch of the Institute PFAC, new members representing the vascular and neurology specialties plus previous Heart Center PFAC members will join the monthly Heart Center PFAC group. Members will discuss and plan for an expanded council structure including vascular and stroke care patient/family representatives (5-6 new members) and operating procedures for the new Institute PFAC.

Current Heart Center PFAC Council Structure

1. Michael C. Bider III (Patient)
2. Teri Fryer (Patient)
3. Tom Fryer (Patient)
4. Susan Geary (Patient)
5. Phil Geary (Family member)
6. Denise J. Mallen (Patient, Chair)
7. Christine Rice (Patient)
8. Sr. Jon Julie Sullivan (Patient)
9. David Wooster (Patient)
10. Pat Hollenbeck (Patient) *
11. Tom Quirk (Family member) *
12. Mary Therese Daniels (Patient) *
13. Bob Brunelle (Patient) *

MGH Representatives from Heart, Vascular and Stroke Care

Theresa Gallivan, RN, Associate Chief Nurse
Kevin B. Whitney, RN, Associate Chief Nurse
Kim Wilbur, Senior Administrative Director, Neurology
Nandita S. Scott, MD, Cardiology
Marie Elena Gioiella, Executive Director, Social Work
Judy Silva, RN, Nursing Director
Lin-Ti Chang, RN, Staff Specialist

* = new member

Recruitment Letter

We are pleased to announce that the MGH Heart Center Patient and Family Advisory Council (PFAC) is in the process of transitioning to become the Institute for Heart, Vascular and Stroke Care PFAC.

The current council meets once a month and is comprised of ten cardiac patient / family members and representation from MGH leadership in nursing, cardiology and administration. The monthly meeting has provided a formal mechanism to insure that the voices of patients and families are represented in the multidisciplinary effort to enhance the care experience at the MGH Heart Center.

Major categories of improvement that patients and families have identified include: (1) improving communication; (2) patient and family centered care; (3) improving continuity of patient care; (4) staff and patient education; and (5) enhancing awareness of MGH Heart Center and PFAC.

As we become the "Institute PFAC", we are asking for your help in identifying patients and/or family members who might be interested in serving on this Council, particularly those who would represent the Vascular and Neurology (Stroke) patient population. Our goal is to have a broad and diverse council representation.

Individuals should have the following characteristics:

- Able to represent the perspective of patients and family members
- Capable of being both a team player and an initiative-taker
- Able to understand cardio/vascular/stroke disease issues beyond their own experience
- Able to commit the time (approximately 2 hours per month) for Council meetings and potential sub-committee efforts

The Council will partner with faculty, administration, staff and the community to improve the care and services that patients and family members receive in the Institute for Heart, Vascular and Stroke Care.

The Council will focus on the following issues:

- Patient and family care (including process improvement, program development, etc.)
- Training of health care providers in patient/family-centered care
- Potential institutional improvements (including design of facilities, process of care improvement, etc.)
- Information and marketing

If you would like to recommend any of your patients or their family members to participate in the Institute for Heart, Vascular and Stroke Care Patient and Family Advisory Council, please submit name/s (via email) to Lin-Ti Chang at lchang2@partners.org. We will then contact your office for further information and make contact with the patient and/or family member.

Thank you in advance for joining us in our efforts toward creating a more effective partnership between patients, families and their healthcare providers. We believe this collaboration will play a major role in ensuring the best outcomes for patients and ultimately for the Institute for Heart, Vascular and Stroke Care.



MASSGENERAL HOSPITAL *for* CHILDREN
PATIENT AND FAMILY ADVISORY COUNCIL



**MGHfC Family Advisory Council
2011-12 Activities and Accomplishments**

Topic	Accomplishment
Membership	Recruited three new members
Bedside Rounding	Council formed bedside rounding working group, and along with staff, created patient education material informing patients and their families about their role in bedside rounding. Document is now distributed to all patients admitted to Ellison 17 and 18.
Annual Joint PFAC Dinner	Hosted joint PFAC dinner at which a parent member of the Family Advisory Council spoke about her experiences with bedside rounding.
Pediatric Grand Rounds	Organized a Pediatric Grand Rounds in which a parent member of FAC and a physician presented a PowerPoint talk on the topic of bedside rounding.
Quality and Safety	Two parent members of FAC presented a PowerPoint talk about the role of the Council to MGHfC's Quality and Safety Committee
Patient Experience Committee	Parent member of FAC recruited to serve on the hospital's Patient Experience Committee with hospital leadership
Admissions Packet	FAC reviewed admissions packet given to all patients admitted to the wards
PICU Nursing Director	Two parent members of FAC served on hiring committee for the PICU nursing director position
Review of Patient Education Material	Reviewed two sets of patient education material. The first was regarding the j-tip needle insertion program and the second was about instructions after sedation.
Patient Medication Information	Provided feedback to two residents who had undertaken a quality initiative to help parents work with ED personnel to reconcile patient medication information
MGHfC Website	Updated the MGHfC website to highlight the role of FAC in the hospital
Orientation for new Pediatric Interns	Two FAC members participated in the orientation event for new Pediatric interns, providing them with written material about FAC and answering questions about family-centered care
Pediatrics Ethics Committee	Parent of FAC nominated to serve on the Pediatrics Ethics Committee
Family Faculty	Parent member of FAC recruited to participate in Pediatric Resident Rotation on family voices in primary care. Each month, this parent described her experiences in primary care to groups of residents.
Ice Cream Social	Hosted an ice cream social for staff on the wards and patients and their families
MGH PFAC	A FAC co-chair now sits on the MGH PFAC as a member.



Family Advisory Council Charter/By-laws

1. Mission Statement:

The MassGeneral Hospital *for Children's* Family Advisory Council (FAC) is dedicated to fostering the partnership of parents, children, and professionals working together to ensure a climate of responsiveness to the needs of children and their families in all areas of care delivery within Massachusetts General Hospital.

2. Purpose:

- 2.1. Work together with the administration and staff of MassGeneral Hospital *for Children* (MGH/C) to promote Family-Centered Care;
- 2.2. Collaborate with the MGH/C staff in improving the quality of health care provided to children and their families in both inpatient and outpatient settings;
- 2.3. Improve patient, family and staff satisfaction;
- 2.4. Ensure an attractive environment that is responsive to the needs of children and their families;
- 2.5. Act as an advisory resource to MGH/C leadership on issues of planning, evaluation of programs and services, policies and new facilities;
- 2.6. Act as an advisory resource to MGH/C giving input to teaching documents generated by the hospital regarding families;
- 2.7. Promote a positive relationship between MGH/C and the community; and serve as a vital link between community-at-large;
- 2.8. Contribute to the educational process of new professionals as positive resources and teachers contributing to the mission of the MGH/C.

3. Membership Committee:

- 3.1. Members of the Membership Committee will be appointed by the MGH/C Associate Chief, Department of Pediatrics;
- 3.2. The Membership Committee will consist of three current FAC members and two MGH/C Council members;
- 3.3. Members of the Membership Committee will track membership terms and actively recruit new members.

4. Membership:

- 4.1. Membership is by application to the Membership Committee;
- 4.2. Membership consists of fifteen people whose children have received care at MGH/C or are patients sixteen years or older who have received care at MGH/C;
- 4.3. Family members will serve as the Council Co-Chairs;
- 4.4. The MGH/C 's Medical Director, Associate Chief Nurse of Pediatrics, Executive Director, and Inpatient Director of Quality and Safety will be ex-officio members;
- 4.5. The MGH/C Inpatient Director of Quality and Safety will be allowed to vote in times where a tie-breaking vote is required;
- 4.6. The MGH/C will have four rotating staff members of the Council;

- 4.7. Other MGHfC staff will attend meetings as needed and receive meeting minutes approved by the Council to have knowledge regarding the agenda and on-going work.

5. Membership Terms:

- 5.1. Each year in September, the Council will seek to appoint three family members to serve a three-year term to the Council;
(Beginning with the Council in 2007, the 9 appointed family members will be appointed to one, two, and three year terms, the same with the 3 MGHfC staff);
- 5.2. Members can re-apply for appointment for up to six years. After this time, members can still be active on committees but must wait three years before reapplication to be a member of the Council;
- 5.3. Membership will elect in March a family member to serve as Council Co-Chair for a two-year term. Six months later, membership will elect a second family member to serve as Council Co-Chair for a two-year term.
- 5.4. Any Council member that misses four consecutive meetings will be considered an inactive member unless the absence has been approved by the Membership Committee;
- 5.5. If a Council member cannot fulfill his/her commitment to the Council, they can resign in writing and a new member will be chosen to serve the balance of his/her term.

6. Membership Responsibilities:

- 6.1. Participate in the formation and evaluation of FAC yearly goals and objectives and be an active participant in Council activities;
- 6.2. Prepare for and attend monthly FAC meetings;
- 6.3. Be an advocate for all patients and families by identifying and representing their needs and concerns;
- 6.4. Maintain patient confidentiality according to HIPPA guidelines at all times;
- 6.5. Consider serving on other MGHfC committees when requested;
- 6.6. Support the MGHfC publicly;
- 6.7. Notify the Co-Chairs if unable to attend meetings;
- 6.8. Agree to attend the Volunteer Program Initiation and Training as well as participate in the Volunteer Program;
- 6.9. MGHfC staff members will act as the hospital liaisons to the Council.

7. Co-Chair Responsibilities:

- 7.1. Establish goals and objectives of the Council with the Membership in September;
- 7.2. Complete an annual progress report to be submitted in January to the Chief of Service, Department of Pediatrics, Chief of Pediatric Surgery, Vice-President of Pediatrics, MGH, Vice-President, Chief Nurse, MGH, Storybook Ball Committee Chair;
- 7.3. Set meeting agendas and schedules for monthly meetings;
- 7.4. Represent the goals and objectives of the FAC with any correspondence approved by the Membership with hospital administration and staff;

- 7.5. Appoint subcommittee chairs, who will be responsible for:
- updates of the subcommittee work to the Council at regular intervals;
 - goals and objectives for the subcommittee;
 - annual reports of the subcommittee.

8. MassGeneral Hospital *for* Children Responsibilities:

- 8.1. Work collaboratively with the FAC to promote the best possible family-centered practice at the MGH/C;
- 8.2. Work together with the FAC in policy-making, planning and evaluating of programs and services;
- 8.3. Review and respond to recommendations of the FAC in a timely manner;
- 8.4. Offer new member orientation to the MGH/C structure, decision-making process, committee structure, and HIPPA regulations;
- 8.5. Provide meeting space and refreshments;
- 8.6. Provide free parking for FAC meetings and work in hospital;
- 8.7. Provide financial support for approved FAC activities based on submitted proposals.
- 8.8. Provide staff support person to:
- take meeting minutes;
 - notify members of upcoming meetings with agendas;
 - distribute meeting minutes to the Council and others on the distribution list;
 - keep the FAC distribution list up to date;
 - retain Council minutes for a minimum of 5 years
 - transmit minutes and annual accomplishments to the hospital's Board of Trustees

9. Quorum:

- 9.1. A quorum represents 7 members, one of whom must be a staff member, needed for any official meeting.

10. Amendments:

- 10.1. The process to amend the FAC By-Laws is as follows:
- Council member submits suggested revision in writing.
 - Revisions are sent out to members and discussed at a Council meeting.
- 10.2. The Council will vote on the amendments and approve through majority vote.



Ice Cream Social



The Family Advisory Council invites all staff, patients, and their families to enjoy ice cream sundaes on

Tuesday, August 21st from 4:30 to 5:30 in the Ellison 17 Conference Room.

Meet parent and staff members of the Family Advisory Council and learn about the important work it does to promote Family Centered Care at Mass General Hospital *for Children*

<http://www.massgeneral.org/children/about/family-advisory-council.aspx>



The MassGeneral Hospital *for Children* Family
Advisory Council presents

Teaming Up for Success: Family-Centered Grand Rounds at MGHfC

April 24, 2012
O'Keeffe Auditorium
8:00 - 9:00am

A parent at MGHfC explains her experiences participating in family centered rounds, noting how this form of rounds enables her to discuss her child's care with the entire medical team. A nurse, physician and resident will each share how family centered rounds enhance shared decision-making, better communication and better quality care.

Participants:

Sarah Santos (parent); Kerstin Zanger, MD;
Rose McClory, RN; Jess Rosenthal, MD

Moderator:

Erin Quinney (parent)

Patients, families and staff are welcome to join us.



MassGeneral Hospital
for Children

08.24.12

MGH **HOTLINE**

WHAT'S HAPPENING

Youth program mentors sought
The MGH Youth Programs team is seeking volunteers to mentor Boston Middle School students through their science fair projects. Mentors meet with students at the MGH or the Charlestown Navy Yard on two Friday mornings each month from October through January. No expertise in mentoring or science fair projects is needed. The MGH Youth Programs team provides ongoing mentor training and support. For more information, contact Elen Rowley at 617-643-6287 or erowley@partners.org.

MGH Heart Center class
The MGH Heart Center is holding its monthly patient and family education class, "Understanding Heart Failure."

Sept. 5 from 10:30 to 11:30 am in the Yawkey Center, Room 820. For more information and to register, call 617-643-1452.

Hearing loss forum
The Massachusetts Eye and Ear Infirmary will host the 12th annual Free Public Forum on Hearing Loss Sept. 22 from 9 am to 12:30 pm. Lectures will explore treatments and technologies for hearing loss and the latest research for promising future cures. For more information, visit www.massseyeandear.org. To register, email audologypublicforum@mei.harvard.edu or call 617-573-4466.

MGH Clinical Research Day
The MGH Photography Department will host a poster design class Sept. 26 from 8:30 to 9:30 am in the Simches Center, Room 3.120. The session will provide step-by-step instructions for staff who have submitted abstracts for the 10th annual MGH Clinical Research Day, which will be held Oct. 11. Register at hcpd.partners.org/otcrg. The deadline to submit abstracts for Clinical Research Day is Sept. 16. Submissions must be about clinical research investigations conducted at the MGH and may include manuscripts published after Sept. 1, 2011. Prizes will be awarded in several categories. For more information, call 617-724-2900.

Latest issue of Proto available
The summer 2012 issue of Proto, the MGH's quarterly science magazine, is available online at www.proto.mcg.org or as a free iPad application at www.proto.mcg.com/ipad.

MGHers help obtain statewide grant for nursing education

LT. GOV. TIMOTHY MURRAY announced Aug. 21 the awarding of a \$300,000 Robert Wood Johnson Foundation grant to the Commonwealth of Massachusetts to support academic progression in nursing. Currently, 35 percent of the state's nurses hold Bachelor of Science in Nursing (BSN) degrees or above. A 2010 report from the Institute of Medicine recommended that 80 percent of nurses be educated at the BSN level or higher.

The grant will support the ongoing collaboration between the Department of Higher Education (DHE) and the Organization of Nurse Leaders (ONL). Associate chief nurse Kevin Whitney, RN, MA, NEA-BC, immediate past-president of ONL, and Gino Chiari, RN, DNP, president of the Massachusetts Association of Registered Nurses and director of the Norman Knight Center for Clinical and Professional Development, were closely involved in advancing the grant application process. The MGH Department of Nursing also provided significant support. Jeanette Ives Erickson, RN, DNP, FAAN, chief nurse and senior vice president for Patient Care, was among those invited to speak at the Statehouse announcement.



NURSING KNOWLEDGE: From left, Richard M. Freedland, commissioner, DHE; Patricia Gombie, RN, MSN, project director of the Massachusetts Action Coalition; Jessica Alvarez-Montano, RN, BSN, May 2012 graduate, UMass Lowell; David Cedrone, associate commissioner for Enrollment and Workforce Development; Murray Sharon Gale, RN, MS, chief executive officer, ONL; Ives Erickson; JudyAnn Bigby, MD, secretary of Health and Human Services; and Sen. Richard T. Moore, chair of the Joint Commission on Health Care Financing.

Submit news tips and story ideas to **MGH Hotline**

EDITOR
Emily Lemiska
617-724-2753

ASSISTANT EDITOR
Colleen Marshall
617-726-0275

EMAIL
Hotline@partners.org

MAIL
Public Affairs Office
50 Stamford Street, Suite 830
Boston, MA 02114

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SUMMER SUNDAYS: MassGeneral Hospital for Children (MGH/C) patient, Kevin Cole, 18, center, enjoys a sundae with MGH volunteers Christine Iabashi, left, and Ashley Lilly at the MGH/C Family Advisory Council's Ice Cream Social on Aug. 21. The council is made up of family members of patients, hospital leaders and staff who collaborate to promote patient- and family-centered care. Sarah Santos, a new member of the council, said she enjoyed meeting staff and patients during the event. "I feel very strongly about giving back because of all the help my family has received from the hospital," Santos said.



MASSACHUSETTS
GENERAL HOSPITAL