



I. Introduction

At Franciscan Hospital for Children (FHC), we promote the integrity and wellbeing of children and their caregivers through our quality of care. This allows each child the opportunity to achieve the maximum potential in an atmosphere of respect, compassion and dignity. Through our family-centered programs, our physicians, nurses, clinicians and educators are committed to helping children reach their full potential.

The core concepts of family-centered care, as outlined by the Institute for Patient and Family Centered Care, at FHC are:

- **Dignity and Respect.** Health care practitioners listen to and honor child and family perspectives and choices. Child and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care.
- **Information Sharing.** Health care practitioners communicate and share complete and unbiased information with the children and families in ways that are affirming, useful and developmentally appropriate. Children and families receive timely, complete and accurate information in order to effectively participate in care and decision-making.
- **Participation.** Children and families are encouraged and supported in participating in care and decision-making at the level they choose.
- **Collaboration.** Children, families, health care practitioners, and hospital leaders collaborate in policy and program development, implementation and evaluation of health care facility design as well as in the delivery of care.

It is with the help of the Family Advisory Council (FAC)/Family Advisory Group (PAG) that we are able to fully incorporate these core concepts into the culture.

II. Who We Are

Franciscan Hospital for Children, located in the Brighton neighborhood of Boston, is the only facility of its type in the Northeast. We take pride in offering care to children who require medical, behavioral and educational services unmatched elsewhere. Licensed as a 112 bed pediatric hospital, we are often the facility to which children are transferred when they're too stable for acute care but not yet well enough to go home. While we're best known as a center of excellence in pediatric rehabilitation, we offer a full range of services to children from the community and around New England and the widest range of mental health services for children of all hospitals in Massachusetts. All of our programs are family centric and designed to help each child reach his or her fullest potential.



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Medical Services include physical and pulmonary rehabilitation; therapeutic outpatient services such as audiology, physical therapy, and speech language pathology; pediatric dentistry, surgical services, a variety of specialty clinics, and a general pediatric clinic.

Behavioral Services include a community based treatment program; child and adolescent inpatient mental health; multidisciplinary Evaluation Program; and a variety of outpatient services.

Educational Services provided are by our Family Child Care Center and Kennedy Day School.

For more information on our services please visit our website at www.franciscanhospital.org.

III. FAC at FHC

Overview

Franciscan Hospital for Children (FHC) recognizes that parent and/or family members are at the center of the care continuum. Family-centered care places an emphasis on collaborating with the children and families. Further, it acknowledges that families, defined as persons who are related in any way - biologically, legally, or emotionally, are essential to the child's health and well-being and are allies for quality and safety within the health care system.

The Franciscan Hospital for Children FAC/PAG will promote a family-centered culture that seeks input from children, families, and staff regarding all aspects of care in order to be an effective resource and advocate for improved healthcare, education, and safety.

Background

The FAC/PAG Steering Committee was created in the fall of 2009. The steering committee created the infrastructure for the council through bylaws that delineate member eligibility, member roles and responsibilities, council selection criteria and application process, committee structure, council composition and membership terms, confidentiality, election of officers, orientation and amendment procedures. These bylaws were approved by the Board of Directors and presented to the council members upon acceptance to the council. The bylaws are available for download at the Hospital's website: <http://franciscanhospital.org/>.



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The Steering committee developed an application, orientation program, an evaluation tool to measure meeting effectiveness, and first year's budget. Using the selection criteria defined in the bylaws, councils were formed.

There are currently three councils; one to focus on each of the key service areas, our medical and behavioral healthcare units.

Structure

The FAC/PAG is supported by the leadership staff of the service area and senior leadership. The councils maintain commonalities and follow the bylaws established but are largely self-determining in setting objectives, goals, priorities, and agendas. The distinct features of the council are reflective of the particular composition and concerns and topics specific to the service type and area.

BEHAVIORAL FAC

The Behavioral FAC is made up of families and staff from mental health programs: Inpatient Mental Health Program (Unit 1), Community Based Acute Treatment (CBAT) residential unit and outpatient mental health department. The Council is currently comprised of 6 families and 4 staff, which includes two young adults who have lived experience as patients at FHC, and are emerging advocates for mental health.

Accomplishments

Over the last year the Council met four times. During this time, they successfully increased members' involvement as advisors in committees and projects throughout the hospital.

- Increased participation in the Playground Committee which serves as a recreational outlet and event site for residential patients.
- Participation in the committee for development of FHC's Mission, Vision and Values.
- Continued and enhanced relationship with NAMI and PPAL to provide resources for residential patients and their families entering back into the community
- Realizing the difficulty in patient transition to the community after residential mental health care, the council provided guidance and researched best practices for improving methods of post discharge and transition of the care experience.
- The Council was introduced to and discussed member participation in legislative and Department of Mental Health Forums. Participation in these forums will increase council awareness of current initiatives and





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educational opportunities offered in the State to enhance the programs at FHC as well as assure attentiveness to ongoing legislative changes affecting regulation of and access to mental health care.

2016 Goals

- The Council will serve in an advisory role in the development and implementation of Parent & Sibling Support groups & research project for Unit 1 & CBAT families and invite director of statewide parent/sibling support project to speak to the Council.
- Continue involvement in advising hospital's marketing, branding, & advancement campaigns with a goal of having marketing and advancement representatives attend at least one of this year's meetings.
- Work with the Medical FAC to create a Family Resource room which will provide computer and publication resources for research as well as for personal business use while visiting at Franciscan.

MEDICAL FAC

Membership of the Medical FAC is comprised of staff, and current or former patients and families from medical inpatient and outpatient service areas. The Council is co-chaired by a family member and a hospital representative and is currently comprised of 8 patient/family members and 5 staff members.

Accomplishments

Over the year the Council met 5 times and increased meeting frequency from quarterly to every other month. Patient/Family members became more active in committees and instituted several projects based upon Patient/Family experience of care at the hospital.

- Developed new patient/family recruitment tools to be displayed in waiting areas including a take home informational card.
- Advised in redeveloping internal signage including main directories and way finding tools.
- Family member attended PFAC Conference and the HCFA Board meeting to review best practices occurring across the state.
- FAC members consulted with Security and Safety Department to improve the physical security of the hospital through an access control system. This includes a secure process giving long term patients and their family's easier access.



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- Assisted in re-designing the outpatient clinic waiting room to enhance design for comfort and accessibility.
- Reviewed the patient portal for functionality, meaningful use and benefit in improving continuity of care by allowing family's greater control of access to patient's health information. FAC family member involved in testing of the portal.
- Reviewed, edited and instituted blood transfusion and IVIG informed consent forms to be more detailed and comprehensible by the patient or person authorized to consent for the patient. Forms were reviewed by physicians and dentists and inaugurated with positive feedback from both physicians and consenters.

2016 Goals

- Work with the Behavioral Health FAC to create a Family Resource room which will provide computer and publication resources for research as well as for personal business use while visiting at Franciscan.
- Review and Franciscan Hospital for Children's goal and align FAC goals with the goals of the hospital.
- Continue to review and edit informed consent forms to be more detailed and comprehensible by the patient or person authorized to consent.
- Complete review and assist in publishing a new Welcome Book to be distributed to all new families. Research distribution of the welcome book by the referring facilities to families prior to arrival at FHFC.
- Recognizing that prior patient family members can be of support to current patient's family members, develop support groups and mechanisms that provide information and support to families in the pre-admission process, during admission and as patient's transition to the home setting.
- Research and develop MOLST brochures and FAQ's particularly written to given information and support to the families of the pediatric population.
- Finalize "Approved By" FAC seal to be placed on marketing tools, publications and documents created or reviewed and approved by the FAC.



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Kennedy Day School PAG

All parents of children enrolled in the Kennedy Day School (KDS) are invited to join the KDS Parent Advisory Group (PAG), which serves as a forum for sharing information among and between parents and school representatives, including feedback, support and ideas regarding school policies and program implementation. The Group advises the school on matters that pertain to the education, health, and safety of students enrolled in the program and serves as a clearinghouse for information concerning special education and related services for individuals with disabilities. Parent participants are joined by members of the Kennedy Day School staff for meetings and presentations on a variety of parent identified topics. The PAG met 5 times this year:

In October, the first Parent Advisory Group activity of the 2014 – 2015 school year featured a presentation by a KDS parent from the Family Ties of Massachusetts project of the Federation for Children with Special Needs, entitled “Let’s Get Organized” which focused on strategies for managing information essential to supporting the needs of a child with complex challenges.

The following PAG meeting in January included a discussion regarding the “Franciscan Helps Families Connect (FHFC) Project” and featured a presentation by KDS educator, Patricia Donovan, on the Massachusetts Comprehensive Assessment System’s Alternative (MCAS-Alt) Portfolio format. The Partnership for Assessment of Readiness for College and Career (PARCC) assessment tool was also reviewed.

Later in January, families were invited to “A Special Needs Financial Planning Workshop” by Shepherd Financial Partners at the Kennedy Day School. In March, the Massachusetts Sibling Support Network offered “No Sibling Left Behind” by and for siblings of people with disabilities to review current research and share support strategies.

In April, KDS PAG participated in a “Transition and Adult Services Resource Fair” and gathered to discuss issues and concerns related to transition from the culture and comfort of a school-based service system. Sixteen agencies were represented at the fair.

In tandem with a Family Picnic and Student Art Exhibit in June, the *Parent Corner* featured information packets and opportunities for informal sharing related to “Accessible Recreation Resources in Massachusetts” and beyond.

Respectfully Submitted,

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