From Patient “Voice” to “Patient Leader”

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Office of Patient and Family Centered Care
Dartmouth-Hitchcock Medical Center, Lebanon, NH

Dartmouth-Hitchcock

Dartmouth - Hitchcock

- Non-profit academic system
- D-H Clinic
- Mary Hitchcock Hospital
- Geisel School of Medicine at Dartmouth
- Serves > 1.5 million people
- NH’s only tertiary care center
- 389 licensed beds
- Main campus and satellite sites
  - 900+ Physicians
  - Primary and specialty care
  - ~7500 employees
Patient and Family Advisors (PFAs)

- Volunteers, selected and trained to serve on policy and process-making groups
- PFA Process
- Maintenance

We join you today to propose:

- There is high value in engaging community members in planning and evaluating the health care experience
- These include the benefits of shared work, resource enhancement, and reality testing
- Benefits are visible at the individual engagement level
- Shared leadership enables significant programmatic advances
Some Things We Learned

- Range of PFAs available
- More complete representation of community values and opinions
- Skill sets
- Capacity to understand clinical material and professional roles
- *Capacity to lead*

Benefits of a PFA Leadership Path

- Builds an economical source of expertise and manpower
- Maintains interest of PFAs who want to progress
- Creates trust between professionals and consumers
- Provides public policy influence via community participation
Introducing Carol

Carol F. DuBois

- Worked in finance for a major national retailer
- Strong interest in the arts, community affairs, political issues
- Broad experience as a PFA in areas requiring analytical ability and appreciation for systems
- In demand by leadership

In Summary

- A valuable talent pool exists within our patient and family population
- Partnerships can mutually benefit patients, institutions and communities
- The principles are applicable to both the practice level and more complex settings
- There are working examples to examine
Patient Family Voices Volunteer

*Community partner who listens to patients and families and captures perceptions of their care experience.*

PFV Responsibilities

- Visit patients and families on inpatient units
- Engage in discussion of the quality of their care experiences
- Assist in understanding patient rights, responsibilities and resources
- Share with unit leadership in real time – service recovery
- Link to Patient and Family Relations
- Document perceptions to inform quality improvement activities:
  - Collect and review data
  - Organize into themes
  - Strategize and plan for improvement
PFV Activation:

- Shadow two established PFV's
- Meet RN unit leadership
- Orientation to responsibilities, unit specific requirements, services and geography
- Orientation to Wufoo Database
- Seasoned PFV mentorship
- Join PFV Peer Group Meetings
Evolution of reporting process

1) Initially interview summaries hand written
   • Real-time feedback to unit leadership (service recovery)

2) Electronic interface developed – “Wufoo”
   • Link to Patient and Family Relations
   • Some aggregation used by CHaD FAB to drive improvement on Pediatrics
     • Pediatric Snack cart and menu on demand
     • Tweener space
   • Qualitative analysis of data from 3/11 – 7/12

<table>
<thead>
<tr>
<th>Category</th>
<th>Positive</th>
<th>Negative</th>
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<tr>
<td>Communication Nurse</td>
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<td>Communication Physician</td>
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<td>Food</td>
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<td>Preparation for Discharge</td>
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<td>Transitions</td>
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PFV Data- Sources of Noise

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<th>Source</th>
<th>Number of Reports</th>
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<td>Double room</td>
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<tr>
<td>General / None identified</td>
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<td>Interruptions (vitals)</td>
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<td>Equipment in room (monitors/pumps)</td>
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<td>Rolling computers</td>
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<tr>
<td>Pneumatic tube</td>
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Opportunity: improve the process to make the data more actionable
Redesign of data entry portal

Goals:
- Standardized
- Actionable
- Granular
- BUT still remain an authentic conversation
- Link with HCAHPs
Link to operations

- Structured quality improvement initiative
  - Pilot in CHaD
  - Partnership with FAB and leadership
- Goal is a process that is:
  - Standardized
  - Linked to existing structure
  - Replicable
  - Sustainable

Patient/Family Advisor (PFA)

D-H volunteer who is an equal partner in leading the design / improvement of systems, units, processes and / or facilities