Capturing Their Voice: Using What’s Heard

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Outline

• Introduction
• Model of partnership
• Capturing our patient’s “voice”
• Using these data to improve the patient experience
• Take home points
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
- ~380 licensed beds
- Main campus and satellite sites
  - 900+ Physicians in NH and VT
  - Primary and specialty care
  - ~10,000 employees

Dartmouth Hitchcock Priorities

#1 Goal: Provide Patient and Family Centered Care

Unwavering commitment to provide care that is coordinated, effective, efficient, compassionate and safe.

Current emphasis on improving patient:

Engagement
Experience
Patient engagement

Patient experience

A Multidimensional Framework for Patient & Family Engagement

Carman K L et al. Health Aff 2013;32:223-231

Factors Influencing engagement:
- Patient (beliefs, role, health literacy, education)
- Relationships (patients, providers, culture)
- Society (social norms, regulations, policy)
We believe...

Patient and Family Partners:

• provide valuable feedback to inform our system
• identify problems that create unnecessary costs
• help to identify areas for improvement
• support quality and safety efforts
• act as ambassadors in the community

Office of Patient Family Centered Care

“Promote and sustain a culture where patients and their families are treated with respect and dignity, collaborating as active partners in the planning, delivery and improvement of health care.”
The Office of PFCC at DH

Funded in 2009

- MD Director
- Manager
- Coordinator
- Volunteers

Patient/Family Advisor (PFA)

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

- Committee Work
- Taskforces
- Advisory Boards
- Hiring Process
- Teaching
- Quality Improvement Efforts
- Patient Family Voices

Patient and Family Experience: How do we know how we are doing?

- Standardized patient surveys
  - HCAHPS
  - Avatar
- Patient Family Voices (PFV) Interviews
Standardized survey for measuring perspectives on hospital care.

- How often an event occurs
- Comparison between hospitals
- Public reporting – transparency and incentives (reputation/financial)

Asks about experience in 8 key areas:

- communication with doctors
- communication with nurses
- responsiveness of hospital staff
- pain management
- communication about medicines
- discharge information
- cleanliness of the hospital environment
- quietness of the hospital environment

Survey Data

**Advantages**
- Standardized
- Quantitative
- Broad representative sampling

**Disadvantages**
- Long delay in reporting
- “One size fits all”
- Inability to ask follow-up questions
Patient Family Voices Volunteer (PFV)

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

PFVs:

- Visit patients and families to capture their voice and gain perspective
- Document perceptions for awareness, quality and safety improvement
- Share compliments and comments with unit leadership in real time
- Refer complaints to Patient and Family Relations
- Assist in understanding patient rights, responsibilities and resources
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 (including shadowing)
- 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
3) Process and database redesign...
Prior State

1. PFV data was:
   - Not presented in a standardized format
   - Not aggregated
   - Variably accessible
   - Not being reliably utilized

2. This resulted in:
   - Missed opportunities for improvement
   - Frustration
     - PFVs
     - Staff

Opportunity

- Create a systematic method to capture and categorize patient experience data
- Create a process to actively share data in an organized manner with leadership and staff
- Create accountability by developing a system to track patient reported comments to ensure timely follow-up
Levels of feedback

- Individual real-time service recovery and/or reinforcement
- Aggregated experiences
  - Unit
  - Organization

Redesign of data entry portal

Link to operations
Redesign of data entry portal

**Goals:**
- √ Standardized
- √ Categorized
- √ Granular (not just the experience but also why?)
- √ BUT still remain an authentic conversation

**Link with standardized survey topics**
List of Categories

- Admission
- Teamwork/professionalism
- Meals
- Nursing interaction and communication
- Physician interaction and communication
- Other staff interaction and communication
- Unit specialty
- Noise
- Pain management
- Hospital cleanliness
- Hospital noise
- Hospital environment
- Discharge
- Patient family centered care
- Readmission
- Patient safety
Link to operations

- Goal is a process that is:
  - Standardized
  - Linked to existing structure (normal operations)
  - Replicable
  - Sustainable

- Pilot
  - Children's Hospital at Dartmouth (CHaD)

Why CHaD?

- Early adopters of embracing PFV data to improve the patient and family experience
  - Real time feedback (service recovery)
  - Aggregated data to inform quality improvement efforts
- Advisory Board – shared leadership group available to process data, prioritize and take action
Link to operations - Data

- Collation after entry (unit specific)
- Data review team (monthly)
  - Review
  - Prioritization
  - Link to existing work?
  - Present topics of improvement
- Family Advisory Board (Quarterly)
  - Review prioritized topics
  - Charge work

5 East Pedi – November 2013

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### Positive Trends

**Teamwork and Professionalism, Physician and Nursing Care and Communication:**
- “really like the team work here at DHMC…believe they are listened to and will respect their opinions about things which have been tried in the past and have not worked.”
- “many services involved with admission, and they believe things are well coordinated.”
- “doctors do listen to them and answer their questions well and ask their opinions about the plan.”
- appreciates level at which she “is considered a team player. The nurses are not only excellent, they’ve taught me how to medicate my daughter. They know I’ll need to do it when we return home. I appreciate this.”

### Negative Trends

**Patient Safety:**
- “It is an uneasy feeling when I come back in through the ED at night…no one has stopped me the past three nights. I have not seen anyone at the desk. It is probably not as much of a concern up here as it is in Boston, but anyone could have walked in. I think parents should also have an ID band on like they do in the maternity wards so staff know they are with a patient in the Pediatric Unit.”
- “Not everyone checks all the time to know who I am.”

### Current initiatives

1. **Environment**
   - Beds
   - Space
   - Housekeeping
2. **Readmissions**

**FUTURE**
- Communication
- Noise
Some observations:

- Easier to talk about environment but starting to think about clinical processes (i.e. communication)
- Some synergy noted...
  - PFV interviews inform PFA role on committees and task forces
  - Direct manifestation of model of partnership
  - Empowers connection to staff
  - Builds community relations
  - Provides real time stories for new hire and student education

Summary

- Goal is partnership => better outcomes
- Multiple measures of experience available
  - Surveys comprehensive but delayed and not always actionable
- PFV data can guide and inform improvement work
  - Real-time
  - Aggregation
- Stories support all aspects of our work
Thank you!

Questions?

Discussion Questions

• How does your organization collect and use experience data?

• Are patients and families a part of this work?