

ENGAGING HOSPITAL VOLUNTEERS AND PATIENTS TO IMPROVE CARE

At Mercy Health-Anderson Hospital in a suburb of Cincinnati, OH, a new council composed of hospital volunteers, staff, and leadership is helping to improve the experience of patients and their families. Known as the Patient Family Council, many of the volunteers participating on the council were once patients or are family members of former patients. The group meets once a month to discuss how best to achieve goals like making sure patients receive the information they need during the hospital discharge process and reducing the noise levels in the hospital at night. Members of the council say the discussions have greatly enhanced communication among patient and family volunteers and staff members and led to an increased awareness of patients' needs and perceptions.



“We realized when we were starting the council that our volunteers could be a tremendous resource. A lot of them have family members who are patients, or they’ve been patients here themselves from time to time. They care about the

hospital and have firsthand insight on what goes on here,” said Sarah Varney, RN, a telemetry clinical coordinator at Mercy Health-Anderson Hospital who helps facilitate the Patient Family Council.

Varney works in a medical/surgical unit that was selected to participate in Transforming Care at the Bedside (TCAB) in 2009. A national program initiated by the Robert Wood Johnson Foundation and the Institute for Healthcare Improvement and offered to Mercy Health-Anderson through the Foundation’s Aligning Forces for Quality program, TCAB engages nurses and other frontline staff in hospitals to develop and lead quality improvement initiatives. In her role as a member of Mercy Health-Anderson’s TCAB team, Varney proposed launching a council that could provide feedback on quality and safety improvement efforts.

The council held its first meeting in February of 2011. The largest meetings have included up to 25 people, but five core members attend on a regular basis. In addition to the volunteers and

the nurses from the TCAB team, representatives from departments such as housekeeping and physical therapy have recently been joining in the discussions.

“It’s a very open forum where we can share our feedback and come up with suggestions for better ways of doing things,” said Charlotte Smith, a council member who volunteers at the hospital. “As volunteers we have the luxury of being able to spend more time with patients—we talk with them and help them calm down when they’re upset, and we find out what they want or need. That’s why we can act as the patient advocates on the council.”

Smith was inspired to start volunteering at Mercy Health-Anderson in 2010 because she felt her elderly mother had received excellent care during several emergency room visits that took place before she passed away. Smith also has a personal connection to the hospital because her husband had outpatient hernia surgery, and she has undergone several outpatient tests there.

At the council meetings, the TCAB team asks the volunteers for their input on changes they’re thinking of implementing and for their help brainstorming solutions to problems. Council members also work together to evaluate new equipment—such as visitor chairs, bedside tables, and fall mats—that the hospital is considering purchasing.

The volunteers on the council helped the TCAB team understand that patients sometimes felt rushed during the discharge process and didn’t always receive and understand all the information they needed about their medication or how to pursue follow-up care. As a result, the TCAB team started a trial in which both the nurse and the doctor together are involved in discharging a patient.

“Based on ideas that came from the council, we’ve changed the educational materials we give the patients when they are discharged—for instance, we give them more detailed information about their medication and potential side effects,” Varney said. “We also compiled a list of local primary care providers (PCPs) who are accepting new patients because we’ve learned that a lot of our

patients do not have a PCP.”

Another idea that came out of the council’s discussions was that nurses should try to spend at least five minutes at the patient’s eye level—for example, when they’re taking the patient’s history during the admission process. “Sometimes we’re so busy running in and out of the room that we don’t realize we’re losing the connection with our patients. But we did a trial in which we tried to spend five minutes at their bedside, and it led to a culture change on our unit,” Varney said. “It increased our awareness of the impression we make on patients.”

Smith and the other volunteers shared their observations with the council that patients sometimes didn’t realize care providers had come by during hourly rounding. “Because they were groggy and not feeling well, they didn’t notice certain things that were happening, and they would say, ‘Nobody has been here to see me all day,’” Smith explained. Now the volunteers leave a note card that says someone stopped by and will be back in an hour if the patient is away from their bed or asleep when they stop by. The card also includes a phone number for the patient to call if they need help in the meantime. “We’ve received positive feedback from patients and family members about the card. We want to make sure they know we care and we’re there for them” Smith said.

Staff members have taught the volunteers on the council about TCAB processes, including small tests of change and “snorkel” (or brainstorming) sessions. They also share Mercy Health-Anderson Hospital’s patient satisfaction scores at council meetings.

Patient satisfaction scores as measured by the Hospital Consumer



Assessment of Healthcare Providers and Systems (HCAHPS) Survey increased during the year after the Patient Family Council started meeting. For example, from January 2011 to December 2011, the score for “communication with nurses” went from 69 percent to 88 percent, and “would definitely recommend the hospital” went from 64 percent to 81 percent.

Terri Martin, RN, BSN, MBA, clinical director at Mercy Health-Anderson Hospital, believes the work of the TCAB team and the council helped boost the scores. “The small tests of change to improve our processes that were driven by the frontline staff have been improving the patient experience,” she said. Martin noted that in the future the council hopes to recruit some patients who don’t volunteer at the hospital to serve as additional members and share their points of view.

“Partnering with the volunteers to start the council couldn’t have worked out better,” Martin said. “They were thrilled to have a voice on the council, and they are invested in the hospital and want to see it succeed.”

The TCAB team has presented its Patient Family Council successes to the leadership team at the hospital, the Greater Cincinnati Health Council, the Catholic Health Partners 7th Annual Patient Experience Forum, and on conference calls for TCAB teams in Minnesota and Wisconsin.



Lessons Learned

■ When you’re trying to start a patient and family council, you need to make it a high priority. Because the hospital staff members who will be participating are so busy and have so many competing priorities, the council may not get off the ground unless you’re really committed to the effort at the beginning.

■ There are many benefits to recruiting hospital volunteers to serve on a council. For example, they’ve already had training in complying with the Health Insurance Portability and Accountability Act, they are familiar with how things work at the hospital, and they feel invested in the hospital. They have a unique perspective because they work so closely with the patients, and some have been patients themselves. And since they choose to spend time volunteering at the hospital, they have a positive attitude that helps to keep the council productive.

■ Keep the discussions at council meetings at a level the volunteer and patient members can understand. Don’t get too carried away with using medical terminology, for example, or get too detailed in your discussions of HCAHPS Survey scores.

■ Create an environment in which the discussion can be very open and people can say what’s on their minds. It’s important for the volunteers to feel they can give honest feedback to the staff, and building trust is a key factor to get to this point.

■ Over time, the volunteer members of the Patient Family Council can take on a bigger role in guiding the discussions at the meetings, and they will value this opportunity.