

What Are We Learning From Advisor Rounding?

Introduction/Problem

Patients and family members often feel vulnerable, confused, and unclear about how to communicate their concerns. Our ability to understand and respond to their concerns calls for innovative strategies beyond traditional patient satisfaction surveys. A pilot project was launched in November 2015 to collect real-time feedback using a patient-to-patient model. As of February 2017, 7 volunteer advisors (former or current BIDMC patients/caregivers) have rounded on 375 patients, listening and responding to concerns, compliments, and complaints and documenting the issues to identify themes and trends.

Aim

Through semi-structured conversations, Advisors aim to gather patient experience feedback, identify and document actionable concerns, and recognize exemplary members of the care team. We examined the Advisor Rounding data at one year to assess immediate outcomes of the intervention and to determine whether emerging themes can help inform improvement efforts across the hospital.

The Team

Patient and Family Engagement Program, Dept. of Social Work: Barbara Sarnoff Lee, LICSW; Caroline Moore, MPH

Patient/Family Advisors: Erica Dente; Jackie Giannakoulis; Randy Gonchar; Mal Malme; Matt Robert; Nicola Truppin; Stacey Whiteman.

Pilot Floor Nurse Leaders:

Farr 3: Pam Browall, RN; Erin Conti, RN; Sarah Michaud, RN; Sara Steinberg, RN, Farr 7: Maria Dorsey, RN; Allison Lamere, RN; Sandra Sanchez, RN; Wen Yue, RN
Farr 8: Chao-Yue Deng, RN, Cali Papalia, RN, Marjorie Serrano, RN.

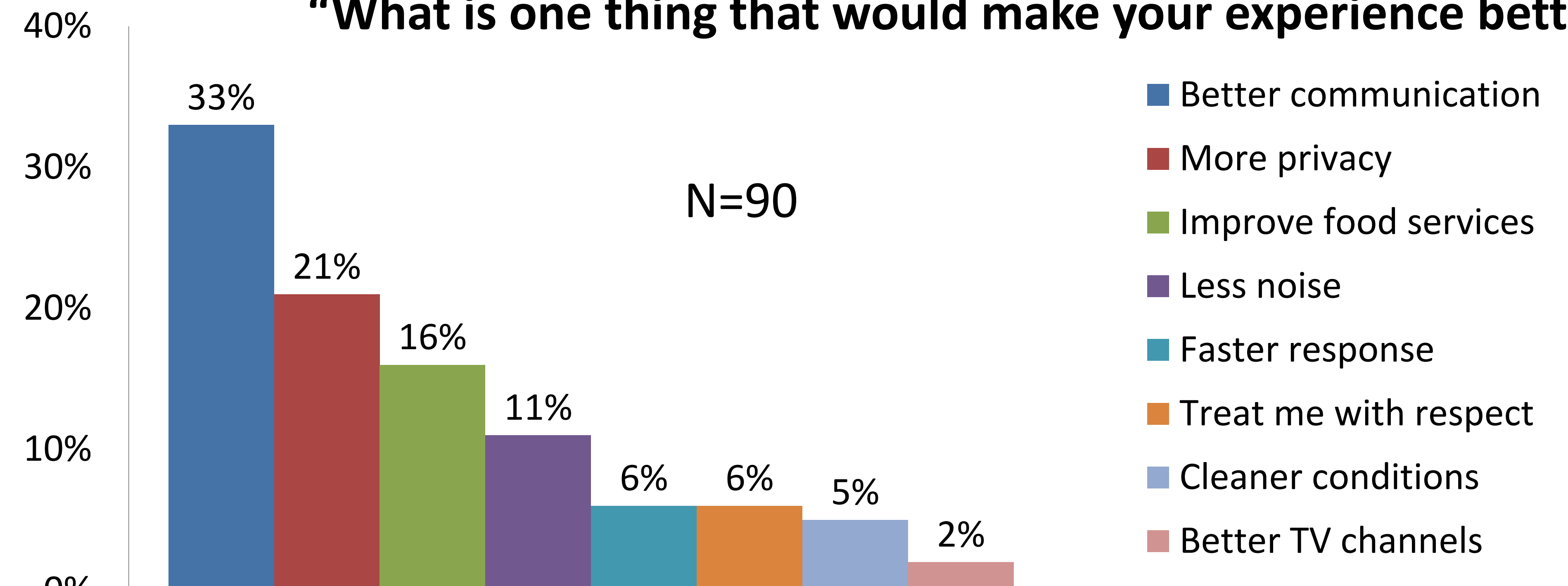
Physician Advisor: Amber Moore, MD, Hospitalist, Instructor of Medicine, HMS

The Interventions

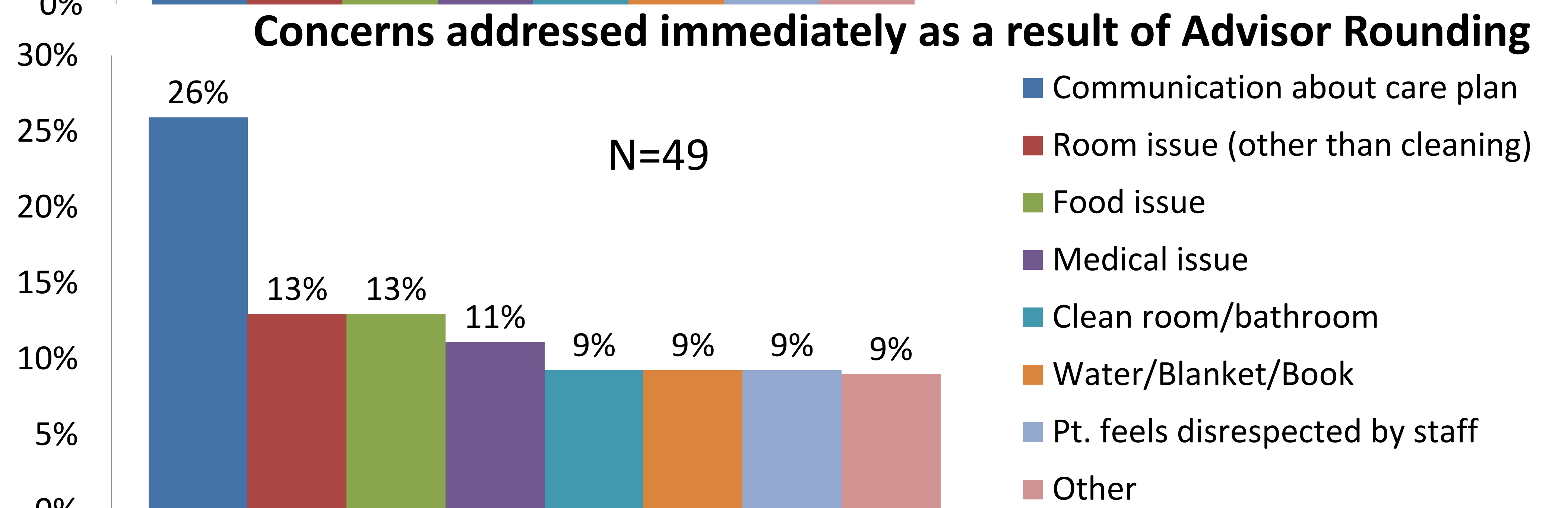
- Advisors inquire about the care team, communication, responsiveness, care transitions, food, the room, and if the patient has any immediate issues with which they would like assistance; the visit is sometimes capped with the question, "What is one thing that would make your experience here better?"
- With permission, Advisors notify the appropriate staff member if there is an immediate need or concern with which the patient or family would like help .
- When a patient compliments a member of the care team, the name is given to the nurse director of the floor or other appropriate leader for recognition.
- De-identified summary reports are shared with each floor.

Results

"What is one thing that would make your experience better?"



Concerns addressed immediately as a result of Advisor Rounding



Lessons Learned

- Though overall feedback is overwhelmingly positive, insufficient communication about the plan of care is disproportionately impacting some inpatients.
- Advisor Rounding is an effective strategy for:
 - Real-time identification and response to patient concerns and complaints,
 - Providing patients and families with a patient-to-patient, personalized and compassionate means to share feedback.
 - Highlighting the impact of compassion, respect, and other core values on patient/family experience.
- Patient / family engagement can promote employee engagement through recognition of exemplary employees.

Next Steps

- Train additional advisors to increase the frequency and spread of rounding
- Compare Advisor Rounding data to Press Ganey data.
- Adapt the training, intervention, and lessons learned to other strategies of patient and family engagement including a new volunteer ICU Transitions Coach role.

For more information, contact:

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