Patient Relations Volunteers…

Helping to define and improve the patient experience
Director, Volunteer & Customer Services
Priscilla Gamb
Purpose of patient relation volunteers at Huntington

“To increase patient satisfaction, volunteers will visit patients to listen, comfort and to help resolve patients’ non-medical needs and concerns during hospitalization.”
Goals of the Program:

- To visit every newly admitted patient and patients who have been hospitalized for two days.
- To visit other patients as time permits or as requested by staff.
- To resolve non-medical patient concerns before they become complaints.
- To offer resources to patients
- To follow-up on un-resolved concerns from a previous visit.
- To immediately communicate those concerns requiring staff attention.
Recommended questions to ask before starting a Patient Relations program…

- What should be the target area?
- How to identify the patients to visit?
- How many volunteers to start?
- How often to visit each patient?
- What departments should be brought in to help develop scope of service, guidelines, policies and procedures and training modules?
- What kind of information do we want to document?
- How should this information be reported and to whom?
Steps we used to start our program:

- Identified all departments to be involved in planning
  Example: Social work, Nursing, Risk, HR, Facilities, Food Service, PR, Education, Infection Control, Medical Staff
- Identified all components of program, systems, policies, procedures.
- Created reporting mechanism of concerns, data, trends, referrals.
- Created training materials, forms, handouts for patients.
- Determined timeframes
- Assigned responsibilities
- Identified volunteers to start the program and train them.
- Measured effectiveness, made adjustments, expanded program.
Training

- Overview of the Patient Relations Program/position description
- General information on different nursing units, patient populations and resources available
- Building a trusting relationship
- Listening skills
- Process of communication
- Interpersonal techniques
- Practical interaction skills with patients including boundaries and confidentiality
- Handling patient complaints
- Referrals
- Liability Issues
- Patient Rights
Why the program succeeds

- Volunteers are “neutral”, non-threatening.
- Special skill set of carefully chosen volunteers
Lessons learned:

- Handpick volunteers for exceptional listening skills and customer service behaviors
- Provide different color uniform for these volunteers
- Develop huge resource list for volunteers to utilize to resolve issues independently
- Expect distrust from staff – Volunteers are “spies” and “reporters to Manager”
- Train staff in the role of these volunteers
- Assign volunteers to specific unit to build trusting relationship with staff over time
- Provide Manager’s business card and charge nurse phone number for direct contact
- Follow scripted list of items to cover with patient – helps ensure appropriate comments and following boundaries
Patient satisfaction data to track

- Satisfaction survey items with highest correlation to overall patient satisfaction: *Response to Concerns and Complaints*

- HCAHPS domain influenced by Patient Relations volunteers: *Responsiveness of hospital staff*
Surgical Unit patient satisfaction
Press Ganey Patient Satisfaction Survey – mean scores, annual combined

Graph showing the trend of patient satisfaction scores from 2000 to 2011, with a focus on response to concerns and overall unit score.

- **Response to concerns**
- **Overall unit score**
- **Linear (Response to concerns)**
Surgical Unit HCAHPS
Percentage of “Always” responses
Domain: Responsiveness of Hospital Staff

Always responsive
Supervisor, Customer Relations

Linda O’Keefe
Customer Relations Supervisor

Responsibilities

• Receive & respond to complaints
• Complaint resolution – CMS Guidelines
• Analyze & report complaint data
• Lost patient items
• Review and revise existing policies and procedures as identified through analysis.
• Patient Relations Volunteer Program
Patient Relations Program
Responsibilities

• Handbook
• Set up training for new patient Relations Volunteers
• Daily visitation printouts
• Maintain records, notebooks and report statistical information
• Analyze data
• Provide resolution guidance
• Provide necessary materials
• Semiannual volunteer meetings
Protocols to Follow

- Always knock on door before entering room
- Do not enter rooms if infection precaution sign is posted
- Do not enter room if physician is present
- Do offer assistance to family present
- Provide information on patient safety
Desired Outcomes

- Improve Patient Satisfaction
- Address patient concerns/needs to prevent problems
- Inform patient about what to expect while hospitalized here
  ~Treated with courtesy & respect
  ~Confidentiality will be maintained
  ~Communication process to have needs met
Benefits to the Hospital & Staff

- Identifying and resolving issues before the patient leaves the hospital
- Providing important information to patient/family
- Preventing negative word-of-mouth
- Resolving complaints in the moment = an increase in patient satisfaction per survey
- Capturing more data - more complaints and identifying an opportunity for improvement
- Suggestions for improvement
Effect on Patient Satisfaction

- Finding out if/when there is a problem – getting the resolution process started early.
- Suggestions for improvement of services
- Communication of common problems as noted by patients
- Patients are more willing to voice a concern – the more we know, the more opportunities for improvement
Visitation Statistics

Patient Relations Statistics
4th Quarter 2011

Average number of volunteers: 30

<table>
<thead>
<tr>
<th>Nsg Unit</th>
<th># Days Visited</th>
<th># Pts visited</th>
<th>Chaplain, Newspaper, PAT, etc.</th>
<th>Issues Referred to RN/PFC/Mgr/etc.</th>
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<td>ST31</td>
<td>Oct 10 Nov 11 Dec 11 Total 53</td>
<td>Oct 19 Nov 22 Dec 14 Total 14</td>
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<td>Oct 0  Nov 1 Dec 0 Total 0</td>
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<td>Oct 0  Nov 1 Dec 0 Total 0</td>
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<td>Oct 5  Nov 6 Dec 8 Total 8</td>
<td>Oct 0  Nov 1 Dec 0 Total 0</td>
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<td>Oct 7 Nov 9 Dec 11 Total 11</td>
<td>Oct 1  Nov 1 Dec 2 Total 2</td>
<td>Oct 0  Nov 1 Dec 0 Total 0</td>
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<td>Oct 15  Nov 17 Dec 17 Total 17</td>
<td>Oct 1  Nov 2 Dec 0 Total 0</td>
<td>Oct 0  Nov 1 Dec 0 Total 0</td>
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<td>Oct 0  Nov 1 Dec 0 Total 0</td>
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Performance Improvement

- Implemented hand wipes on all food trays
- Reading glasses
- Note pads and pencils
- Patient Relations Volunteers are PART OF THE TEAM
- Streamlining communication of patient requests
Lessons Learned

- Boundaries
- Separating the “trained professional” from the volunteer role
- Lack of feedback when a concern is noted
- Nursing acceptance of patient relations program/volunteer
Manager, Surgical Unit
Mary Henry
Why patients don’t express concern to nurses…

- Don’t want to get nurse into trouble.
- May have a negative impact on their care.
- Nurses don’t have enough time.
Main nursing frustration in caring for patients...

Not enough quality time with patients!
Empowerment of volunteers

- Unit specific training
- Considerations working with patients
- Individualize service to patients
Patient Response to Volunteers

- Overwhelmingly positive
- Mention volunteers in thank you notes and patient satisfaction surveys
- “Lisa’s” Story
Staff response to volunteers

- Initial barriers or hesitations overcome
- Staff didn’t really understand the new role
- Trust developed because of gracious professionalism of volunteers
- Embraced warmly as extension of staff
- Staff makes special requests to volunteers for patients
Lessons learned

- Patient Relations volunteers need special listening and communication skills – choose these volunteer carefully.
- Continuity of volunteers on the unit.
- Manager support is vital.
- Recognition must come from all levels – patients, family members, staff, physicians, managers and administration.
- Recognition when they arrive on the unit, when they bring concerns to staff’s attention, and to thank them every time they are on the unit.
Patient Relations Volunteer

Dorothy Wooddell
Satisfaction being a volunteer:

• How I arrived at Huntington
• Why I stay
  -- Volunteer office and units well organized
  -- Training and standards
  -- Staff attitude
  -- Sense of community and cooperation
  -- Treated with respect
  -- Suggestions are taken seriously and acted upon
  -- Positive patient reactions
  -- Doing something useful for others
Prior to visiting patients:
<table>
<thead>
<tr>
<th>Problem</th>
<th>Who to call/inform</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare issues</td>
<td>Nurse or PFC</td>
</tr>
<tr>
<td>Room too hot/cold</td>
<td>Hospitality – 2270</td>
</tr>
<tr>
<td>Housekeeping – room dirty, bathroom dirty, overflowing trash</td>
<td>Hospitality – 2270</td>
</tr>
<tr>
<td>Food issues</td>
<td>RN or Unit Secretary</td>
</tr>
<tr>
<td>TV not working properly</td>
<td>Unit Secretary</td>
</tr>
<tr>
<td>Newspaper requested daily</td>
<td>Mail Room – 5201 or tube to 919</td>
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<tr>
<td>Books, magazines or today’s newspaper</td>
<td>You may obtain requested items or call Errand &amp; Escort - 5500</td>
</tr>
<tr>
<td>Concern regarding discharge</td>
<td>Discharge Planner – inform unit secretary</td>
</tr>
<tr>
<td>Water, beverage or snack requested</td>
<td>Ask nurse if patient may have. If yes, you may get for patient</td>
</tr>
<tr>
<td>Patient is cold</td>
<td>Extra blankets are available in the linen room</td>
</tr>
<tr>
<td>Requests for chaplain, priest, etc</td>
<td>Notify RN or Unit Secretary</td>
</tr>
<tr>
<td>Pet Assisted Therapy (dog) visit</td>
<td>Enter patient information on log sheet in the PAT office – Do not promise visit</td>
</tr>
<tr>
<td>Concern over financial issues</td>
<td>Social worker &amp; inform unit secretary</td>
</tr>
<tr>
<td>Patient is anxious/upset</td>
<td>Nurse or social worker</td>
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<tr>
<td>Problems with staff or roommate</td>
<td>PFC or manager</td>
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<tr>
<td>Dept</td>
<td>Phone</td>
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Unit based volunteers in addition to Patient Relations volunteers:

-- Different job description
-- Different uniform
Checking in on Unit

Mary Henry, Manager

Mary Knight, PFC
(Charge Nurse)
Deciding which patients to visit

Staff on the unit
Patient visit
-- Resources offered
-- Concerns resolved

Searching for lost belongings…
Service Recovery

A $5 VOUCHER
For a Valued Huntington Hospital Customer
TO BE REDEEMED IN THE GIFT SHOP, CAFETERIA OR PARKING

Huntington Hospital
NOT REDEEMABLE FOR CASH
End of shift – debrief with Linda, Customer Relations Supervisor
Lessons learned

- Feeling incompetent – natural at first
- Learn how all non-medical equipment works
- Offer visitors reading materials
- Know locations of public bathrooms or stairs
Most important Lessons learned:

- Notice patient’s reactions
- Don’t ask how patients are
- Don’t tell patients they will be fine
- Be aware of patient’s condition
- Be aware of reactions when entering a room
- Ask if you may share with others that the patient is in the hospital
Questions?