Farewell and Thank You to Elana Premack Sandler.
Elana Premack Sandler, former Project Leader for Patient and Family Engagement at BIDMC, relocated to the Washington, D.C. area this fall. We appreciate all that Elana did to enhance patient and family engagement throughout BIDMC during her 3 years here, and wish her and her family the best.

A New Program Leader for Patient and Family Engagement at BIDMC, Caroline Moore

Interview by Erica Dente, Patient/Family Advisor

(ERICA) Welcome to your new role as Project Manager of Patient Family Engagement at BIDMC. We are thrilled to have you. What attracted you to this role and why?

(CAROLINE) I am thrilled to be here. What attracted me to the role is that I was looking for a “dream job” in the Boston area, having recently moved here from Vermont, and when I read the description for this job opening, I had a feeling this might be it (I was right).

I was coming from another dream job at Dartmouth-Hitchcock Medical Center (DHMC), where I was Program Leader of the Dartmouth-Hitchcock Aging Resource Center. What I loved most about that job was the fact that from day one, patients and families were involved in every step of the creation, development and day-to-day operations of a patient and family resource center.

While at DHMC, I often wished that I could devote even more time to advocate for patient and family engagement across the medical center. Now that I have this position, I have the opportunity to do just that, alongside a strong and committed team of advisor and staff champions.

(ERICA) How will this role differ from your roles and responsibilities at Dartmouth Hitchcock Medical Center?

(CAROLINE) While at DHMC, I was on the PFAC as a staff advisor; I helped to recruit older adult advisors for committees, focus groups, and training activities across the institution; I helped develop a patient-and family-centered care curriculum for medical students; and I did a lot of presentations about patient and
family engagement in geriatric care. These activities were secondary to my primary responsibilities managing the staff, budget, programs, and services of Aging Resource Center; I took them on because of my and my team’s interest in making the center a model of patient- and family-centered care.

In my role at BIDMC, I will be able to focus full time on advancing a vast range of patient and family engagement efforts across the age spectrum and disciplines at a world-class institution… truly a dream come true!

(Erica) How will you realign the responsibilities of this job to play to your strengths and complement your passions?

(Caroline) Fortunately, I don’t think that any realignment will be necessary! The responsibilities of this job compliment my passions and play to my strengths better than any job I have ever had.

(Erica) What are the three things you would like to accomplish in your first year?

(Caroline) I have a goal to learn to navigate the campus so that I am able direct patients and families to where they are trying to go, walk with them when possible, learn about their BIDMC experiences through their eyes, and hear their stories.

Secondly, I look forward to getting to know all of our current advisors better as individuals, and finding new kinds of patient and family engagement opportunities beyond the PFAC councils that relate best to each advisor’s experiences, talents and interests. In the meantime, I am excited to recruit new advisors who are representative of BIDMC’s highly diverse patient population.

I would also like to develop skills working with technology to allow individuals who cannot come to meetings onsite to participate as advisors, in order to ensure that we are reaching those for whom travel to the medical center is a barrier. On the same note, I’d like utilize technology to enhance the ways in which we share and communicate the good work that is taking place.

May I please have a fourth (or is this a sixth) thing? Barbara and I are looking forward to connecting with the Patient and Family Engagement programs at other Beth Israel Deaconess locations this winter with aims of mutual learning, brainstorming opportunities for partnership, and seeking new strategies for making BIDMC as a national model of patient and family engagement. Check back with me in a year to see how I did with all of this!

(Erica) Do you have any final thoughts about your first few months on the job?

(Caroline) Between the inspiring New Employee Orientation on my very first day (which was heavy on the “patient first” message, to my great delight), the abundance of information and support provided by my predecessor Elana Premack Sandler, the warm welcome I have received, and concrete examples of patient and family engagement that I get to witness daily around the medical center, it has been a very exciting start to a new, rewarding career. Many thanks to those who trusted me to take on this important role, patiently assisted me as I learned the ropes, and helped to introduce me to so many people and projects.
The NICU Advisory Council

Interview by Erica Dente, Patient/Family Advisor

The Newborn Intensive Care Unit (NICU) has been in existence since 2006 and was one of BIDMCs first advisory councils. Liz Crowell, parent, BIDMC patient, and chair of the NICU Advisory Council, shares some of their accomplishments.

(Erica) There are many projects in which the NICU advisory council has been highly influential. One example is the NICU Bill of Rights. Can you tell us about the process involved in the development of the NICU Bill of Rights and what was the goal?

(Liz) The NICU Bill of Rights assures parents that the NICU staff supports a family-centered environment in which parents are encouraged to take part in the care of their infants. Feedback we’ve gotten suggested that parents need and want assurance about participating in their infants’ care. All research shows that that early connection between parent and child helps the health of the child long term immensely. Developed by nurses, social workers, doctors, and with input from the NICU advisory council, the NICU Bill of Rights is another way to support families in their advocacy and care of their infants.

(Erica) Another initiative as a direct result of the NICU advisory council was the bi-annual memorial service. Can you tell us about this service?

(Liz) This service is held at the hospital. NICU alumni families who have lost babies are invited. Some who attend the service suffered this loss over a decade ago. The service is simple --- parents and siblings speak, prayers are offered, and parents are able to come together with each other afterwards.

(Erica) Who and what was the catalyst for NICU Parent Connection Post Discharge Parent Mentoring program?

(Liz) Kelly Fitzsimmons, the former NICU liaison, played an integral role. Jeanne McCarthy, now a social worker at the BIDMC, took this project on as part of her studies and now heads up the program. The goal of the program is to provide mentoring and support among parents who have just been through a traumatic situation and are then thrown, full-throttle into parenting.
Erica) I understand there is an educational alumni event that brings together providers and families as a way for families and caregivers to remain connected. Can you elaborate on this?

Liz) About every year or so, the NICU holds a social, educational event where parents of former patients can come back and meet each other and reconnect with some staff. The speakers for the evening are NICU doctors, who report on the amazing, research work that they and their colleagues are doing.

Erica) Is there anything our other advisory councils can do to continue to support the great work you are doing?

Liz) We are always excited to hear about what other advisory councils are doing and look for collaborative moments. It helps to understand where we fit into and how we can promote the hospital’s mission.

Innovation Award Brings Health Coaching and Shared Decision Making to BIDMC

Interview by Erica Dente, Patient/Family Advisor

BIDMC is a member of the High Value Healthcare Collaborative, a partnership of 19 healthcare institutions from around the country, led by The Dartmouth Institute for Health Policy and Clinical Practice. In 2012, the Collaborative received a Health Care Innovation Award from the Center for Medicare and Medicaid Innovation (CMMI). What follows is an interview with three individuals who have been involved in the work of the Innovation Award at BIDMC: Karla Pollick, Administrative Director of BIDMC’s Center for Healthcare Delivery Science, and Mary Houle and Lynn Mackinson, Health Coaches.

Erica) Karla, can you tell us a little about CMMI, and the Health Care Innovation Award?

Karla) The CMMI was established in 2011 as part of the Affordable Care Act for the purpose of improving health of populations, improving patient outcomes and reducing the costs of care. Early on, the CMMI developed an Innovation Grants program and put out a request for proposals. The High Value

"Winter Trees"
Phone by Claudette Casey,
Patient and Family Advisor
Health Care Collaborative, of which BIDMC is a member, was one of 107 recipients of the award out of 3,000 proposals submitted from across the nation.

The Collaborative’s proposal focused on highly successful patient engagement work already taking place at Dartmouth and other member institutions like the Mayo Clinic and Denver Health. This type of work involves shared decision making programs for patients with conditions such as hip, knee and spine surgery, as well as diabetes and congestive heart. Each health system was funded to identify Health Coaches to work with these groups of patients.

Health Coaches took a coaching course offered through The Dartmouth Institute. Mary Houle and Lynn Mackinson from BIDMC both completed this training. Mary works with patients who may need a hip or knee replacement or spine surgery, and Lynn is involved with patients living with heart failure. In addition, two of the certified diabetes educators at the Joslin Diabetes Center completed the training.

(Erica) Mary and Lynn, you are both nurses and received a certification to be a Health Coach. Can you describe what a Health Coach is?

(Mary) A Health Coach invites patients to become active partners with their providers so they can feel confident making informed decisions about their healthcare options.

(Lynn) A Health Coach facilitates the process by spending dedicated time with patients to provide education about a health condition, including the pros and cons of treatment choices, in a non-biased way. Mary and I use tools called decision aids to help in the shared decision making process. Each decision aid consists of a DVD and booklet specific to the patient’s health condition.

(Erica) Have the providers you work with noticed a difference when patients have partnered with you vs. when patients have not?

(Mary) Yes indeed. Many of the providers have noticed that patients are more organized and prepared to have in depth discussions about the pros and cons of different treatment options. Patients are leaving appointments with all their questions answered and confident establishing next steps. This means that patients can get treatments in a more timely fashion by avoiding unnecessary delays.

Patients taking the time to prepare for their doctors appointment is akin to coming to science class prepared. If you did your homework you’re not hearing the material for the first time…so you have a much greater chance at understanding and remembering it!
(Erica) How do you see Health Coaching activating patients to become more engaged patients?

(Mary) Health coaches can help activate patients in numerous ways, such as helping patients organize their health records, reflect on their health goals and expectations, learn how to tell their health story and learn how to have an effective conversation with their provider.

(Lynn) I agree with Mary. Additionally, in the heart failure population, Health Coaching can engage and empower patients to feel confident making day-to-day decisions to successfully manage their self-care at home.

(Erica) What types of patients would benefit from your services?

(Mary) All types of patients can benefit from Health Coaching; however, it typically boils down to where the patient is at on the decision-making spectrum. Patients newly diagnosed with a health condition may be feeling overwhelmed and need time to let their brain absorb what’s happening. They may not be ready to be engaged; however, it’s crucial to let these patients know that a Health Coach is available to help them think about next steps when they are.

Patients who are further along in their decision are actively interested in learning more about their condition and often welcome support tools for how to become a more effective patient.

(Lynn) I would add that Health Coaching could be most helpful to patients who are conflicted about a specific treatment choice they need to make in a timely manner. Also, the use of decision aids benefits patients with diverse learning styles. Patients may absorb more information by watching a DVD, looking at a pictogram that demonstrates risk and benefits, or reading a booklet, rather than just hearing an explanation by their provider of their condition and treatment options.

(Erica) What barriers do you foresee once the grant is completed?

(Mary) The greatest barrier following the completion of the grant is the cultural shift. Shared decision making needs to be integral component of patient engagement and not just a one-off offering at an isolated patient touch point.

(Lynn) Shared decision making is an essential component of patient-centered care. The long-term challenge beyond the grant is moving this process from a few condition-specific circumstances to a universal philosophy of how we interact with patients.