Hospitals listening to NH patients

NASHUA — Hospital committees — once closed-door gatherings at which physicians and hospital administrators hash out hospital policy and practices — are opening their doors to a long-neglected voice: the patient.

Over the past two years, 11 of New Hampshire’s 26 hospitals either have empaneled an advisory board of patients or taken steps to do so. Most of those hospitals have dedicated at least a portion of a hospital employee’s time to organize the advisory boards.

And some hospitals have gone a step further and placed patient-advisers on hospital committees that deal with everything from nursing practices to cancer treatment.

For example, Robert Bulka, a sales representative in the chemical industry, sits on the nurse practices council at Southern New Hampshire Health Systems in Nashua. “They’re all smarter than us,” said Bulka, 63, who has been a patient representative for more than a year. “They have the right education. I think what they may lack especially the younger ones they’ve never been a patient themselves.”
Hospital administrators said the advisory councils have been slowly making their way to New Hampshire. In Massachusetts, state law requires them.

The Foundation for Healthy Communities has funded a consultant to work with the New Hampshire Hospital Association about how to start advisory councils. And hospitals themselves have empaneled task forces that have come up with recommendations.

Elliot Health System began advertising this month for volunteers to join a patient and family advisory council, said Craig Williams, chief operating officer at Elliot. He hopes to launch a council of 12 to 20 members by summer’s end.

He said the Manchester hospital recently empaneled a multidisciplinary team to focus on the patient experience, and the team’s recommendations included a patient-adviser.

**Unexpected benefits**

“The first step to knowing what the patient wants is to talk to them,” said Williams, who comes from Tufts Medical Center and saw the creation of the council at the Boston hospital.

Hospitals advertise for the volunteer patient-advisers in the local newspaper and then interview applicants. They hold workshops at which issues such as confidentiality and meeting protocols are discussed.

And they do what they can to help the patient-advisers. At Southern New Hampshire Medical Center in Nashua, patient-advisers will get a cheat sheet that translates medical abbreviations and acronyms. And on committees, a mentor sits next to the adviser to whisper explanations about complicated medical topics.

Likewise, clinicians and physicians have to be acclimated to the patient-advisers, said Dr. Stephanie Wolf-Rosenblum, the chief medical officer at Southern New Hampshire. She said the patient-advisers are full-fledged members; they aren’t recused when sensitive topics arise.

“The concept of them sitting on a committee where there is open, transparent dialogue about what’s going well and what could be improved was understandably new for clinicians,” she said.

So it was awkward at first, but after about 15 minutes the patient-adviser will ask a question, the dialogue starts flowing and quickly the meetings run as they always have, she said.

The advisers have also provided an unexpected benefit, she said. Often, they express admiration of the work being done at the hospital, providing administrators and clinicians with
a proverbial pat on the back.

“When that happens, it invigorates the dialogue,” Wolf-Rosenblum said.

Advice from patients

Hospital officials and others gave several examples of advice from the patient groups that have proved beneficial:

At Southern New Hampshire Medical Center, the hospital made cellphone chargers available for hospital patients, after advisers said patients find themselves in hospitals with a dead phone.

At Tufts, the hospital started providing parking discounts for visitors and information about nearby hotel rates, said Williams, who is now at Elliot Hospital. He said administrators were concentrating on how to improve visitor experience within their four walls, but the advisers thought further out.

Bulka said the advisory council is often asked to look at printed material the hospital has prepared for patients. The council finds spelling errors and tries to make the material readable. “Too much literature is written by lawyers,” he said.

Bottom-line benefit

Williams suspects the advisory councils will eventually prove a financial benefit for hospitals.

In 2008, Medicare started publicly reporting results of its Hospital Consumer Assessment of Health Care Providers and Systems survey, which asks patients about their experience in hospitals. Two years ago, Medicare expanded the survey further.

Some expect that patient satisfaction may eventually be used to determine Medicare payment rates to hospitals, just as patient safety measures are used today.

“Usually, what Medicare does is take two to three years of studying something and then add it into the reimbursement landscape,” Williams said.

One of the key people working with New Hampshire hospitals on patient advisory councils is Tanya Lord. A consultant who works with the Foundation for Health Communities, Lord said she saw her 4-year-old son die from medical errors that followed his tonsillectomy, errors she attributes to a lack of communication with her.

She received a master’s degree in public health from University of New Hampshire at
Manchester and a doctorate from University of Massachusetts Medical School with a focus on patient safety.

When she started her work in New Hampshire two years ago, only four hospitals had patient advisory councils.

Hospital administrators have to overcome a lot of initial misgivings, she said. There is a learning curve and the fear of airing dirty laundry, even though the patient-advisers sign confidentiality forms.

"I've never had anyone tell me this is a really bad idea," Lord said. "The resistance is the unknown."

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