

Boston Medical Center (BMC) and the Patient Advocacy Program

Background

BMC is a private, not-for-profit, 639-licensed bed, academic medical center. The hospital is the primary teaching affiliate for Boston University School of Medicine. BMC emphasizes community-based care with its mission to provide consistently accessible health services to all. As the largest safety net hospital in New England, BMC provides a full spectrum of pediatric and adult care services, from primary to family medicine to advanced specialty care. With the largest 24-hour Level I Trauma Center in New England, our Emergency Department had 131,288 visits last year. As you might expect, the Patient Advocacy Program is very active and has a high volume of patient and provider interactions and is considered a priority and critical for the organization.

Patient Advocacy at BMC

The mission of the Patient Advocacy Program at BMC is to create an environment in which patients and their families, in partnership with our caring professionals, receive exceptional care without exception. This is facilitated by:

- Finding innovative solutions to the problems, concerns and unmet needs of our patients and families.
- Empowering patients to become active participants in their own health care.
- Educating the BMC community about patient rights and responsibilities.
- Providing guidance regarding Advance Directives, including the Massachusetts Health Care Proxy.
- Facilitating effective communication among patients, families and staff.

The Patient Advocacy team addresses multiple concerns and events related to the diverse patient population that BMC serves. During the past year, the Patient Advocates responded to a total of 902 events. Presently more than 50% of the contacts to the department have been initiated by physicians and nurses seeking support and assistance when addressing difficult situations, and/or adverse events, with patients and families.

Following an adverse event, the Patient Advocates are frequently asked to mobilize a team of providers to meet with the patient and family to disclose the error. These meetings include explanations of what happened, an apology, and, most importantly, the opportunity for the patient and family to voice their concerns and have their questions answered. In doing so, the Patient Advocates recognize the emotional fragility of all involved—staff, as well as patients—and attempt to create an atmosphere of non-defensiveness in an effort to convey the facts while acknowledging the impact on the

patient's/family's life. This approach reduces the mistrust and anger that is often palpable at the outset of a meeting.

Case Study

The patient is a 17-year-old male foster child with kidney disease and who was placed on the kidney transplant waiting list.

The patient received a cadaveric kidney on Christmas Day. Prior to implantation, the kidney had sustained a small amount of damage related to a handling error but it was still viable. Nevertheless, the surgical team felt it was important to convey the handling error to the patient and foster family.

Prior to disclosure, the team convened to strategize. It was decided that the transplant surgeon, transplant coordinator and patient advocate would be present for the meeting. The meeting occurred with the patient's foster mother, a representative from the church group and a member from a government agency.

The surgeon acknowledged the error and explained how it occurred. The surgeon offered a heartfelt apology. The Patient Advocate commented that the nurse who made the error was devastated by the mistake and had given a tearful apology to the surgeon. The surgeon assured those present that the team would continue to do everything necessary to ensure that the patient's new kidney was highly functioning. All those present discussed the best way to disclose the event to the patient, at a subsequent meeting.

At the end of the meeting, the patient's foster mother and the church representative embraced the surgeon. They acknowledged how difficult this incident must have been for him (surgeon) and the nurse. They requested that the surgeon "please let the nurse know that we are thinking of her." In the elevator following the meeting, the church member reiterated to the Patient Advocate, "we hope the nurse is OK".

The open, honest disclosure that occurred created trust among the patient, his supporters and the clinicians involved. The positive response from the patient's support system allowed the clinicians involved in this case to heal and to educate others. The operating room nurse has spoken about her experience in a BMC-sponsored Schwartz Rounds.

Summary

Patients and families generally respond positively when clinicians admit their mistakes and explain the how and whys. Trust is one of the foundations of the caregiver/patient relationship. There can be no trust without honest and respectful communication. Having Patient Advocates facilitate these meetings provides needed support to staff to reinforce a culture that emphasizes humanity and learning over blame.

2010 HOPE AWARD SUBMISSION

The above describes a significant but small representation of the role of the patient advocate at BMC. In addition to disclosure, the team is involved in patient and clinician support related to patient death and other adverse patient outcomes, transfers and difficult patients among others. They are an invaluable resource to BMC who go above and beyond in exemplifying the BMC mission of “Exceptional care. Without exception”.