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Q1: Has the program been in existence for at least one year (since September 1, 2013)? Yes

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Q2: Staff person submitting this nomination.

Name: Barbara Nalette
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Q3: Name of Volunteer Program you are nominating. University Hospitals Case Medical Center
Supporting Engagement and Resilience - UHCMC
SUPER

Q4: Program Category: Select one of the four program categories. In-Service Hospital Volunteer - programs that designed and implemented innovative services to address needs or challenges within the health care organization.

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Q5: Provide a brief description of the program, including its goals and outcomes. (600 words max)

The UHCMC SUPER program, originally called the Health Coach Program, began as a proposal submitted to the Volunteer Services Department by Nicholas Cohen, MD, a Family Medicine Fellow at the time. His proposal outlined a program that trains volunteers as coaches through an original evidence-based curriculum to work in partnership with medical professionals. Primarily, SUPER offers a unique, highly valued hospital-based volunteer experience to build patient-directed relationships and improve patient care quality. SUPER meets the missions of the American Hospital Association and UHCMC in two ways: accountability and commitment to health improvement for the Cleveland community.

Several features distinguish SUPER from other coaching programs nationally. SUPER leverages unlicensed volunteers, a lean design emphasizing efficiency and scalability, experience-driven programmatic improvement, and follows a core mission to strengthen patient self-efficacy and activation specifically through coach communications.

Most other health coach programs in the U.S. rely on specially licensed personnel or medical professionals requiring years of training and additional resources. Those programs often deliver care to an exclusively defined target population affecting a single outcome, often replicating inpatient or outpatient care by providing special knowledge or skills. SUPER coaches engage patients to contextualize patient health and needs into patients' own articulated priorities, treating patients as experts with actionable solutions for health self-management. Not only can the SUPER curriculum meet the needs of a specified health condition, but it also may meet the needs of most health conditions affected by individual daily behaviors - such as chronic conditions already abundant and on the rise.

The SUPER design centers on peer-driven, collaborative, and experience-based learning for volunteer coaches. Although SUPER has an evidence-based introductory training module, most training occurs in an ongoing manner at patient bedsides and during weekly follow-up phone calls to patients. Inpatients receive a coach referral from their physicians.

Each part of patient contact involves the patient's coach and at least one coach peer observer. Coaches brief with a trainer and at least one coach peer observer prior to patient contact. After patient contact, coaches debrief with the peer observer(s) to discuss the perceived value for the patient, learning points for both the coach and the observer, and areas for improvement in subsequent patient contacts. Stressing experience-based training minimizes volunteer prerequisites and entry burden, provides valuable skill building in patient communications and teamwork, and maximizes volunteer value. Through this peer-evaluation process, the SUPER program easily becomes a self-sustained and self-improving entity with few administrative needs - ideal for replicability and scalability, two guiding principles of the concept.

As a foundational project, the SUPER program went through iterative optimization processes. To improve detection of participant benefit, SUPER implemented evidence-based program evaluation metrics including the General Self-Efficacy Scale (SES), Patient Activation Measure (PAM), and a Patient-Practitioner Orientation scale (PPO). Preliminary results from these scales show a significant improvement of activation among coached patients compared to controls. We also found a significant shift toward patient-centeredness among coaches three months after initial SUPER training - coaches who aspire to healthcare careers. These metrics help establish our confidence in program efficacy and provide a foundation with which to generate more sensitive and meaningful instruments.

The next generation of SUPER program, to be implemented later this year, benefits from the foregoing pilot experience. Referring healthcare staff, volunteer coaches, the UHCMC auxiliary board, patients, and innumerable other entities eagerly await this implementation. We believe such resounding support derives from the value of direct patient relationship - SUPER uniquely connects the energy and enthusiasm of UHCMC volunteers with the Cleveland community through patient-directed, contextualized, and personalized health-behavior conversations.

Q6: Describe the role of volunteers in planning, developing, implementing and maintaining the program. (400 words max)

The establishment and successful implementation of SUPER inherently ties to the work of committed volunteers. The SUPER concept rallied more support than any other volunteer program concept in the past two decades of UHCCMC volunteer services experience. SUPER represents a voluntary collaboration among UHCCMC entities, primarily, the Volunteer Service Department, the Department of Family Medicine, the Quality Institute, and the Auxiliary of UHCCMC.

Planning and development:

The UHCCMC Auxiliary made an unprecedented foundational donation to get SUPER started. Auxiliary board members also participated in the original strategizing for program development. The Volunteer Services department supervised the on-boarding of trainers, recruited volunteers, and provided additional experiential guidance. The Department of Family Medicine and the Quality Institute collaborated to support Dr. Cohen's salary as the project lead in lieu of the traditional model tied to patient care.

Implementing:

SUPER launched in May 2013. By design, SUPER relies on volunteer coaches' active engagement through peer-evaluated self-improvement, incrementally improving each patient interaction. All of the coaches in the program and much of the leadership are volunteers. New coaches begin with an online training module and subsequent interview with existing coaches prior to pairing with patients. Each coach takes lead in initiating and maintaining patient contact, providing each coach with some autonomy in building patient relationships.

Maintaining:

Volunteers are the lifeblood of SUPER. The majority of resources are voluntary: team leaders and trainers, coaches, and even program evaluation overseen by a volunteer with Masters-level training and years of research experience. The program maintains its operations and continued growth primarily through voluntary contributions.

Revisions to the original SUPER design and materials are largely attributable to coaching feedback from the training modules to the usability and meaningful use of SUPER materials, such as the debriefing forms following patient contact. SUPER continued evolving through iterative improvements informed primarily through volunteer coach feedback.

Volunteer coaches engage with leadership to implement all newly developed materials, providing feedback again on usability and other aspects of design. To date, 80 coaches underwent training, 76 of whom logged 4,383 hours through Volunteer Services, saw in excess of 170 patients, and engaged in just over 850 conversations.

Q7: Describe how this program is unique and/or innovative.(400 words max)

Several facets of SUPER distinguish it from existing volunteer programs as well as from coaching programs around the country. SUPER operates on a unique core belief that achieving both meaningful and durable patient health means engaging the patient in a new way. Through novel, patient-directed relationships, SUPER expands on UHCMC's high quality acute care role to include an outreach into the community, easing patient transitions out of the hospital. Guiding innovation principles in the SUPER concept focus on an easily adoptable and scalable program product design while maximizing impact through a widely available resource - volunteers.

Many health outreach programs in the country rely on licensed or certified health workers to affect a clearly defined target population. Instead of delivering targeted materials or skills to patients, SUPER delivers patient-directed conversations using active listening by enthusiastic volunteers. In building relationships with unlicensed coaches, patients take an unusual role while discussing their health and life contexts with a "health worker" – by design, patients take a leadership role. This starkly contrasts the comfortable, passive learner role expected of patients while in most healthcare settings and necessarily changes patients' expectations of both healthcare and of themselves.

SUPER improves the role of unlicensed healthcare volunteers. Few volunteer programs offer opportunities to build meaningful relationships with patients, a highly desirable feature among aspiring healthcare professionals. Future medical professionals experience the enjoyment of meeting patients as persons with understandable needs, thoughts, and concerns. Coaches have a stake in each aspect of SUPER. These stakes include pooled responsibility for skills sharpening, positively impacting patients' lives, and leverage to participate in administrative and programmatic improvements. Structuring SUPER in this way enables coaches to take lead on their own work, naturally equating to coaches taking pride and ownership of their successes.

Finally, the SUPER program had intentional space for innovation. As an original concept drawing from lessons largely attributed to the Camden Coalition of Healthcare Providers, SUPER needed testing for its adherence to guiding principles. These principles are:

1. Providing a highly valuable pre-health volunteer experience.
2. Promoting patient-directed daily health behavior improvements among UHCMC patients through personal relationships with volunteers.
3. Building a transplantable coaching program model that improves on existing healthcare.
4. Building a lean coaching program model that requires minimal financial and administrative investment for scalability, openly availing source materials, and embodying healthcare transformation.

Q8: Describe how the program benefits the service recipients, the health care organization and/or the community. (400 words max)

SUPER benefits coaches, patients, the healthcare organization, and multiple communities.

RECIPIENTS:

Patients receive:

- Affirmation of strengths from active listeners.
- Opportunities to direct health-related conversations with patient-expressed priorities.
- Enthusiastic, consistent contact from volunteers.

Patients benefit through:

- Stress relief from and a reframe of hospital experience focusing on patient priorities.
- Building confidence and purpose for future aspirations.
- No change in self-efficacy, but increased activation substantiated by the General Self-Efficacy Scale (non-significant) and the Patient Activation Measure (P=0.03 among coached compared to control at follow-up).
- Promotion of a positive life outlook.
- Influencing the future generation of healthcare professionals by relating their healthcare experiences.
- Feeling more in control of their healthcare experience.

Coaches receive:

- Collaborative evidence-based training.
- Valuable patient experience.
- Unusual autonomy in program feedback and patient interaction.

Coaches benefit through:

- Developing life skills valuable in any career:
 - o Teamwork
 - o Peer-evaluation
 - o Active listening, reflection, and non-verbal communication skills.
- Becoming more patient-centered according to the PPO within three months (P<0.01 in “Caring” and “Sharing” domains).
- Setting an expectation of enjoying future patient interactions as a cohort of future healthcare providers.
- Awareness of the patient experience in modern healthcare.
- Comfort engaging with patients.
- Familiarity with various roles comprising a healthcare team.

HEALTHCARE ORGANIZATION:

UHCMC receives and benefits through:

- A program that trains pre-health professionals to deliver high quality team-based care supporting the mission of UHCMC: To Heal. To Teach. To Discover.
- A widely sought volunteer opportunity.
- A low-cost and beneficial interface with existing healthcare structure without redundancy.
- Extra support for patients as designated by their physicians.
- Acknowledging non-credential volunteers as part of a health team, demonstrating an under-appreciated, underutilized resource to its peers.
- Adding personable qualities to the care experience for patients readily identified and supported by healthcare staff. This bridges the transition from hospital to home through a continuous coach relationship.
- Engaging patients from its community to have a more active role in their lives, resulting in improved self-management behaviors and inspiring patient autonomy with minimal cost.
- Improving patient-centeredness of future healthcare providers.
- Inspiring more productive interactions of patients with their healthcare teams.
- Exploration of promising programs to benefit performance measures like 30-day readmissions and population health.

COMMUNITY:

The community benefits through:

- Personalized health care experience and improved overall relations with UHCMC.
- A strengthened battery of inpatient services to broadly improve population health and population engagement.
- A new reciprocal role for the hospital in the community.

PAGE 6: Contacts

Q9: Chief Executive Officer of the nominated hospital/system.	
Name	Fred C. Rothstein, MD
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Q10: CEO Support.	
	Checked box confirms that your CEO supports the submission of the nominated program.
Q11: Administrative Assistant to the CEO.	
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Q12: Name of the volunteer or auxilian who will be representing the program at the AHA Annual Meeting, May 4, 2015.	
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Q13: Volunteer Service Professional/Manager.	
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Q14: In submitting this application, we give the American Hospital Association permission to use and disseminate the information herein.	
	Agree