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Nursing



**PATIENT EXPERIENCE AND PATIENT
ADVOCATE PROGRAM**

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This instruction implements Air Force Policy Directive 46-1, *Nursing Services*. This instruction establishes policies and procedures for the Patient Advocate and Patient Experience Program at the 59th Medical Wing (MDW) and applies to all personnel assigned, attached, or on contract to the 59 MDW. This instruction does not apply to the Air National Guard, Air Force Reserve, 59 Training Group or the 959th Medical Group. The instruction is consistent with The Joint Commission. Working documents generated by this program are considered Quality Assurance documents and are exempt from discovery in accordance with (IAW) 10 U.S.C., Section 1102. This publication requires the collection and or maintenance of information protected by the Privacy Act of 1974 authorized by 10 U.S.C. 55, *Medical and Dental Care*, and E.O. 9397 (SSN). The applicable SORN F044 AF SG D, and Automated Medical/Dental Record System is available at: <http://dpclo.defense.gov/Privacy/SORNS.aspx>. Refer recommended changes and questions about this publication to the Office of Primary Responsibility using the AF Form 847, *Recommendation for Change of Publication*. The authority to waive requirements is the publication approval authority. Ensure that all records created as a result of processes prescribed in this publication are maintained IAW AFI 33-322, *Records Management and Information Governance Program*, and disposed of IAW Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS).

SUMMARY OF CHANGES

59 MDWI 46-101 has been revised. Updated patient experience and patient advocate program personnel.

1. Objectives.

- 1.1. Promote positive patient experiences.
- 1.2. Provide guidance and support for engagement efforts to increase and improve patient involvement in their care.
- 1.3. Establish, monitor and improve education in customer service provided to staff members.
- 1.4. Establish, monitor and improve practices that improve patient knowledge of services, options, and concern resolution.
- 1.5. Establish patient satisfaction evaluation and reporting practices, monitor 59 MDW compliance with transparency of evaluation results.
- 1.6. Provide patients an advocate to assist in overcoming barriers complicating acquisition of understanding healthcare services.
- 1.7. Ensure patients are able to freely express issues/concerns, and receive support and response to concerns in as timely a fashion as possible.
- 1.8. Provide a mechanism for patients to comment on services they have received.
- 1.9. Empower staff to resolve patient concerns at the lowest level possible.
- 1.10. Provide a mechanism for patients and 59 MDW personnel to address underlying processes to improve the patient experience.
- 1.11. Improve rapport between staff and patients and increase communication throughout the 59 MDW.
- 1.12. Ensure organizational adherence to Department of Defense (DoD) Instruction 6000.14, *DoD Patient Bill of Rights and Responsibilities in the Military Health System*.
- 1.13. Develop and conduct ongoing training for patient advocates that promotes quick, effective resolution for patient concerns at the lowest possible level.
- 1.14. Provide feedback on patient satisfaction, concerns, and trends for leadership at every level within the 59 MDW.
- 1.15. Ensure all Patient Advocates are trained in advocacy practices, communication, patient feedback programs, and Joint Outpatient Experience Survey (JOES).
- 1.16. Ensure access to JOES Provider Comments is granted on a need to know basis.

2. Patient Experience and Patient Advocate Program Personnel.

- 2.1. The 59 MDW Commander (59 MDW/CC) will:
 - 2.1.1. Appoint, in writing, the Chief, Patient Experience, and Wing Patient Advocate who will align under the 59 MDW/SGN.
- 2.2. The 59 MDW/SGN will:
 - 2.2.1. Supervise and support the 59 MDW Chief, Patient Experience by reviewing program status, direction, and addressing concerns brought forward.
- 2.3. The 59 MDW Chief, Patient Experience will:

- 2.3.1. Supervise the Wing Patient Advocate.
 - 2.3.2. Develop and manage the four parts of the 59 MDW Patient Experience Program: Patient Engagement, Patient/Staff Education, Evaluation, and Patient Advocacy.
 - 2.3.3. Report 59 MDW Patient Satisfaction metrics obtained from JOES to Health Plan Management Committee and make recommendations for improvement based on identified trends.
 - 2.3.4. Be a member of the 59 MDW Process Improvement Committee (PIC).
 - 2.3.5. Brief on the Patient Experience as action officer when requested.
 - 2.3.6. Provide introduction to Patient Experience training at monthly newcomer's orientation and annual Front Desk Training.
 - 2.3.7. Ensure Patient Advocates are appointed for each Medical Group and each clinic/section providing patient care.
 - 2.3.8. Develop, conduct, and evaluate initial and quarterly patient advocacy, Interactive Customer Evaluation (ICE), JOES and customer service training.
 - 2.3.9. Accept and facilitate resolution to both verbal and written concerns received from patients.
 - 2.3.10. When appropriate ensure patient concerns are documented using 59 MDW Form 37, *59 MDW Patient Concern Worksheet*. If the patient provides any documents for support of their concern they should be attached. After resolution the 59 MDW Form 37 is forwarded via secure E-Mail to the Wing Patient Advocate's Office and maintained electronically as a Quality Assurance document IAW AF RDS.
 - 2.3.11. Be available to and actively assist any staff member with guidance and support in addressing any concerns in their areas of responsibility.
 - 2.3.12. Coordinate with the 59 MDW Inspector General in responding to all Congressional Inquiries, regarding patient concerns or service issues.
 - 2.3.13. Ensure current Overall Patient Satisfaction scores obtained from JOES are posted in each clinic/section by the 20th of each month.
 - 2.3.14. Serve as ICE Site Administrator.
 - 2.3.15. Manage the 59 MDW JOES, Joint Outpatient Experience Survey Consumer Assessment of Health Providers and Systems (JOES-C), and Joint Outpatient Experience Survey Texting Service.
 - 2.3.16. Coordinate with Patient Advocate Branch Chief of San Antonio Military Medical Center (SAMMC)/Brooke Army Medical Center (BAMC) for concerns involving mutual patients.
 - 2.3.17. Develop, support, oversee, and serve as liaison to the 59th Medical Wing Patient and Family Partnership Council.
- 2.4. The 59 MDW Patient Advocate will:
- 2.4.1. Preferably have experience at Group level with a broad knowledge base of patient administration and medical organization operations.

2.4.2. Represent the Chief, Patient Experience when absent. Assists with daily operations and management of the patient experience office.

2.4.3. Be a member of the PIC.

2.4.4. Assist the Chief, Patient Experience in management of JOES and ICE.

2.4.5. In concert with Chief, Patient Experience, plan, develop and conduct Patient Advocate, JOES, ICE and customer service training.

2.4.6. Accept and facilitate resolution to both verbal and written grievances received from patients.

2.4.7. When appropriate ensure patient concerns are documented using 59 MDW Form 37. After resolution, the Wing Patient Advocate's Office will maintain the 59 MDW Form 37 electronically as a Quality Assurance document IAW AF RDS.

2.5. Group Commanders will:

2.5.1. Appoint primary and alternate Group Patient Advocate using Patient Advocate/ICE Manager Appointment Letter ([Figure A2.1](#)).

2.5.2. Be responsible to close out concerns or complaints forwarded from Clinic/Section Patient Advocates or Group Patient Advocates.

2.5.3. Coordinate with Chief, Patient Experience or Wing Patient Advocate on concerns forwarded from their Groups to Wing level for action.

2.6. The Group Patient Advocate will:

2.6.1. Preferably have experience as a Patient Advocate and have a broad knowledge base of patient administration and medical organization operations.

2.6.2. Monitor, and in coordination with leadership, create an action plan on trending patient satisfaction issues.

2.6.3. Be responsible for addressing patient concerns brought forward. Patients should be contacted within 3 duty days of reporting a concern and the concern should be resolved as soon as possible; target is within 5 duty days.

2.6.4. Accept and facilitate resolution to all concerns received from patients or forwarded from Clinic/Section patient advocates. Ensure a minimum of 3 documented attempts have been made to contact a patient when addressing patient concerns.

2.6.5. When appropriate ensure patient concerns are documented using 59 MDW Form 37. If the patient provides any documents for support of their concern they should be attached. After resolution the 59 MDW Form 37 is forwarded via secure E-Mail to the Wing Patient Advocates Office and maintained electronically as a Quality Assurance document IAW AF RDS.

2.6.6. Support Group Commanders and Clinic/Section patient advocates, as necessary in addressing patient concerns.

2.6.7. Serve as ICE Service Provider Managers with Reports and Comments access.

2.6.8. Be point of contact for Group Patient Satisfaction surveys.

2.6.9. Obtain and maintain access to JOES and JOES-C for the purpose of compiling Group level Patient Satisfaction data for Group Commanders review.

2.6.10. Brief Group Commander on patient satisfaction using data from JOES and Patient Concerns from the Patient Concern History Worksheet or ICE Comment Cards.

2.7. Squadron/Flight Commander will:

2.7.1. Appoint, using Patient Advocate Appointment Letter ([Figure A2.1](#)), Primary and Alternate Clinic/Section Patient Advocates.

2.7.2. Will be responsible to close out concerns or complaints forwarded from Clinic/Section Patient Advocates within their Squadrons/Flights.

2.7.3. Will coordinate with Group Patient Advocate if unable to resolve patient concern at Squadron/Flight level.

2.7.4. Ensure appropriate management of the patient feedback program within all clinical areas in their span of control.

2.7.5. Evaluate patient feedback data for trends and utilize process improvement tools to maximize positive patient experience.

2.7.6. Ensure Clinic/Section Patient Overall Satisfaction scores obtained from JOES are clearly displayed in clinic/sections.

2.7.7. Report trends in concerns from patient feedback and recommended process improvement activities as requested to the Group Patient Advocate.

2.7.8. Ensure Comment Card Collection Boxes are readily identified using 59 MDWVA 46-102, *Patient Advocate*, accessible and checked frequently in each patient care area.

2.8. The Clinic/Section Patient Advocates should:

2.8.1. Be in the grade of E-5/GS-9 or above, obtain patient advocacy training and be expected to be in position for at least a year. This member may be from a parent organization but must be readily available to patients in the Clinic/Section.

2.8.2. Have excellent communication skills, demonstrate a broad understanding of patient administration and medical organization operations, and be able to apply sound patient advocacy techniques in dealing with diversity, confrontation, and obfuscation.

2.8.3. Commit to quality care, often coordinating with multiple departments, use good listening skills, and remain neutral in seeking resolution to concerns.

2.8.4. Accept and facilitate resolution of patient concerns ensuring patient concerns are documented and forwarded as necessary through the chain of command using 59 MDW Form 37 when appropriate. If the patient provides any documents for support of their concern they should be attached. After resolution the 59 MDW Form 37 is forwarded via secure E-Mail to the Wing Patient Advocates Office and maintained electronically as a Quality Assurance document IAW AF RDS.

2.8.5. Be familiar with DoD Patient Bill of Rights and Responsibilities in the Military Health System and the Safety Code of Conduct.

2.8.6. Be an ICE Service Provider Manager.

2.8.7. Address, close out, and forward as necessary comments that are received in ICE through the chain of command. Patients should be contacted within 3 duty days of reporting a concern and the concern should be resolved as soon as possible; target is within 5 duty days. Ensure a minimum of 3 documented attempts have been made to contact a patient when addressing patient concerns.

2.8.8. Ensure a Patient Advocate is available in person in the Clinic/Section during normal duty hours. If for any reason a patient advocate will not be available, a plan to have patient concerns addressed in the clinic section needs to be arranged with the flight/squadron leadership.

2.8.9. Post patient advocate's picture, phone number, and office location in their Clinic/Section using 59 MDWVA 46-102.

2.8.10. Attend mandatory patient advocate training which will be tracked by Wing Patient Advocate.

2.8.11. Maintain the patient advocate continuity documents for their respective area of responsibility.

3. Process for Handling Patient Concerns.

3.1. Patient's concerns can be documented using the 59 MDW Form 37 in order to provide uniform methods to track concerns, do trend analysis, and for identification of potential process improvement opportunities.

3.2. Reporting Methods.

3.2.1. If the patient reports **in person/phone/email** with a concern:

3.2.1.1. Patient advocates should address the patient's concerns in a private area, free from distraction, but readily accessible for staff intervention if a situation should arise where safety is compromised. Document using 59 MDW Form 37 when necessary. If the patient provides any documents for support of their concern they should be attached. After resolution the 59 MDW Form 37 is forwarded via secure E-Mail to the Wing Patient Advocates Office and maintained electronically as a Quality Assurance document IAW AF RDS.

3.2.1.1.1. Staff and patient safety are major concerns. In situations involving disruptive or abusive patients after documentation using 59 MDW Form 37, the Medical Law Consultant will be consulted by Wing or Group Patient Advocates.

3.2.1.1.2. If a staff member feels the situation or patient presents a threat to anyone, the advocate should activate their duress button (where applicable) and/or initiate Code Green procedures.

3.2.1.1.3. Clinic/Section Patient Advocates should investigate all problems thoroughly before arriving at solutions and always confer with their leadership before referring the patients concern to Group or Wing Patient Advocates. Appropriate resolutions should result in the patient receiving optimum care and follow-up to ensure satisfactory services have been rendered. Resolutions should include any facility process requiring changes that could fix and avoid future concerns.

3.2.1.1.4. Patients should be contacted within 3 duty days of reporting a concern and the concern should be resolved as soon as possible; target is within 5 duty days. Ensure a minimum of 3 documented attempts have been made to contact a patient when addressing patient concerns. All resolutions must be within the boundaries of current directives and policies governing the 59 MDW and within the realm of the Patient Advocate's authority.

3.2.1.1.5. Education on the ICE Comment Card as a feedback program, how the process works along with on-line systems access should be made available to patient's when requested.

3.2.1.1.6. When unable to resolve a concern at the Clinic/Section level and elevating the concern through the chain of command and patient is present escort the patient to the next level in the resolution chain or have the next level come to the patient.

3.2.2. If the patient files a concern **via the social media (Facebook) web page:**

3.2.2.1. A copy of the complaint is to be emailed to the 59 MDW Chief, Patient Experience or 59 MDW Patient Advocate by 59th Medical Wing Public Affairs who will forward the concern to the appropriate Clinic/Section patient advocate. Document using the 59 MDW Form 37. If the patient provides any documents for support of their concern they should be attached. After resolution the 59 MDW Form 37 is forwarded via secure E-Mail to the Wing Patient Advocates Office and maintained electronically as a Quality Assurance document IAW AF RDS.

3.2.2.2. The patient should be contacted within 3 duty days and the concern should be resolved as soon as possible; target is within 5 duty days.

3.2.3. If the patient fills out an **ICE Comment Card:**

3.2.3.1. ICE Comment Cards are required to be entered into the online system: 1) When provides a contact number or email address, 2) Patient Safety Issue, also consider a Patient Safety Report, 3) Handwashing is commented on, 4) In the professional judgment of the reviewing ICE manager, it should be tracked. Comments meeting these requirements should be acknowledged within 3 duty days with resolution as soon as possible; target is within 5 duty days.

3.2.3.2. ICE managers are expected to use professional judgement when deciding what needs to be uploaded, when a question arises contact the 59 MDW Patient Experience office.

3.2.4. Concerns brought to the attention of any 59 MDW Patient Advocate or staff member that involve SAMMC need to be brought to the attention of 59 MDW Patient Experience office.

4. Special Categories of Complaints.

4.1. Inappropriate Care.

4.1.1. All patient concerns arising from perceptions of inappropriate care are considered quality assurance activities.

4.1.2. Documents arising from such an investigation are protected under Title 10 United States Code Section 1102, *Confidentiality of Medical Quality Assurance Records: Qualified Immunity for Participants*, and will be managed accordingly.

4.1.3. The patient advocate will, after conferring with their leadership and Group SGH when indicated, contact Risk Management and proceed under their guidance informing the 59 MDW Chief, Patient Experience of the plan of action.

4.2. Privacy or Security of Personally Identifiable Information or Protected Health Information.

4.2.1. If a patient has a concern with the privacy or security of their personal or medical information, the Clinic/Section Patient Advocate will notify in writing the Group Patient Advocate who will then coordinate with the Group or Wing Privacy Officer (PO), copying the 59 MDW Chief, Patient Experience.

4.2.2. The PO will determine proper handling of the complaint, and may engage the Cyber Security/Health Insurance Portability Accountability Act Security Officer and other appropriate individuals to assist with the investigation and mitigation, if any. Investigations and mitigation normally occur within 30 days, but may be extended for complex issues.

4.2.3. In such cases where the investigation extends beyond 30 days, the Privacy Officer will periodically update the patient verbally or in writing, and will also update the Group Patient Advocate or 59 MDW Chief, Patient Experience, as appropriate. When updates are verbal, they will be documented in the case folder by the Privacy Officer.

4.2.4. Once a final resolution has been reached, the routing and filing of the complaint will be administered by the Privacy Officer. The Privacy Officer will forward a copy of the letter of resolution to the Group Patient Advocate or 59 MDW Chief, Patient Experience, as appropriate, at the time it is sent to the patient. This process ensures documentation of the outcome for both the Privacy Officer and the 59 MDW Chief, Patient Experience, and can be used as part of local accountability.

4.2.5. Individuals who are not satisfied with the resolution of their complaint and wish to escalate beyond the 59 MDW, must be advised by either the 59 MDW Chief, Patient Experience or Wing Privacy Officer (depending on which office the patient contacted), that they have the right to file a complaint directly with the Department of Health and Human Services Office for Civil Rights (HHS/OCR).

4.2.6. Inform the patient that escalated complaints can be filed online at the following URL:

<http://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/complaints/hipcomplaintform.pdf>.

4.2.7. Information regarding potential escalated complaints will be shared between the Chief, Patient Experience and Wing Privacy Officer so that each office is able to account for providing this information to the patient (such accountability may be required by HHS/OCR should it receive and investigate the complaint).

4.3. Patient Safety.

4.3.1. The 59 MDW Patient Advocate program is one avenue available for patients to submit patient safety concerns/events. Patient Advocates will, after immediate safety concerns are addressed and leadership is contacted, document concerns and forward concerns to the Group Patient Advocate using 59 MDW Form 37. If the patient provides any documents for support of their concern they should be attached. After resolution the 59 MDW Form 37 is forwarded via secure E-Mail to the Wing Patient Advocates Office and maintained electronically as a Quality Assurance document IAW AF RDS and the 59 Patient Safety office using the Patient Safety Report as appropriate.

4.3.2. The Group Patient Advocate will coordinate with Wing Patient Advocate, and if indicated, forward the patient safety concern, via the Patient Safety Report, to the Patient Safety Office.

4.3.3. The appropriate Patient Safety Office will investigate, monitor and provide follow-up for all patient safety concerns/events.

4.3.4. Upon completion of the investigation, the 59 MDW or Group Patient Safety Office will provide a summary of the concern/event to the 59 MDW Chief, Patient Experience for filing.

4.3.5. If indicated by the event or if requested by the patient, the Group or Wing Patient Advocate will provide a written response to the patient.

4.4. Patient Engagement.

4.4.1. Advocates at all levels are to be aware of engagements with patients and the perceptions created by these engagements.

4.4.2. If behavior or actions are of either party in an engagement not conducive to an effective interaction every effort should be extended by leadership to improve the interaction. If necessary, intervene in the situation as professionally as possible to protect the patient encounter and address issues with the individual(s) separately away from the care area.

4.4.3. If a patient has voiced a concern with an engagement, contact leadership in the chain of command to address issue with the individuals involved, document appropriately as necessary.

4.5. Access to Care.

4.5.1. Patient Advocates, when requested, are to provide education to the patient regarding appointment policies and procedures and should offer support to patients in their efforts to obtain appointments. Coordinate appointment arrangements with appropriate service area or Consult and Appointment Management Office to meet the patient's needs, ensure patient has written confirmation of their appointment/s. When required, Patient Advocates should engage leadership within the chain of command for assistance in resolution and always be mindful this is an area where process improvement can be immediately beneficial.

4.5.2. If a patient's appointment was cancelled, lost or miscommunicated, document for possible process improvement and communication between all parties. Explain accurately

the chain of events in the patient's concern and work with clinic leadership to meet the patient's needs and identification of the resolution.

5. Required Training.

5.1. Patient advocates will attend initial training and annual refresher training. Attendance is required for anyone newly assigned to a Clinic/Section's patient advocacy duties. The topics listed below will be covered throughout the year.

5.1.1. Telephone courtesy.

5.1.2. Patient confidentiality.

5.1.3. Patient rights and responsibilities.

5.1.4. Human relations, diversity, effective communication, and conflict resolution.

5.1.5. Appropriate methods to handle concerns and referrals within the facility.

5.1.6. Patient engagement.

5.1.7. ICE and JOES programs.

5.1.8. Service Provider.

5.1.9. Manager Roles and Responsibilities.

5.1.10. Age-specific challenges.

5.1.11. Emotional de-escalation techniques.

5.1.12. Safety.

5.1.13. Identifying and dealing with obfuscation.

5.2. Additional role-specific training will be provided periodically to front line customer service personnel such as front desk staff and providers as needed or when requested.

JEANNINE M. RYDER, Brig Gen, USAF, NC
Commander, 59th Medical Wing

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

DoD Instruction 6000.14, *DoD Patient Bill of Rights and Responsibilities in the Military Health System*, 26 September 2011

DoD Instruction 6025.18-R, *DoD Health Information Privacy Regulation*, 2 December 2009

Title 10 United States Code Section 1102, *Confidentiality of Medical Quality Assurance Records: Qualified Immunity for Participants*, 31 December 2011

AFPD 46-1, *Nursing Services*, 20 March 2018

AFMAN 41-210, *TRICARE Operations and Patient Administration Functions*, 10 September 2019

AFI 44-102, *Medical Care Management*, 17 March 2015

AFI 44-119, *Medical Quality Operations*, 16 August 2011

59 MDWVA 46-102, *Patient Advocate*, 11 December 2017

Prescribed Form

59 MDW Form 37, *59 MDW Patient Concern Worksheet*

Adopted Form

AF Form 847, *Recommendation for Change of Publication*

Abbreviations and Acronyms

BAMC—Brook Army Medical Center

DoD—Department of Defense

JOES—Joint Outpatient Experience Survey

JOES-C—Joint Outpatient Experience Survey Consumer Assessment of Health Providers and Systems

HHS/OCR—Health and Human Services Office for Civil Rights

IAW—In Accordance With

ICE—Interactive Customer Evaluation

MDW—Medical Wing

PIC—Process Improvement Committee

PO—Privacy Officer

SAMMC—San Antonio Military Medical Center

Terms

Advocacy—An action facilitating resolution of a situation to the greatest mutual benefit of the patient, the service agency, the facility, and the Air Force. **Note:** All interests must be considered as well as prevailing rules, standards, regulations and laws. As a result, resolution of a concern may not be to the complete satisfaction of the complainant or the service agency.

Branch Chief—US Army position comparable to Flight Commander or civilian equivalent.

Clinic Advocate—Position title used in BAMC or SAMMC equivalent to Clinic/Section Patient Advocate.

Patient—Any individual who has an interaction with a clinic, ward, section or function assigned to the 59th Medical Wing or SAMMC/BAMC.

Service Agency—Any clinic, ward, section or function under the direct control of the 59th Medical Wing to which patients or customers go to receive a service or product.

Attachment 2

PATIENT ADVOCATE PROGRAM MANAGER MEMORANDUM

Figure A2.1. Patient Advocate Program Manager Memorandum.

DATE

MEMORANDUM FOR: 59 MDW PATIENT ADVOCATE PROGRAM MANAGER

FROM: Flight/Squadron/Group

SUBJECT: Appointment of Patient Advocate / ICE Manager

1. The following individual/s are appointed patient advocates and require ICE access.

Primary:
NAME
RANK
TITLE
E-Mail
BLDG/ROOM
PHONE:

Alternate:
NAME
RANK
TITLE
E-Mail
BLDG/ROOM
PHONE:

- 2. Individuals with R/C next to their name require ICE Reports and Comments access.
- 3. Training will be scheduled with a 59 MDW Patient Advocate Program Manager at 210-292- 6688 or 210-292-7827 in accordance with 59 MDWI 46-101.
- 4. This letter includes all appointed Patient Advocates superseding all previous letters of the same subject.

Appointing Official's Signature Block