

AACVPR Case Study: Miriam Hospital Center

Title: Ambassador Program at the Miriam Hospital Cardiac Rehabilitation

Author Names: Loren Stabile, MS and Danielle Beaudoin, RN

Author Institution: The Miriam Hospital Center for Cardiac Fitness

Motivation and Operations

1. What was your motivation for implementing these changes in your program?

Drop-out rate is a metric being tracked, measured and evaluated within our cardiac rehabilitation (CR) program. When evaluating the patient dropout rate in CR, it was identified that early discharges or patient drop outs were occurring at a much higher rate during the initial 10 sessions of CR when compared to sessions 11-36. Our assumption was that the new patient was uninterested and unengaged and would benefit by peering up with a graduate or ambassador. We chose this initiative as a department quality improvement project.

2. How long did it take to implement these changes?

It initially took approximately three months to recruit members and implement the ambassador program. It took approximately six months to begin to see a positive impact on dropout rates during sessions 1-10.

3. What staffing changes did you have to make in order to achieve these changes?

An existing CR staff member was assigned as the Ambassador Coordinator for this quality initiative. This assigned staff person is responsible for coordinating the ambassador team, recruitment of volunteers, assigning ambassador schedules, coordinating quarterly meetings and reviewing patient satisfaction survey data pertaining to their interactions with the ambassador.

Reflection on Process

4. What worked well?

The patient ambassadors genuinely enjoy the opportunity to give back to the program by being a resource for other newly enrolled patients. Their commitment to the ambassador program is 12 months, however, some choose to stay on longer.

- Although the primary goal of the ambassadors was to ease the transition of incoming CR patients, over time we recognized ambassadors were valuable resources to provide encouragement regarding utilization of support services (dietician, behavioral psychologist and pharmacist) and encouragement to long term health goals upon program completion (maintenance, senior center, local gym).
- Ambassadors are easily identified with name tags, and bright orange shirts labeled "Patient Ambassador" on the back.

5. What were the opportunities for improvement?

The challenges associated with this project pertain to sustainability. Due to our high volume of classes, it is challenging at times to continuously provide ambassadors in the six CR sessions, three days per week, based on the availability of the ambassador volunteer. We start classes as early as 6:45am and run classes until 5:00pm. Occasionally, ambassadors may have conflicts in their schedules, vacations, or illness and are unable to fulfill their responsibilities. Ideally, “per diem” or “stand by” ambassadors are helpful for back up.

Reinforce guidelines at quarterly meetings: Helping patients understand that they are not to provide medical advice rather sharing of experiences; encouraging ambassadors to refer to staff when a patient concern is identified and to respect HIPAA at all times.

6. How long have you been implementing these changes?

The ambassador program was implemented in April of 2015 and continues to run today. The ambassador group has been as large as 12 members and as small as six members.

Future/Next Steps

7. Do you anticipate making any changes in the future to your current process?

We will continue to adjust the program accordingly based on patient survey feedback and ambassador feedback.

8. Do you have any supplemental materials you would be willing to share?

See the following supplemental materials:

- [Patient Ambassador Program Guidelines](#)
- [Patient Ambassador Program Invitation Flyer](#)
- [Patient Ambassador Profile Sheet](#)
- [Patient Ambassador Program Welcome Packet](#)
- [Patient Ambassador Program Letter of Thanks](#)
- [Patient Ambassador Program Evaluation Survey](#)

This work relates to the findings in the following reference:

Carroll DL, Rankin SH, Cooper BA. The effects of a collaborative peer advisor/advanced practice nurse intervention: cardiac rehabilitation participation and rehospitalization in older adults after a cardiac event. J Cardiovasc Nurs. 2007 Jul-Aug;22(4):313-9.

<https://insights.ovid.com/pubmed?pmid=17589284>