Site-Specific Adaptation of an Inpatient Patient Navigator Program at 2 Children's Hospitals

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OBJECTIVE
The Family Bridge Program was developed at a single pediatric hospital to improve outcomes for hospitalized children from families of color, who are low income, or who speak a language other than English. The program uses a family navigator (“Guide”) that supports families via 6 service domains: Language Access, Orientation to the Hospital, Communication Preferences and Coaching, Addressing Unmet Social Needs, Supportive Check-Ins, and Discharge Follow-Up. This study describes an analysis to translate the program to a second pediatric hospital.

METHODS
We interviewed clinical and hospital staff with experience matching the program domains to identify Guide tasks and factors that could influence task performance between the 2 hospitals. The interview format and analysis were framed by a sociotechnical model to identify task-related factors (persons and roles, resources and tools, community and organizational characteristics…) and to develop adaptation and communication strategies for the Guide.

RESULTS
We interviewed 45 participants (22 at Hospital 1, 23 at Hospital 2), representing 14 clinical and staff roles. Analysis identified 57 tasks for the Guide across the 6 program domains. Multiple sociotechnical factors were identified that could impact task performance between and within both hospitals. Additional analysis identified sociotechnical factors and adaptation strategies for integrating the Guide with the clinical team.

CONCLUSIONS
The analysis facilitated a task-based adaptation of the Family Bridge Program to a second hospital by identifying and addressing sociotechnical differences between sites. This approach provides a framework for replicating the program at other hospitals.

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