Dr. Christine Tsai is the doctor in charge of your care while you are in the hospital at Rush. She works with your primary care physician and specialists. She also supervises the residents, medical students, and advanced practice providers on the medical team caring for you.

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Closing the Communication Gap

By Sharyl Wojciechowski

Commitment to improving hospitalist communication transforms Rush University Medical Center’s patient experience culture.
When Dr. Robert Wachter coined the term “hospitalist” in a 1996 *New England Journal of Medicine* article, he knew the concept was going to be a tough sell. During a 2010 Press Ganey interview, the father of the hospitalist movement said, “Ask a patient, ‘What do you think of a new model in which a stranger will take care of you when you are really, really sick?’ Most patients would say that sounds like a very bad idea.”

Fast-forward nearly 20 years and hospitalists have changed the face of inpatient hospital medicine. No longer considered a novelty, hospitalists working in the United States numbered more than 44,000 in 2014, up from approximately 11,000 in 2003, according to the Society of Hospital Medicine’s 2014 “State of Hospital Medicine” report. During this time, successful hospitalist programs have been credited with cutting the length of hospital stays, reducing mortality rates and saving money by creating operational efficiencies.

What hasn’t evolved from the early hospitalist days, however, is patients’ initial reaction when meeting their hospitalist for the first time: “Who are you, and where is my doctor?”

To address patients’ concerns and ease their anxiety about an unfamiliar provider taking charge of their care, the hospitalists at Rush University Medical Center in Chicago are resolute in their efforts to be seen as trusted care partners—not strangers.

“It’s easy for hospitalist groups to get discouraged because they have, arguably, the hardest communication challenge,” said Francis A. Fullam, senior director of marketing research at Rush. Unlike non-hospitalist physicians, hospitalists have no prior relationship with the patients they treat, so building trust quickly through effective communication is paramount.

In 2009, the communication quality gap between non-hospitalists and hospitalists at Rush was evident in the health system’s Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey performance rankings. Physician communication for non-hospitalists was at the 25th percentile nationally, while hospitalist communication was at the 10th percentile.

“Rather than live with that and just expect that there’s always going to be a difference, the [hospitalist] physicians took the challenge to say, ‘No, there doesn’t have to be a difference. We can communicate as well as, if not better than, anyone else,'” said Fullam. To prove it, the group implemented numerous initiatives focused on improving patient-centeredness. The efforts fueled a 400% increase in HCAHPS performance for hospitalist communication between 2009 and 2014, moving the group into the 50th percentile for that domain and closing the performance gap with non-hospitalists, whose scores increased 148% over the same five-year period.

Dr. Suparna Dutta, assistant professor of medicine in Rush’s Division of Hospital Medicine, attributes the hospitalists’ success to their ongoing focus on improvement. “It was never something where it’s just one thing we did—like a magic pill that changed everything. I really think that doing this over and over and over has led to a change in culture,” she said.

“What makes this unique, arguably, is that this is truly physician-led,” Fullam added.

One physician-driven project was the use of hospitalist face cards. Face cards are identification tools with the name and a recent color photo of the physician on one side, and additional details on the other side, such as the hospitalist’s role on the team and his or her phone number. The hospitalists have found that introducing themselves to patients happens almost effortlessly when face cards are incorporated.

“I think it’s just a great prompt,” Dutta said. “Like handing out a business card, it forces you to open up a conversation. You bring out the card and say, ‘I’m a hospitalist and this is what hospitalists do.’ All the points that we want to get across to our patients come naturally when you’re handing them that card.”

The contact information hospitalists include on their face cards has been instrumental in building trust with patients both in the hospital and after discharge.
“I feel like the phone number is key,” said Dutta. “I always tell my patients when they’re leaving, ‘If anything comes up, you have my card. My number is on it. Call me.’ Then they don’t feel like they’re just being thrown out into a nebulous nowhere with no one caring for them. They know that the care doesn’t end just because they’re leaving the hospital, which I think makes a lot of people feel much more comfortable.”

Several other interventions have helped the hospitalists provide coordinated, consistent and clear communication with their patients, Dutta said. For example, the physicians now perform pre-encounter chart reviews to get updates on patients prior to visiting them, and there are standardized protocols around the use of whiteboards in patients’ rooms.

Another intervention that has been particularly well received by patients is supplementary afternoon rounding, which increases the amount of time hospitalists spend with patients and improves the flow of information.

“Rather than just seeing patients for five minutes in the morning, we also ask the hospitalists to circle back with their patients in the afternoon to update them,” Dutta explained. For example, if the patient has had tests done during the day, the hospitalist may talk about the results. They may talk about additional testing or about the discharge plan. “Now patients have two touch points with physicians during the day,” she said.

Rush’s journey has not been without its challenges. When the communication interventions were initially implemented, some hospitalists were not using them as effectively as they could. To remedy this, senior hospitalists began to incorporate educational training sessions into monthly physician patient-safety meetings.

Faculty development sessions were also held to teach hospitalists about various communication models and provide an opportunity for them to practice communication techniques. In addition, a shadowing requirement was established, whereby all attending physicians, regardless of their seniority, are shadowed by a behavioral psychologist for two to three hours to evaluate their patient-interaction skills.

“I think there’s a clear expectation that this is now part of the job,” Fullam said. “It’s not an initiative. It’s part of being a doctor here.”

Transparency as an Improvement Tool

The hospitalists at Rush have embraced physician-level transparency of patient experience data as a valuable tool for professional development, routinely examining their performance data for ways they can proactively improve care. “We went to complete transparency, and it has become the new normal,” said Dutta. “Just like any other quality marker, we wanted [patient experience] to be thought of as being just as important as readmission rates, length of stay and other quality measures.”

To Kathryn Bogey, patient satisfaction consultant at Rush, transparency of performance data is the logical follow-on to patient experience measurement. “I think it’s really just taking it a step further,” she said.

The hospitalists are not only focused on the scores, they’re very interested in the patient comments, Bogey explained. They want to know what the patients are saying to get deeper insight into how they experience care. “Looking into what they’re saying to us and trying to improve problems that might not even show in our HCAHPS scores enables us to do the right thing for the patient,” she explained.

For example, a group of hospitalists noticed numerous patient survey comments that questioned why lab draws were necessary every day during hospitalization. This pattern of comments sparked an improvement project to identify which patients require lab draws for their entire length of stay and which do not. In turn, this led to an intervention that reduced lab draws by 20% for this particular group of hospitalists.

What began as an effort to improve hospitalist communication has evolved into a transformed patient experience culture, Dutta said. “At the beginning of all this, when I was doing any project and I asked for people to help me, there was always a lot of dead silence. Now the emails I get are, ‘What are you doing? Is there a patient satisfaction project that I can help out with?’” she said. “People are really engaged and excited about it in our group, which is awesome.”