The Challenge

For the most part, patients on Hospitalist units do not have prior relationships with the physicians they see once admitted and are not familiar Hospitalist care.

A substantial number of Hospitalist’s patients are admitted through the ED and may have difficulty acclimating to the fact and impact of being hospitalized.

Being seen by a number of different Hospitalists, the team approach to care, and the teaching mission of the hospital make it a challenge to keep up with who is responsible for their care and to feel well informed about their care.

Consistent with national trends, these factors contribute to generally low ratings of “Dr Communication” on the HCAHPS survey for Rush’s Hospitalist patients.
The Goal

Understand why the patient feedback about physician communication was so low and put interventions in place to improve physician-patient communication and hence raise the HCAHPS scores for this aspect of care.
The Execution

- **Individual, Transparent Feedback** - Hospitalists regularly receive their individual results and comments on HCAHPS. These are shared for all Hospitalists to see.

- **Audits** – Interviews are conducted with patients to see if they know who their Hospitalist is and if the physician is using the whiteboard. These results also are shared among Hospitalists.

- **Bonus Program** – a portion of Hospitalists’ bonuses is based on their collective scores on the HCAHPS.

- **“Shadowing”** – Hospitalists are shadowed by a clinical psychologist and provided private and confidential feedback on their communication style with patients.

- **Shared Expectations** – Hospitalist leadership has developed communication protocols which include use of facecards to help patients identify their Hospitalists.
The Metrics

HCAHPS Hospitalist Dr. Communication % Always by Quarter of Discharge

FY17Q1 = 83.4% equal to the 65th national percentile
**The Summary**

**PROBLEM AND GOAL STATEMENTS (SMART Problems/SMART Goals)**

**Problems:** Rush did not perform strongly against peer groups on physician-patient communication measures and the Hospitalist service had the lowest scores at Rush (4th national percentile). Rush as an institution must maintain a percentile ranking over the 50th percentile in all HCAHPS domains to achieve the maximum consistency score for the patient experience portion of Value Base Purchasing. For the period of April 2014 through March 2015, the housewide performance at Rush on Dr Communication was at 80%, just below the 50th percentile.

**Goal:** To exceed 50th percentile performance on Dr. Communication housewide by targeted work with the Hospitalist as a group. Their FY16 Dr. Communication goal is 80.2%.

**ANALYSIS AND INVESTIGATION**

Developed an understanding of how pts define good physician-patient communication. Hospitalists had established a number of “best practices” to improve communication (use of facecards and white boards) but it became clear that these practices were not being demonstrated consistently and widely. After a period of sustained improvement in physician-patient communication that brought performance up beyond the 50th national percentile, further progress was seen as being dependent on improving inter-professional communication and the coordination of care. This had led to the launch of joint dr. nurse rounding project.

There was a significant decline in physician-patient communication scores that lasted a few months. The scores have since rebounded to their highest levels. It is not clear completely clear what caused the decline so we are uncertain if the conditions that caused the decline will reoccur or not. The team is committed to better understanding the underlying dynamics behind this variation. One theory was that this decline occurred during an extremely high census period. Detailed analysis of the relation of 7 am census level on day of discharge shows that there is a census level beyond which dr-pt scores decline – but this would not have accounted for the decline in the quarterly decline.

**IMPROVEMENT DESIGN AND IMPLEMENTATION**

- August 2016
  - Whiteboard Project: A nurse and physician team on one of the Hospitalist units was awarded the Irwin Press Patient Experience Research to test the impact of a program to improve interprofessional and patient communication by making changes in the whiteboard.

- January 2016
  - Shadowing sessions with Hospitalist (8 completed to-date)

- March 2016
  - Physician – Nurse Rounding intervention on hold

- April 2016
  - New wave of physician specific patient survey results shared with Hospitalists. Next wave of data collection begins

**IMPACT**

HCAHPS Dr. Communication scores were routinely in the single digits of percentile performance and well below the performance of their non-Hospitalist peers at Rush. The Hospitalists did not meet their communication goal for FY16 and the cause of the variability across quarters is not understood. In the first quarter of FY17, dr – pt communication has rebounded to 83.5%, the highest score ever for the Hospitalists. This is performance at the 65th national percentile.

**IMPROVEMENT DESIGN AND IMPLEMENTATION**

- 2007 – 2015
  - Series of interventions to set standards of Hospitalist behavior standards and timely/personalized/transparent feedback to physicians

- January 2016
  - Shadowing sessions with Hospitalist (8 completed to-date)

- March 2016
  - Physician – Nurse Rounding intervention on hold

- April 2016
  - New wave of physician specific patient survey results shared with Hospitalists. Next wave of data collection begins
**Whiteboard Project**

- One of the four Hospitalists unit was awarded the Irwin Press Patient Experience Research Award for a project to test the impact of an initiative to improve the interprofessional use of whiteboard and measure the impact on patient experience.