# Interprofessional Education:
## Direct Observation of Attending and Resident Bedside Communication by a Patient Advisor to Improve Patient Experience

M. Suzanne Kraemer, MD, Residency Program Director, Internal Medicine, Brody SOM
Dorothea Handron, EdD, RN, APRN; Patient Advisor
Kathy Dutton, RN, MSN, NEA-BC, FABC, Senior Administrator, VMC
Eva Clayton, RN, MSN, 2South Manager, VMC
Niti Armistead, MD, 2South Medical Director, Clinical Associate Professor, Brody SOM

Teachers of Quality Academy
QI Symposium
March 2, 2016

# Background / Introduction

Key Issues:

- Communication is considered a core ACGME competency
- Medical education and instruction focuses on technical skills and knowledge
- HCAHPS data (patient experience) revealed 2South MD Communication scores in the bottom decile

# Collaborative Team Members

- Patient Advisor
- Physician Leaders
- Hospital Administrators
- Nursing Leaders
- Residency Leaders
- Patient Experience Leaders

# AIM Statement

The goal of this intervention was to improve 2South MD Communication to the 75$^{th}$ percentile, as measure by HCAHPS, via a collaborative relationship between patients, physicians and the interdisciplinary team

# How Will We Know This Change Is An Improvement?

Patient Experience Data (HCAHPS)

Leader Rounding Feedback

Interprofessional Rounding Tool

# Interprofessional Education: MD Communication

| Attending: | | Resident: | Resident: | |
|---|---|---|---|---|
| DATE: | | | | |
| **Phase of Encounter** | **Key Behaviors** | **Bedside Rounds** | **Bedside Rounds** | **Bedside Rounds** |
| **Beginning of Encounter** | Check in with Unit Secretary to announce rounds | | | |
| | Wash hands | | | |
| | Knock, introduce team and describe role | | | |
| | Make a connection (acknowledge patient by name, greet family, smile, stand on side of bed patient is facing, shake hands, sit if possible, eye contact) | | | |
| **Middle of Encounter** | Review diagnosis, 24 hour summary, test/procedures, follow up, plan of care | | | |
| | Seek nursing updates and goals related to nutrition, glycemic control, pain, mobilization, cardiac monitor | | | |
| | Review medications (DC, adjustments), high risk meds, PUD prophylaxis, med reconciliation | | | |
| | Consider safety risks (DVT prophylaxis, central line, foley, restraints, skin/wound Care, Code Status) | | | |

# Interprofessional Education: MD Communication

| **Phase of Encounter** | **Key Behaviors** | **Bedside Rounds** | **Bedside Rounds** | **Bedside Rounds** |
|---|---|---|---|---|
| **Middle of Encounter** | Review Case Management (expected DOD, Readmission Risk Score, progression of care, OBS patient status) | | | |
| | Ask and acknowledge the patient and family's input. Listen actively. | | | |
| | Convey empathy with verbally and non-verbally | | | |
| | Communicate clearly using words the patient understands | | | |
| **End of Encounter** | Utilize communication board to summarize plan of care | | | |
| | Confirm understanding with open ended questions | | | |
| | Observe and address patient's emotions,reactions, non-verbal cues | | | |
| | Use Tell Us Now your compliments or concerns to assess patient experience in care | | | |
| | Inquire about MD Communication by asking if we have listened, carefully explained and shown respect | | | |
| | End with a statement of appreciation | | | |
| | Wash hands | | | |
| **Observations** | | | | |

# Baseline Data

| 2 South Patient Experience Initiative Baseline (FY 2015) | | | |
|---|---|---|---|
| | Database Top Box (Avg.) | Baseline (FY15) Top Box Score | Baseline (FY15) Top Box Percentile rank |
| **Doctor Communication** | **82.4%** | **77.7%** | **9** |
| Courtesy/respect of doctors | 88.1% | 82.8% | 5 |
| Doctors listening carefully to patients | 81.2% | 76.2% | 10 |
| Clear communication by doctors | 78.0% | 74.1% | 16 |
| **Nurse Communication** | **81.3%** | **80.0%** | **28** |
| **Communication about medicines** | **67.4%** | **67.8%** | **45** |
| **Overall Rating of Hospital** | **71.8%** | **71.1%** | **41** |
| **Patient Advocacy (Likelihood to Recommend)** | **76.2%** | **74.7%** | **57** |
| **Transition of Care** | **52.8%** | **52.2%** | **56** |

# Improvement Strategies Employed

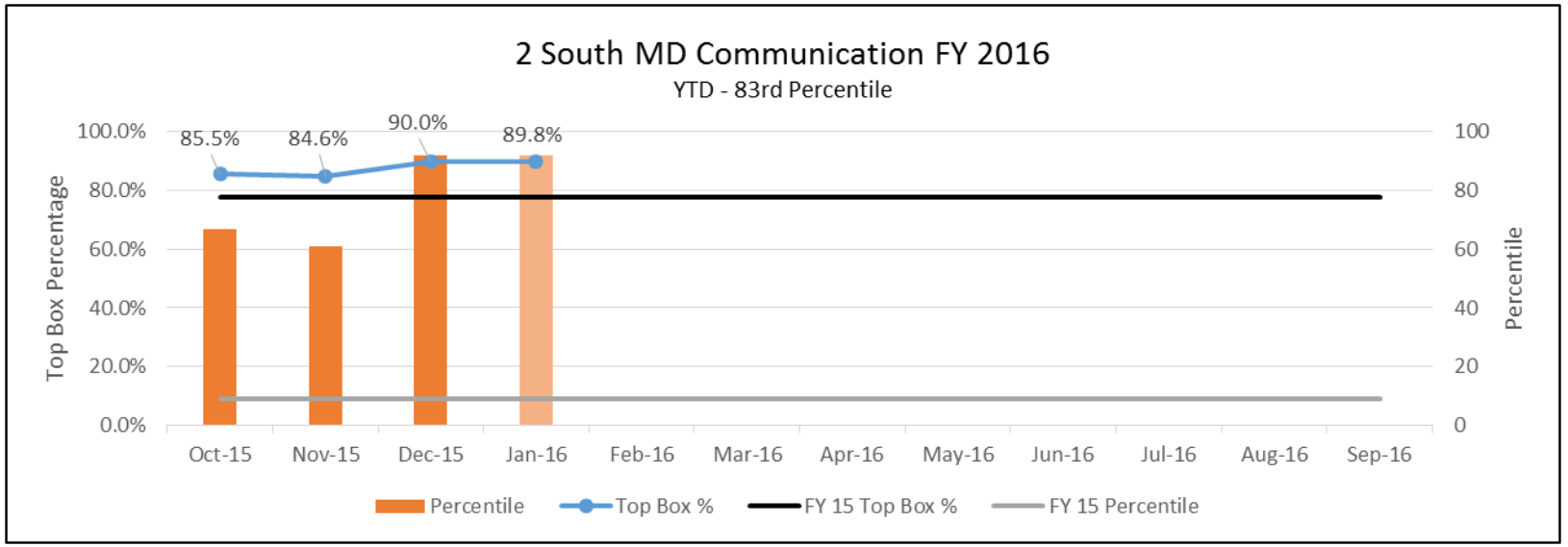
Compassionate, collaborative care (Triple C) framework promoting humanistic attributes and behaviors adopted - June 2015

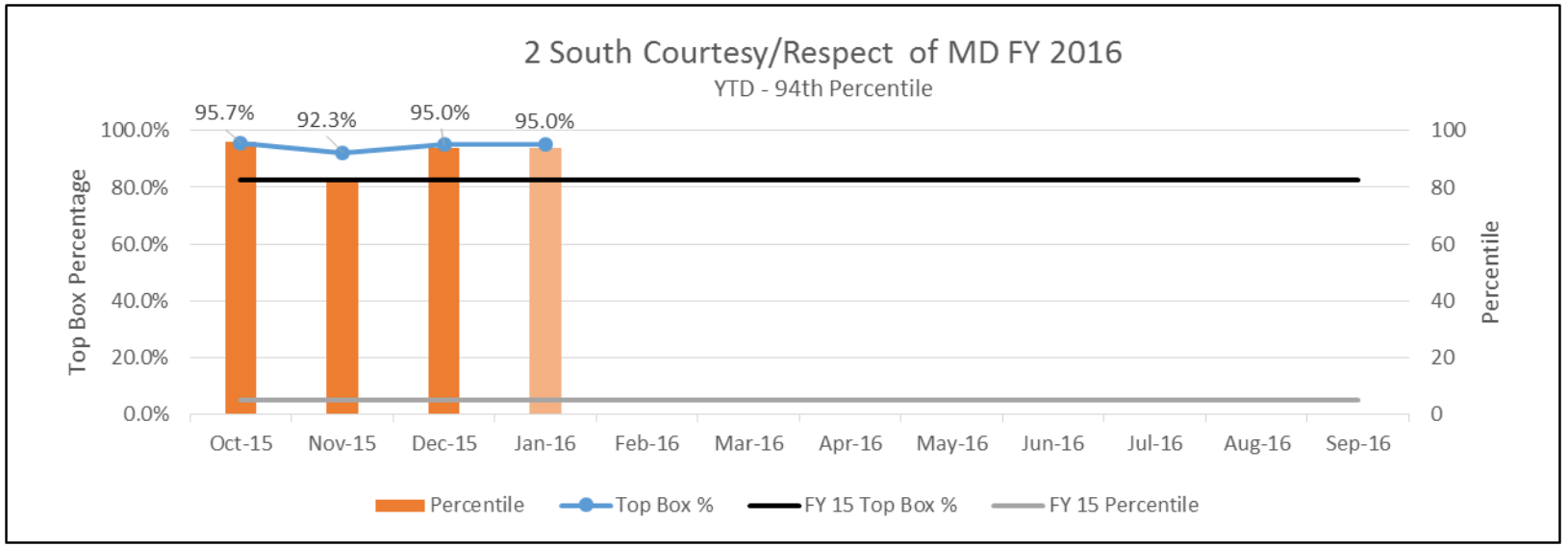
Internal Medicine residents and supervising faculty went through didactic sessions on patient communication involving active learning tools – July and September 2015

Patient Advisor and Patient Experience Leader participate in interprofessional bedside rounds on a weekly basis with direct observation and feedback - October 2015 – current

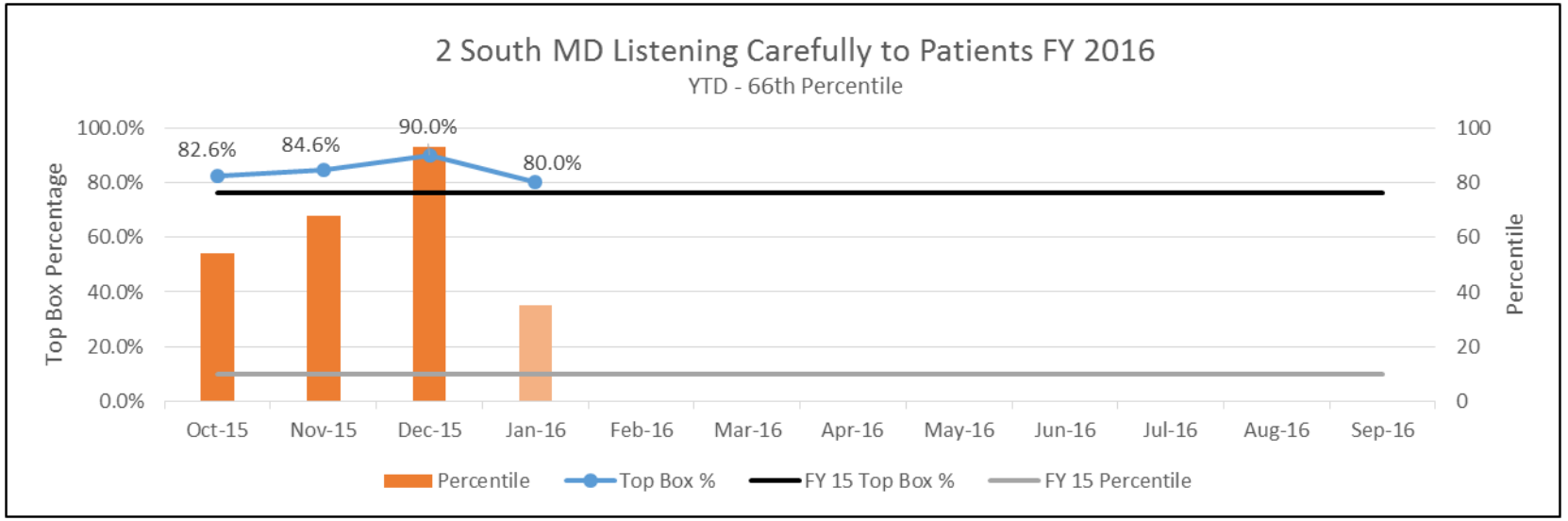
Staff Nurse engaged in attending rounds ensuring communication board plan of care updated – October 2015 - current

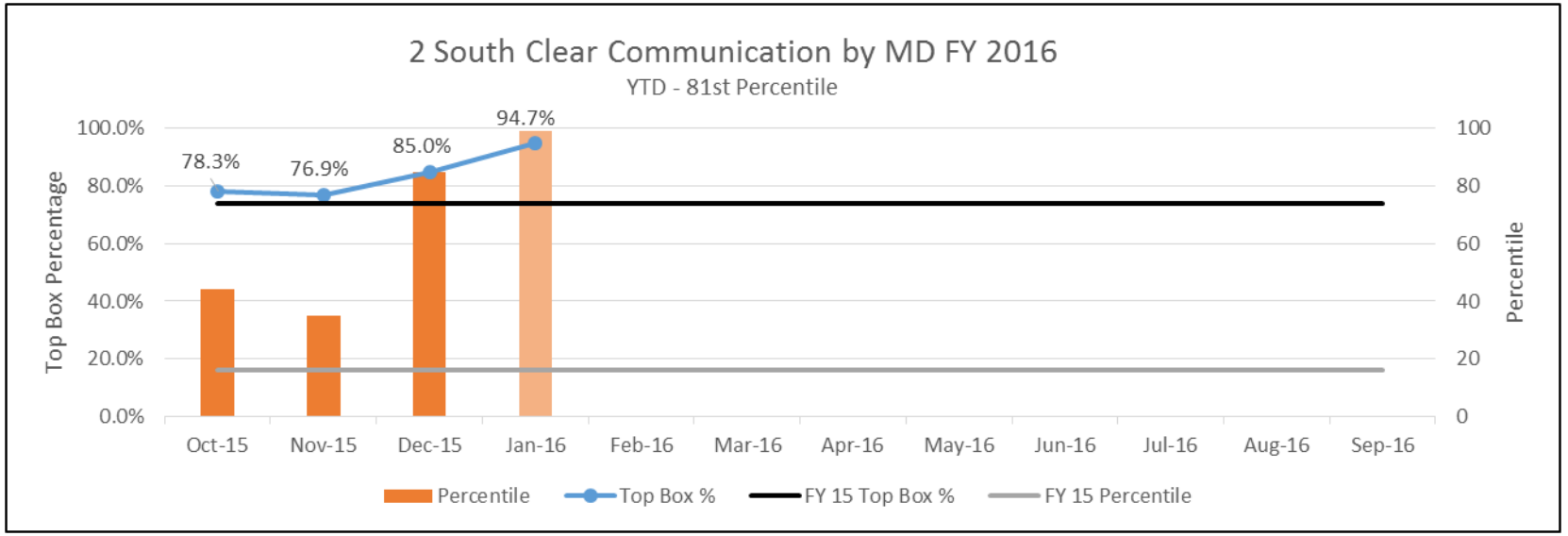
# Outcomes


2 South MD Communication FY 2016
YTD - 83rd Percentile
Top Box Percentage
Percentile
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
100
80
60
40
20
0
85.5%
84.6%
90.0%
89.8%
Oct-15
Nov-15
Dec-15
Jan-16
Feb-16
Mar-16
Apr-16
May-16
Jun-16
Jul-16
Aug-16
Sep-16
Percentile
Top Box %
FY 15 Top Box %
FY 15 Percentile


2 South Courtesy/Respect of MD FY 2016
YTD - 94th Percentile
Top Box Percentage
Percentile
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
100
80
60
40
20
0
95.7%
92.3%
95.0%
95.0%
Oct-15
Nov-15
Dec-15
Jan-16
Feb-16
Mar-16
Apr-16
May-16
Jun-16
Jul-16
Aug-16
Sep-16
Percentile
Top Box %
FY 15 Top Box %
FY 15 Percentile

# Outcomes


2 South MD Listening Carefully to Patients FY 2016
YTD - 66th Percentile
Top Box Percentage
Percentile
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
100
80
60
40
20
0
82.6%
84.6%
90.0%
80.0%
Oct-15
Nov-15
Dec-15
Jan-16
Feb-16
Mar-16
Apr-16
May-16
Jun-16
Jul-16
Aug-16
Sep-16
Percentile
Top Box %
FY 15 Top Box %
FY 15 Percentile


2 South Clear Communication by MD FY 2016
YTD - 81st Percentile
Top Box Percentage
Percentile
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
100
80
60
40
20
0
78.3%
76.9%
85.0%
94.7%
Oct-15
Nov-15
Dec-15
Jan-16
Feb-16
Mar-16
Apr-16
May-16
Jun-16
Jul-16
Aug-16
Sep-16
Percentile
Top Box %
FY 15 Top Box %
FY 15 Percentile

# Outcomes

| 2 South Patient Experience Initiative Baseline (FY 2015) and Current FY 2016 Scores (as of 2/25/2016) | | | | |
|---|---|---|---|---|
| | Baseline (FY15) Top Box Score | FY16 YTD Top Box Score | Baseline (FY15) Top Box Percentile rank | FY16 YTD Top Box Percentile Rank |
| **Doctor Communication** | **77.7%** | **87.7%** | **9** | **83** |
| Courtesy/respect of doctors | 82.8% | 94.7% | 5 | 94 |
| Doctors listening carefully to patients | 76.2% | 84.2% | 10 | 66 |
| Clear communication by doctors | 74.1% | 84.0% | 16 | 81 |
| **Nurse Communication** | **80.0%** | **85.0%** | **28** | **70** |
| **Communication about medicines** | **67.8%** | **81.8%** | **45** | **98** |
| **Overall Rating of Hospital** | **71.1%** | **78.4%** | **41** | **78** |
| **Patient Advocacy (Likelihood to Recommend)** | **74.7%** | **84.9%** | **57** | **89** |
| **Transition of Care** | **52.2%** | **57.9%** | **56** | **71** |

# Challenges Encountered

- Perception that the process would impede efficiency
- Complexity of Internal Medicine population
- Willingness to partner with a volunteer patient advisor

# Lessons Learned

- Partnerships between a clinical team and a patient advisor, serving in the role of educator during bedside rounds, is a significant step towards delivering patient-centered care.
- Integrating key behaviors into physicians' daily encounters can promote resident education on the competency related to communication while also enhancing patient experience.

# Next Steps

- Create training tools using video simulations
- Expand process to additional medical units
- Refine Interprofessional Rounding tool