Assessing Patient Perspective to Improve Patient-Hospitalist Communication and Enhance the Inpatient Experience
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Background/Objectives:
Patient-centered care is a key element of high-quality healthcare systems. Recently, the inpatient experience has come into the limelight as the assessment of patient-centered care in the hospital has become standardized and publicly reported via the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey. Hospitalists care for the bulk of admitted medical patients at hospitals across the country and face challenges in establishing quick rapport with new, acutely ill patients. Our goal was to address the challenge of providing coordinated, clear communication with patients via a ‘best practices’ checklist initiative. Based on existing literature, the checklist included prompts to a) ensure usage of business cards with pictures and contact information – a “face card”; b) keep team information updated in patient rooms; c) optimize communication skills; and d) make afternoon rounds to update patients on care plans. To monitor best practice compliance and provide targeted feedback for physicians not possible with quarterly HCAHPS reports, we utilized medical student interviews with patients at bedside and relayed this feedback to our providers.

Methods:
Medical students conducted 149 interviews with hospitalist patients on the day of discharge from June to August 2015. Surveys evaluated hospitalist compliance with ‘best practices’ as well as patient impressions of hospitalist communication techniques. Survey questions and student observations included asking patients whether they had been given a ‘face card’, how many times patients had seen their provider per day, and noting whether team names were updated on the patient white board. Questions were also asked that allowed for collection of qualitative feedback from patients for their hospitalists.

Results:
Results indicated that, of 149 interviews, 56% patients had received a ‘face card’ and 24% were able to produce the card during the interview. Students observed the white board updated with team information in 84% of patient rooms. Patients rated the care they received from their hospitalists ‘excellent’ 69% of the time. Comments found when asked how hospitalists could improve included: “Ensure the patient knows how to contact the hospitalist for questions”, “improve communication”, and “listen for patient input”. Of note, 71% of patients who received the ‘face card’ rated their care as “excellent”, while only 67% of patients who did not receive the ‘face card’ rated their care as “excellent”. With this feedback, the ‘doctor communication’ scores for hospitalists demonstrated an improvement over 2015, with HCAHPS scores moving from the 8th to the 82nd national percentile over the course of the year.

Conclusions:
This survey process encouraged hospitalist participation in ‘best practices’ and found increased patient satisfaction (reflected by an “excellent” rating) to correlate with physician participation in ‘best practices’. This was also validated by an improvement in HCAHPS scores over the course of the intervention. Interventions created to increase patient-doctor communication and to facilitate easier identification and knowledge of hospitalists appear to be successful at encouraging an environment in which the patient experience is highly valued. The data suggest that future interventions may also be beneficial at improving patient impressions of the care they receive.