Engaging Hospitalists in the Patient Experience

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Professional Research Consultants
The Physician’s Role in the PX

* If you had 80% “Always,” how many HCAHPS points would you get?
  * Responsiveness of Staff 10
  * Pain Management 10
  * Communication about Meds 10
  * Hospital Environment 10
  * Overall Rating 7
  * Communication with Nurses 3
  * Communication with Doctors 0
The Physician’s Role in the PX

Top predictors of the patient experience, based on odds analysis:

1. Teamwork between Doctors, Nurses and Staff (17:1)
2. Hospitalist Care (11:1)
3. Overall Quality of Nursing Care (11:1)
The Physician's Role in the PX

Patient Perceptions of Hospitalist Care Compared to Overall Doctor Care

49.70%  |  61.80%

PRC's National Inpatient Benchmarking Database

Hospitalists  |  All Doctors
The Physician’s Perspective

Dr. Prodromos Angelidis

Education
University of Oklahoma

Post Graduate Training

Professional Career
Huguley Medical Center
Fort Worth, Texas

Hospitalist
Saint Francis Hospital
Tulsa, Oklahoma
HCAHPS
How does it effect me?

- Drives reimbursement
- Good Scores= Good Business
- Developing better communication with patients can help me provide better care, better outcomes

What Training have I had?

- Medical School
- Post Graduate Training- Residency
- Professional Training

The Dilemma

Limited by my Personal Experience

Where can I get help?

- Lectures
- Internet Research

What will actually help my scores?
Physician Shadow Coach

Can I shadow You?

What does that offer?

How will this help?

How did it Help?

1:1 Real Time Observation
An Expert in Data
Detailed Reports
Value in knowing your strengths & weaknesses
The Physician’s Perspective

Availability/Access

Just a phone call away
Allow physicians to schedule at their convenience
Implement a system with options from a hospital group level
Custom Action Plans based on each physician’s known strengths & weaknesses

Hands on Learning

Real Time Observation and Data
Reveals Trends
On the Spot Coaching

Maintenance Program

Specific goals for follow up sessions
Helps break old habits
Achieve changes one step at a time
Continually working to improve patient interactions
The Physician’s Perspective

Summary:

Flexibility

Offers Real Time Data

1:1 with an expert

Maintenance

It improves patient care
Shadow Coaching

Angela King, B.S.
Patient Experience Specialist

Education
Northeastern State University

Professional Career
Saint Francis Hospital
Tulsa, Oklahoma

Warren Clinic
Tulsa, Oklahoma
Where do You start?
Online Resources

- www.physicianspractice.com
- www.planetree.org
- www.pickerinstitute.org
- www.berlyinstitute.org-webinar

What’s the next step?
Education

Will you develop your own curriculum?
Who will facilitate teaching the materials?
What will it cost? What is my budget?
How will you get providers to attend?
Shadow Coaching

Where do You start?
Developing Tools

What are we accessing?
Structured to help formulate data
Comprehensive Report
Use evidence-based elements to create buy-in and trust with providers

Why Start?
Benefits

Offers Nocturnes personal data
Physician group focus
Continued goal assessment
Shadow Coaching

Getting Started

Shadowed with Historically High Scoring Physician
This helped to establish a benchmark

Developed Observation Tool
used shadow experience,
Physician feedback, Physician Education,
and Evidence Based data

Developed Encounter Protocol for an
Excellent Encounter for Every Patient,
Every Time.
<table>
<thead>
<tr>
<th><strong>Physician Observation Sheet: Service Excellence</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Appt Start Time:</strong></td>
</tr>
<tr>
<td><strong>Appt End Time:</strong></td>
</tr>
<tr>
<td><strong>Total Time of Visit:</strong></td>
</tr>
<tr>
<td><strong>Patient Room #:</strong></td>
</tr>
<tr>
<td><strong>Physician Name:</strong></td>
</tr>
<tr>
<td><strong>Shadower:</strong></td>
</tr>
<tr>
<td><strong>Any Known Communications Barriers Identified?</strong></td>
</tr>
<tr>
<td><strong>Language</strong></td>
</tr>
<tr>
<td><strong>Friendly Greeting</strong></td>
</tr>
<tr>
<td><strong>Introduction</strong></td>
</tr>
<tr>
<td><strong>Physical</strong></td>
</tr>
<tr>
<td><strong>Comments:</strong></td>
</tr>
<tr>
<td><strong>Was the patient allowed to 'Tell Their Story' without being interrupted?</strong></td>
</tr>
<tr>
<td><strong>Time:</strong></td>
</tr>
<tr>
<td><strong>Documentation:</strong></td>
</tr>
<tr>
<td><strong>Comments:</strong></td>
</tr>
<tr>
<td><strong>Did the Physician appear to be <em>actively listening</em>?</strong></td>
</tr>
<tr>
<td>Physician Shadow Coaching Data Sheet</td>
</tr>
<tr>
<td>-------------------------------------</td>
</tr>
<tr>
<td><strong>Date of Shadowing:</strong></td>
</tr>
<tr>
<td><strong>Total # of Patients Seen:</strong></td>
</tr>
<tr>
<td><strong>Shift:</strong></td>
</tr>
<tr>
<td><strong>Physician:</strong></td>
</tr>
<tr>
<td><strong>Shadower:</strong></td>
</tr>
<tr>
<td><strong>Average Length of Patient Visit:</strong></td>
</tr>
<tr>
<td><strong>Introduction</strong></td>
</tr>
<tr>
<td><strong>Friendly Greeting</strong></td>
</tr>
<tr>
<td><strong>Gestures of Respect</strong></td>
</tr>
<tr>
<td><strong>Including Patient Name</strong></td>
</tr>
<tr>
<td><strong>Did Physician Sit</strong></td>
</tr>
<tr>
<td><strong>Touch Outside of Exam</strong></td>
</tr>
<tr>
<td><strong>Patient allowed to Tell Story</strong></td>
</tr>
<tr>
<td><strong>Active Listening</strong></td>
</tr>
<tr>
<td><strong>Body Language</strong></td>
</tr>
<tr>
<td><strong>Empathy Shown</strong></td>
</tr>
<tr>
<td><strong>Patient Engagement in Care</strong></td>
</tr>
<tr>
<td><strong>Pending Concerns</strong></td>
</tr>
<tr>
<td><strong>Reinforce Plan for Discharge</strong></td>
</tr>
</tbody>
</table>

**Things to work on:** Touch Outside of Exam

Sit Down

Reinforce Plan for Discharge
Observation Resource Sheet

Diagnostic Accuracy - Data Gathering (Institute for Healthcare Communication)
Up to 85% of data needed to make an accurate diagnosis comes from HISTORY.
Marvel et al., 1999; Peterson et al., 1992; Rabinowitz, Tamir, and Reis, 2004; Groopman 2007

Was the patient allowed to ‘Tell their Story’ without being interrupted?
On average, how soon is a patient interrupted when they start talking?
18 Seconds (Beckman & Frankel 1984)
Actual time for patient to tell their story is up to 150 seconds, most <60 seconds

Visit Times
Wendy Levinson, MD, which was summarized in the book Blink: The Power of Thinking without Thinking by Malcolm Gladwell. She and her group studied conversations between physicians and their patients; some of the physicians had been sued and others had not. By listening to the interviews, she could accurately predict which physicians had been sued and which had not. Doctors who had not been sued spent more time with their patients (a mere 3 minutes more) and they oriented the patients regarding what to expect during the visit. They used humor and “active listening” techniques, yet each group collected essentially the same information from the patient.

Social Touch
The study, published in the Journal of Participatory Medicine, analyzed videotaped doctors’ visits and reinforces the notion that nonverbal social communication is an important part of doctor/patient relationships that should be thoughtfully managed, especially as more technology and “screen time” is introduced into doctors’ offices. Patients also gave doctors higher empathy scores when their total visit length was longer and when doctors engaged in a few “social touches” such as a handshake or pat on the back. However, more than three social touches in one visit decreased empathy scores. The researchers said it’s possible that too many social touches from a doctor may seem forced and not genuine to a patient.

Meaningful Introduction, Friendly Greeting, and Use of Patient Name
JAMA An Evidence-Based Perspective on Greetings in Medical Encounters
Gregory Makoul, PhD; Amanda Zick, MA; Marianne Green, MD

Did the Physician empathize with the patient at any time during the visit?
Journal of Hospital Medicine
Johns Hopkins and the University of Maryland Medical Center study with basic social protocols in the practices of hospitalist interns using empathy. Dr. Feldman, 5 Keys to Bedside Manner.

For a better understanding of performing an Excellent Encounter, Every Patient please contact Warren Clinic, Teri Hillsberry at 918-488-6647 to enroll in the Physician’s Workshop from the Institute for Healthcare Communication.
Effects of Shadow Coaching
Effects of Shadow Coaching

Doctor Respect

<table>
<thead>
<tr>
<th>Month</th>
<th>Oct-Dec 13</th>
<th>Jan-Mar 14</th>
<th>Apr-Jun 14</th>
<th>Jul-Sep 14</th>
<th>Oct-Dec 14</th>
<th>Jan-Mar 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Always</td>
<td>66.67</td>
<td>66.67</td>
<td>90.48</td>
<td>66.67</td>
<td>77.78</td>
<td>90.91</td>
</tr>
</tbody>
</table>

Bar charts show the percentage of Always values for Doctors, Doctor Respect, Doctor Listen, and Doctor Explain over different months.
Effects of Shadow Coaching
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![Bar chart showing the effects of shadow coaching on doctors' disciplines over different time periods.](chart.png)
QUESTIONS?

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