Engage Patients, Improve Satisfaction and Enhance Safety

Healthcare Team Training

Patient safety culture and patient satisfaction are not two separate domains—they are intertwined parts of the same whole.

Abstract

Traditionally, patient safety and patient satisfaction have been viewed as distinct domains, with separate staff, accountability and budgets. Yet research shows they are associated: improvements in one are linked to improvements in the other. We believe there is a single proven intervention that can improve both safety and satisfaction at the same time—teamwork training that incorporates the patient perspective.

Executive Summary

Hospital executives recognize that patient satisfaction and patient safety are paramount to success, especially as patients increase their skills as consumers of healthcare and as hospitals compete for patients.

However, if hospital leaders are unable to improve patient satisfaction and patient safety, patients will vote with their feet and seek out hospitals that meet their needs and deliver safe, quality care.

Tools such as the *Hospital Consumer Assessment of Healthcare Providers and Systems* (HCAHPS) can help healthcare leaders gauge patient satisfaction as part of their efforts to improve quality and build a competitive edge. Yet HCAHPS may not tell the whole story about patient experience.

There is growing evidence that patients value nonclinical issues as part of their overall hospital experience, such as the type of communication, emotional connection and trust. Parameters such as these are not well captured by HCAHPS surveys and yet have a significant impact on satisfaction, as well as patient safety.

Combined teamwork and patient engagement training addresses these important satisfaction parameters as well as patient safety through proven tools that focus on staff-patient communication and service behaviors that convey human connection.

When teamwork and engagement improves, leadership finds satisfaction scores for both patients and staff increase *and* patient safety is impacted through reduced rates for:

- Hospital-acquired infection
- In-patient mortality
- Readmission, and
- Medical errors

Moreover, improved human connection and engagement correlates with improved clinical outcomes, adherence to medications, and litigation costs.

This paper examines proven teamwork training practices that incorporate human connection and engagement to help healthcare leaders improve quality, patient safety and patient and staff satisfaction.

Key Challenges for Hospital Leaders: Quality, Patient Safety and Patient Satisfaction

The cost of unsafe and uncoordinated care in the U.S. healthcare system is estimated to cost over $17 billion annually.

$$$

Providing care to patients involves a complex set of activities—policies, processes, procedures, checklists, statistics, spreadsheets, acronyms, skills and metrics—that hospital staff depend on, in order to improve patient safety and quality.

Yet, over the last decade, despite the enormous efforts made on behalf of the patient, there has been a rising sense of frustration that patient care falls short of what patients and their caregivers expect.

Patient care and patient safety are persistently compromised through deficient service (e.g. wound management and continuity of care), which doubles the odds of adverse events in hospitals,[1] contributes to staff turnover,[2] and increases costs.[3]

Accordingly, frustration about poor quality of care and deficiencies in service has seeded new initiatives such as patient engagement, the medical home model and patient-centered care. And since 2006, *Hospital Consumer Assessment of Healthcare Providers and Systems* (HCAHPS) has been a key tool supporting strategies to improve quality and safety, by measuring patient satisfaction.

But is this enough?

Patient Satisfaction + Experience Drivers

While HCAHPS scores measure patient satisfaction with technical aspects of care, there is growing evidence that they are less able to capture patient experience **beyond** clinical performance,[4] or tell hospital leaders **why** patients:

> ➜ Feel the way they do about their hospital experience

> ➜ Score hospitals overall as they do

> ➜ Recommend hospitals to others

The focus of HCAHPS on clinical performance and outcomes-focused interventions (such as how well a patient's pain was managed or how their discharge was handled) may obscure other nonclinical *value* dimensions of the patient experience.

Clearly, hospital leaders need to know what's driving patient experience in order to enhance patient safety and improve satisfaction.

EXPERIENCE DRIVERS NOT MEASURED by HCAHPS

Although hospital staff may say they are patient-focused, or that they engage the patient, patients often tell a different story (see Case Study 1).

HCAHP scores are limited in their ability to capture the multi-dimensional breadth of patient experience and its relation to satisfaction and safety.

Case Study 1: The Patient's Perspective

Patients are overwhelmed and afraid when confronting the foreign environment of a hospital.

When Carla was admitted to the hospital she entered a frightening and alien world filled with people speaking a clinical language, mysterious processes and policies, and equipment that often causes pain.

Carla is rendered dependent—her clothes are taken away, she is isolated from the outside world, her privacy is not guaranteed and she is removed from her regular life, work and contacts. She is unable to decide when to eat and she might not be able to even go to the bathroom without waiting for someone to help. Carla is the recipient of processes and tests that she knows little about, subject to shifting time frames that are unexplained. She is likely feeling unwell or is in pain—none of us are at our best under such circumstances—and she could be facing a life-changing situation. She spends her time waiting for the "next thing" to happen, and when it does, she is usually the 'object of care', surrounded by caregivers overwhelmed by the demands of their tasks and schedule who may pay little attention to her as a person. She is even referred to as her clinical condition—'the MI'—rather than by name.

Although Carla may be "processed" efficiently on paper as far as the hospital is concerned—she is examined, diagnosed and transferred from ER to the right unit and given the right tests and treatment—she feels more like a widget in a factory designed to produce healthcare outcomes. In fact, according to research at Florida Hospital, the experience of hospital patients like Carla is dominated by emotions of fear, bewilderment and isolation.*

When the patient's emotional journey is unacknowledged and marginalized, the patient is dissatisfied with care.

✳ Source: The Patient Experience; Florida Hospital Monograph

Research confirms that patient satisfaction is intimately tied to *non-clinical* experiences associated with healthcare provision and what patients see as great care.[5]

When patients talk about *great care*, they are referring to:

➔ Emotional connection—the human connection and emotional support patients receive from staff.

➔ Trust—whether staff respect patient preferences and respond to their questions and concerns.

➔ Communication—information sharing and the efforts staff make to listen to and include patients in decisions about their care.

➔ Physical comfort.

These non-clinical aspects of care are often viewed as unimportant to clinicians, but to patients these factors are very important determinants of the quality of their care, as reflected in the HCAHPS "overall" and "would recommend" scores.

Attention to non-clinical dimensions of patient experience—like engaging emotionally and rationally with patients through effective communication—could be a game changer for hospitals as they compete for commercially insured patients and Medicare reimbursements. In fact:

➔ 75% of patients surveyed report that they would likely switch hospitals if they knew the "hospital staff would communicate more effectively to keep patients informed about treatment plans both during and after treatment visits."[6]

➔ Patients with poor hospital experiences are willing to ask their physicians for referrals to specific hospitals that offer a positive patient experience.[6]

A positive patient experience involves clinicians that:

➔ Engage patients on an emotional level

➔ Show compassion

➔ Make a human connection with the patient as an individual

Satisfaction scores present a limited and optimistic picture of patients' hospital experiences, because they measure rational satisfaction, not emotional satisfaction.

But patients who are engaged on both rational and emotional levels are the key to improving quality and safety.[7]

Yet, there are persistent barriers to this kind of patient engagement.

Barriers to Effective Patient Engagement

Engagement essentially means bringing two sides together by improving information exchange and enhancing the quality of relationship. But three crucial barriers limit the likelihood of information exchange and relationship quality—lack of a *shared mental model*, lack of trust and compassion, and poor communication behaviors.

> A shared mental model is "the perception, understanding, or knowledge about a situation or process that is shared among team members through com-munication."

Lack of a shared mental model. Any time we lack a shared mental model we risk miscommunication, mistrust and mistakes. While the health care team is focused on the illness and associated tasks, their thought processes, purpose and the policies they follow are invisible to patients. In fact, hospital staff tends to give patients information on a need-to-know basis. Meanwhile, patients are focused on the subjective and emotional experience of their illness and medical care, areas that are viewed as unimportant by staff. This gulf is so significant that staff and patients don't view themselves as on the same side or even part of the same system. They are not a team. When this gulf emerges, one side or the other is likely to miss important cues or 'drop the ball'. But collaboration, based on a shared mental model, is central to patient care.

Lack of trust and compassion. Trust and human connection are crucial to patient engagement. We more readily share information with people we trust or who show they care about us, and we are more likely to listen to what they have to say. Yet when patients walk into a hospital, they are already fearful and vulnerable; they know that clinicians are busy and rushed, that hospitals make mistakes. But reduced anxiety promotes healing and outcomes. Add to this the impersonal, task-focused behavior of overwhelmed staff, and patients feel that they are no more than a body in a bed. In fact, impersonal behavior that is considered rude in social situations is normal and acceptable in health care. In addition, changing shifts and high staff turnover makes it difficult for nurses to build relationships with patients and deliver the care they are trained to give. As with any hampered relationship, crucial information may not be shared between patients and staff—this can adversely affect patient experience, satisfaction and ultimately, patient safety.

> "People aren't doctors. We don't know what's going on. We need support and we need help, and it's deeply, deeply personal for the patients and their families, even though it may not be for the staff."
>
> *- Family member*

Communication behaviors. Ineffective communication accounts for 65% of preventable deaths or serious injuries to patients and contributes to staff and patient disconnect.[8] Some studies suggest that at least 57% of communication is non-verbal, so inattentive body language and being task oriented (i.e. focused on task, computers or equipment rather than the patient as a person) undermines communication. Staff may also not be skilled at using patient-friendly terminology or checking for understanding. Even the word 'care' means different things to clinicians (medical care) and patients (compassion). Clinicians are likely to interrupt patients, and may not take their concerns seriously. On their part, patients are intimidated, reluctant to

display lack of medical knowledge, and afraid to complain for fear of retribution, and therefore fail to communicate effectively as a result. But patients recognize key behavioral markers that indicate when staff members are connecting with them in an authentic and nurturing manner.

However, many healthcare organizations—such as the Joint Commission, the Department of Defense Military Health System and the Agency for Healthcare Research and Quality—have begun to think about how to engage with patients, not least to ensure their involvement in their care as a patient safety strategy. Innovative hospital leaders are using proven teamwork strategies to effectively address these barriers to patient engagement,[9] and in doing so, improve patient satisfaction, empower staff and enhance safety.

Case Study 2: Barriers to Engagement—Lack of a Shared Mental Model

Joe was seeing his doctor following a procedure. The doctor began to explain what happened and what Joe needed to do to care for himself at home. Joe interrupted the doctor to ask a question. But the doctor held up his hand and said, "Don't interrupt. Let me finish, and if I still haven't answered your questions you can ask me THEN."

The doctor was following his mental 'script' to ensure that he provided the patient with all the needed information for proper care and compliance with follow up. He carefully explained all the patient would need to know, based on his years of experience in caring for other patients just like this one. When he finished, he asked the patient "Now, do you have any questions?" Joe replied "No". Satisfied that he had been very thorough in his explanations and that his "script" approach worked well, the doctor left.

Prior to this conversation Joe was feeling insecure about being discharged, and still in some pain, worried about the time off work he'd need to take and how his wife would cope. Now he felt completely bewildered and abandoned, stuck at the initial issue he didn't understand, frustrated with not being able to get clarity before moving on, unable to absorb anything else the doctor said to him, and too frustrated and confused to even to articulate a question when finally given the opportunity.

Case Study 3: Barriers to Engagement—Lack of Trust

George complained of shortness of breath and was admitted to the Emergency Room. After a long wait, and an interview with a nurse, the doctor appeared. He rushed into the room, picked up George's chart, and said, "Oh. They gave me the wrong patient." The doctor started to leave then turned back, and picked up the chart again and reviewed it briefly.

Without introducing himself to George or acknowledging others in the room, the doctor asked a few questions, made some notes and left without telling George what to expect next or even if he had been the right patient after all.

George had revealed to a visitor that he took an extremely long list of supplements in addition to prescription medications. After the doctor left, George said "I'm not going to tell him about the supplements I take because I can tell he's the sort of doctor who doesn't believe in that."

By not being attentive to body language and by not establishing a connection with his patient, this doctor unwittingly created a lack of trust, and a barrier to effective communication about facts that may be significant to the patient's condition.

Teamwork and Engagement Training

New research shows that clinical quality, safety culture and patient satisfaction are interrelated—improve one and you improve the others.[10] The most effective way to address both patient satisfaction and patient safety is through evidence-based teamwork and engagement training, a proven way to transfer learning and skills into behavioral competencies

ESSENTIAL FEATURES of ENGAGEMENT and TEAMWORK TRAINING

Effective Patient Engagement Training:

➜ Begins with superior leadership and provider modelling that encourages patients to ask questions and be actively involved in their care as part of a patient safety strategy—a national goal.[11]

➜ Assesses current organizational culture and practice as a baseline for identifying outcomes and evaluating progress.

➜ Gathers information about the patient perspective—knowing the patient's story is essential to establishing a shared mental model.

➜ Emphasizes staff awareness about the patient perspective—helping staff see through the patient's eyes increases staff readiness to learn new behaviors.

➜ Establishes emotional connection and compassion through communication behaviors—e.g. body language and simple communication techniques.

➜ Provides patients with tools and support to ask questions, understand and track medications, and know who their providers are and what they do.

➜ Reconnects staff with their sense of purpose and passion in health care.

Case Study 4: Florida Hospital System improves patient satisfaction through engagement.

Recent engagement training efforts by Florida Hospital improved patient satisfaction and safety by focusing on staff awareness of the patient's perspective and using effective communication techniques to engage patients.[12]

Awareness. Staff became more aware of how patients feel—afraid, bewildered, isolated—and better able to acknowledge those feelings and reassure patients in their daily interactions with them. They learned strategies to help them focus on one patient at a time, every time.

"...if you feel like you're part of a team instead of part of the procedure, it makes you get just a little bit better."

–Patient

Purpose. Staff were encouraged to recall their own sense of purpose in healthcare by focusing on Who, What and Why I Care.

— Who I am
— What I'm doing here
— Why I care about you and the care I am providing

Results. Satisfaction scores in units that benefited from training, increased from the 40th to 90th percentile.

Sustainability. At follow-up, 15 months after training, satisfaction scores were sustained.

Benefits of Team Training + Patient Engagement

Staff are empowered because new behaviors are:	Patient satisfaction + safety improves because:
Simple—easy to incorporate into daily practice; new behaviors take 30 seconds to implement.	Clinical error is reduced.
Doable—new behaviors improve staff capacity to identify patient needs.	Safety Culture and Satisfaction Scores increase.
Meangingful—patient care is renewed as a pleasurable experience.	Patient care coordination between team memebrs improves.
Sustainable—the focus is on one patient at a time, every time.	Effective communication by staff motivates patients to be actively involved in their care using proven safety practices.
Transferable—staff has a renewed sense of purpose that is communicated to others.	Clinical outcomes improve.

Human connection and engagement with patients is also associated with reduced litigation,[13] and improved compliance.[14]

TEAMSTEPPS®—A PROVEN MODEL of TEAM TRAINING

TeamSTEPPS®—Strategies and Tools to Enhance Performance and Patient Safety— is a proven teamwork training method that improves the safety and quality of care delivered, while reducing the cost of delivering reliable care over time. It provides an evidence-based curriculum that emphasizes teachable skills to hospital staff and focuses on interaction between patient care teams, proven safety behaviors and ways to incorporate the patient as a valued member of the team.

The TeamSTEPPS approach works by making it the right thing to do for the patient, the easy thing to do for staff.

HEALTHCARE TEAM TRAINING—TEAMSTEPPS® PLUS™

Healthcare Team Training (HTT) is the leading global provider of TeamSTEPPS®, which it has implemented in over 150 civilian and government healthcare organizations, including academic medical centers, military treatment facilities, community hospitals, clinics, and international health systems.

HTT created *TeamSTEPPS® Plus™*—teamwork and engagement training combined.

While most other national patient engagement strategies place the burden for effective engagement on the patient—who is already challenged with illness and hospitalization—the goal of *TeamSTEPPS® Plus™* is to create a shared mental model so that staff and patients are 'on the same page' in relation to the patient's care plan.[16]

The HTT approach to teamwork and engagement training emphasizes:

➜ Behaviors, body language and words that enable staff to establish authentic connection with patients in 30 seconds.

➜ Building trust and respect between team members—this acts as a bridge to trust and respect for patients.

➜ The patient's story—understanding the patient's perspective and emotional story is a springboard to meaningful connection with patients.

➜ Attitude—patients feel empowered and engaged when staff listen to them and value them as respected members of the health care team.

➜ Communicating with patients—asking for and sharing information at the patient level, rather than providing information on a need-to-know basis.

➜ Seeing through the eyes of those who care and empowering staff to be agents for change—by sharing exemplar stories of remarkable patient care.

HTT improves team behaviors, communication and patient engagement through proven techniques such as:

A patient who is engaged, *is* and *feels* safer, is more satisfied, and heals faster.

➔ **BRIEF**—initially establishes a shared mental model around the patient care plan to set realistic expectations. This plan is ideally crafted and communicated at the patients' bedside using lay language.

➔ **HUDDLE**—provides an opportunity to establish a shared mental model for emergent care planning as changes occur including the patient and family as appropriate.

➔ **3 W's (Who, What, Why I Care)**—teaches staff awareness and 30-second patient engagement tools that deliver healing, improve quality and safety of care and are sustainable.

➔ **DEBRIEF**—immediate post-care communication to ensure a shared mental model is maintained through discharge and transfer and identifies any risks to the care plan or patient experience.

RESULTS FROM HTT'S APPROACH
Improved patient satisfaction from 50th to 80th percentile.
Increased HCAHPS scores and patient referrals.
Improved physician satisfaction.
Reduced length of stay by 50%.
Reduced hospital-acquired infection rates by 50%.

CALL to ACTION

Improving teamwork empowers staff to reconnect with their own humanity and the values that drive their caring impulse. They begin to see quality through the eyes of the patient, are able to reconnect with patients as people and find that the joy of healing is restored.

Partner with the HTT team to achieve a *Great Patient Experience*:

➔ Increase the percentage of patients recommending your facility to others.

➔ Energize your staff.

➔ Improve your overall patient satisfaction scores.

➔ Ensure patient safety through high performing teams!

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FOOTNOTES

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