



C. Marinello, L. Parra, A. Soni, Edward Telzak and the Hospitalist Team, Department of Medicine

Background

Improving the patient experience is a major institutional goal and is, in part, dependent on improving physician communication with patients. Communication domains with patients of particular importance include: communication with courtesy and respect; listening carefully to patients and explaining the medical situation in a language patients understand; instructing patients on medications, especially new medication and side effects; and clearly speaking about care plans and discharge instructions.

There is great variability in physician communication competency and checklists have been shown to enhance standardization of message.

Our goal was to develop a new workflow to utilize the checklist effectively, specifying a dedicated time and shared responsibility for completion. This, we hypothesized, would improve physician-patient communication.

Aim

To improve physician-patient communication metrics (always/usually) by 5% over 2 months of GNITE rounds compared to pre-GNITE rounding on 4 medical floors.

Plan

Checklists have been a way to improve standardized medical care. We designed, re-implemented and educated the Hospitalists and medical residents on the intervention, i.e. the GNITE checklist, and developed a workflow so that the GNITE script would be done daily (Mon-Friday) in the afternoon. In addition to a dedicated time there was a shared responsibility as determined by the Hospitalist on the service for completion of the intervention for all capable patients and their family members, if available.

We subsequently developed an administered questionnaire to measure the expected positive impact on physician-patient communication in select domains.

Do

Following best practice review and focus group discussions to identify key drivers of effective communication, the GNITE checklist was formulated.

Greeting: “Hello, my name is/ remember me, I am.....”

New Treatments: “I’d like to review the new treatments/medications with you, what they are for and their possible side effects.....”

Information: I have the following test results/blood tests to review. The consults thought and recommended.....”

Tomorrow: This is what is planned for tomorrow.... You are being discharged tomorrow – is there anything you need (clothes, keys etc) and anyone who can pick you up in the morning?”

Expectations: “What else can I do for you, what other questions do you have for me...?”

A workflow was implemented to assure adherence to GNITE rounds and an administered questionnaire to measure patient perception of physician communication was done prior to initiation of GNITE implementation – the control – and 8 weeks after GNITE implementation.

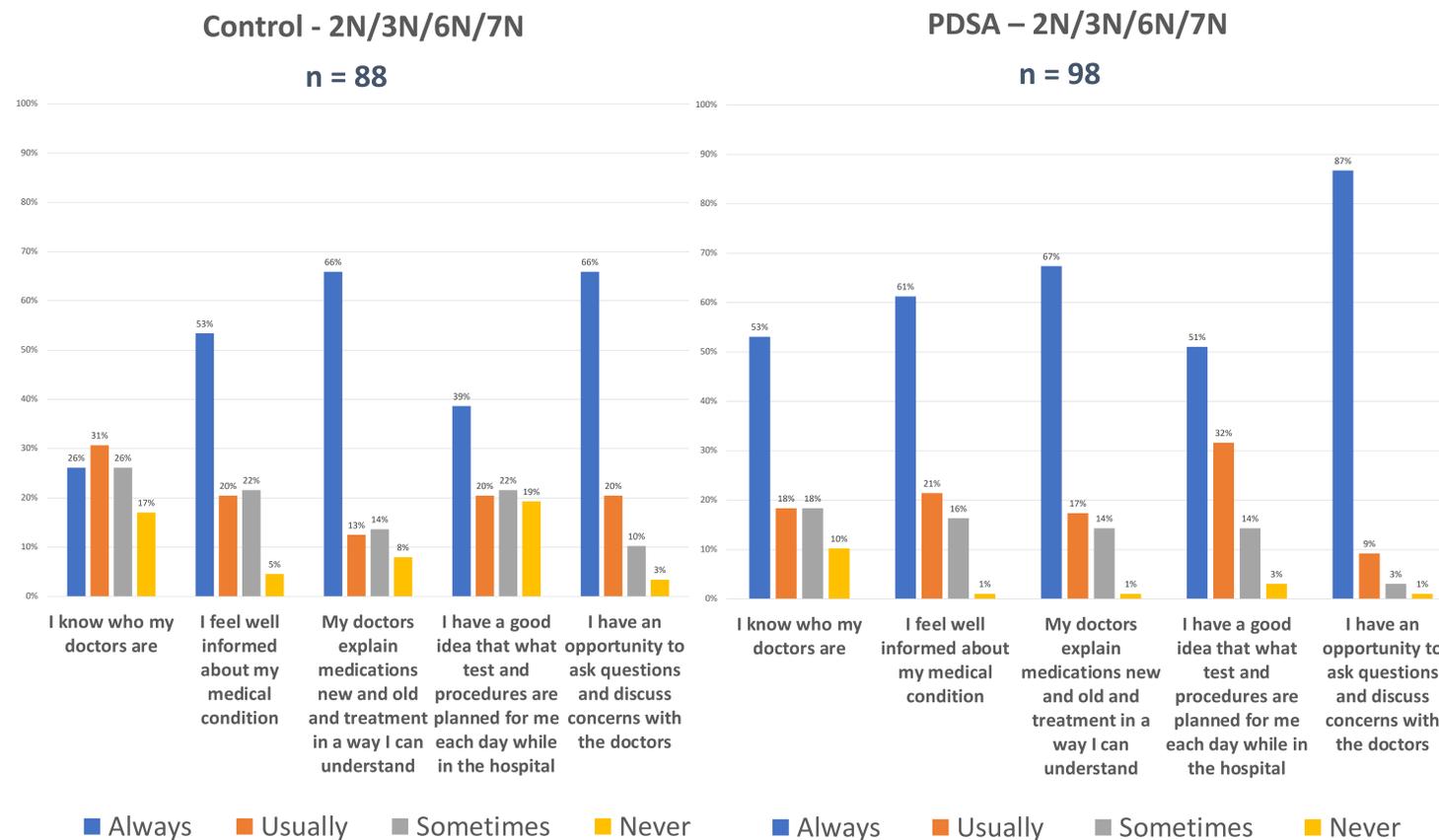
Study

In total, on all 4 medical floors, 88 patients were surveyed in the control group and 98 patients were surveyed in the PDSA group. Compared with the control, those who experienced the GNITE intervention showed significant improvement ($\geq 5\%$) in all 5 of the metric-domains for physician-patient communication. Following the GNITE intervention, 71% vs. 57% always or usually knew who their physician was; 82% vs 73% always or usually were well informed about their medical condition; 84% vs. 79% always or usually felt their doctors explained medication and treatments in a way they could understand; 83% vs 59% always or usually had a good idea of planned tests while hospitalized and 96% vs. 86% always or usually had an opportunity to ask questions and discuss concerns with their physicians. Of note, the lowest score was patients knowing who their physician was and the highest score was having the opportunity to ask questions and discuss concerns.

Act

GNITE rounding on a daily basis with a flexible script was highly effective in enhancing physician-patient communication. Our future goal is to shift the relatively high proportion of “usually” (9%-32%) to “always”. Of particular importance, greater attention is required on identifying the primary responsible physician, i.e. the attending, and explaining tests and procedures planned for the patient each day while hospitalized.

Another PDSA survey will occur in early May.



Contact Information

SBH Health System
4422 Third Avenue, Bronx, NY 10457
www.sbhny.org

Acknowledgements

To all of the medical residents who on a daily basis care for our patients.