Patient-centered communication strategies:

*Shifting from communicating to patients to communicating with them.*

*Article for Case in Point, June 2014*

By Sara Guastello, Planetree and Maria Hale, Northern Westchester Hospital

The patient-centered care value equation illustrated here hinges on engaging patients and family members as integral members of the care team. Evidence that this model of partnership between patients and providers results in improved healthcare outcomes at a reduced cost has driven uptake of the concept of patient and family engagement (PFE) among healthcare leaders, practitioners, policy makers, payers and patients and families themselves. Where the best of intentions, though, tend to crumble is in translating a commitment to PFE into actionable strategies for embracing the patient and their family as our partners in diagnosis, treatment planning, care management, and evaluation of outcomes.

We are a long way from the vision of the patient-centered health care system described in the Institute of Medicine’s report *Crossing the Quality Chasm*—one that is ground in two-way relationships between patients and providers, enriched by teamwork, and sensitive to patients’ values, preferences and beliefs (Institute of Medicine, 2001). A scan of recent literature finds that:

- Physicians, on average, interrupt patients within the first 23 seconds of their opening comments (Marvel and others, 1999).
- Physicians do not ask patients if they have any questions in more than 50% of outpatient visits (Naik and others, 2008).
- Physicians typically spend < 1 minute of a typical visit discussing new prescriptions (Tarn and others, 2008).
- Patients are afraid to ask their doctor questions for fear of appearing to challenge them (Frosch and others, 2012).

This evidence suggests considerable opportunity for enhancing patient and family engagement through deployment of patient-centered communication strategies that promote partnership over patriarchy, inclusion over barriers, and conversation over interrogation.

**Communication as the cornerstone of patient-centered care**

It is hardly a stretch to suggest that the single most important criterion by which patients judge us is by the way we interact and communicate with them. Just look at the publicly reported categories of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey designed to assess patients’ perceptions of care around aspects of their experience that are most important to
them. Of ten categories, four are explicitly related to communication (communication with nurses, communication with doctors, communication about new medications, and information provided about discharge). A review of how hospitals nationally perform on these measures highlights room for improvement in how we communicate with patients (Centers for Medicare and Medicaid Services, 2014).

Communicating effectively with patients and families is a cornerstone of providing quality health care, and is an indispensable component of any effective care coordination effort. Indeed, it has been estimated that upwards of 80% of serious medical errors can be traced back to poor communication during transfers or hand-offs, and communication breakdowns continue to be a leading contributing factors in many different kinds of sentinel events (Bowman, 2010).

That said, information conveyance is only part of the communication equation. The manner in which a health care provider communicates can be equally as important as the information being relayed. In a 2013 survey of patients, more than half of the respondents reported that when they experience a lack of kindness in healthcare interactions, they withhold information from their health care providers (Greensweig, 2014). Conversely, evidence demonstrates that when communication is compassionate and empathetic, patients talk more openly about their symptoms and concerns, which enables their clinicians to better assess their condition and make more accurate diagnoses (Epstein and others, 2005). Furthermore, in focus groups with patients facilitated by Planetree, communication is often the common thread that emerges as a differentiator of a “good” healthcare experience:

“I was here when there were a lot of nurse changes and they always...included me in the conversations.”

“If I had not been in the hospital, I am not sure that my parents would have completely understood the transition process...You are missing little details if you are trying to get well. I can picture my parents, if I wasn’t there, saying everything is fine, no questions. But then if you ask them, they are not really sure.”

“The doctor came in, pulled up a chair and said he wanted to talk...and we talked on my terms. I find that if the doctors would just talk in my terms instead of these long words, that would help. I am not a doctor; these words don’t mean nothing to me.”

“They came in together and reviewed what my status was and what my goal was for the day.”

**Tools for Dialogue**

Patient-centered communication is a bi-directional and collaborative exchange of information, which stands in contrast to the more patriarchal model of care that has been perpetuated for generations through established health care practices and conventions that create a rigid divide between patients and their professional caregivers. For more than 35 years, Planetree, Inc. ([www.planetree.org](http://www.planetree.org)) has been working in collaboration with healthcare organizations to re-engineer traditional healthcare practices to
reverse the passivity in patients that has been fueled by a provider-centric orientation of the healthcare system (Frampton and others, 2014). These patient-centered healthcare organizations are increasingly adopting specific strategies that facilitate the shift from communicating to patients and families to communicating with them. Examples include:

- **Sharing the medical record** by inviting patients to not only see their real-time personal health information with the same degree of timeliness afforded their professional caregivers, but also to contribute progress notes and notify caregivers of any inaccurate or missing information.

- **Re-locating change of shift report** to the bedside such that the patient and key support persons are able to participate in the exchange, and contribute their perspective on what is most important for the oncoming staff to know about the patient.

- **Adoption of shared decision making techniques and tools** to support patients and their providers in engaging in a dialogue about the advantages and disadvantages of potential treatment options and the personal implications of different decisions.

- **Use of teach-back techniques** to validate patients’ comprehension of vital information they will need to manage their care outside of a specific healthcare episode.

- **Redesign of communication boards** to capture what matters most to patients, including the plan for the day and what they need to know to prepare for discharge.

- **Care partners programs** that formalize the involvement of those who comprise the patient’s social support network (and those will continue to support the patient in managing their care after discharge) as a member of the care team who is involved in providing hands-on care where appropriate, as well as care planning.

**Putting it All Together: Northern Westchester Hospital’s Single Plan of Care**

Northern Westchester Hospital in Mount Kisco, New York is one of 24 U.S. hospitals to have earned recognition for patient-centered excellence through the Planetree Patient-Centered Hospital Designation Program®. As part of the hospital’s Inpatient Process Redesign, the hospital drew heavily on the Planetree principles of patient-centered care to develop a single plan of care that supports patients’ confidence in managing their health and supports their confidence that their various healthcare providers will be on the same page with their regard to their needs and preferences.

To meet these goals, the NWH team implemented many of the well-established, high impact patient-centered communication strategies identified above, along with a re-designed interdisciplinary record where all disciplines document their plan of care (breaking down silos), RN-MD huddles, a patient-designed discharge checklist, specially designed in-room communication boards, a bedside tablet where patients can access aspects of their medical record, streamlined discharge phone calls, a process for making follow-up appointments before the patient leaves the hospital, and a “patient warm line,” where patients and families can call with questions and concerns related to discharge instructions, medications, signs, symptoms, etc.
Hospital leaders recognized, though, that an inventory of practices was not enough, that true patient and family engagement—and sustainability of these efforts—would only stem from a well-thought out process for integrating these practices into a comprehensive patient-centered process. A consistent methodology for deploying these various strategies in a cohesive and patient-centered manner in consultation with the Hospital’s patient and family advisory council—considered patient experience experts—was adopted. As a result, communication between the interdisciplinary team and patients and their loved ones became less about imparting information and more about entering into a dialogue focused on understanding the patient’s most pressing concerns at any one moment and ascertaining what barriers they may encounter in managing their health upon discharge. Nurses, hospitalists and other professional staff pharmacists, registered dietitians and case managers were trained to use a communication strategy, known as Ask-Tell-Ask and Teach Back. A key component of this form of dialogue is to appreciate what the patient understands before proceeding with new information.

The impact of this carefully planned and executed process redesign has been dramatic improvements in the hospital’s performance on the HCAHPS patient perception of care measures, including a:

- 6.1% increase in patients who reported their nurses “always” communicated well.
- 2.4% increase in patients who reported their physicians “always” communicated well.
- 5.8% increase in patients who reported staff “always” explained about new medicines
- 4.3% increase in patients who reported that they were given information about what to do during their recovery at home.

**Conclusion**

Finding ways to engage patients in a dialogue about their health and wellness goals, and their preferences and values, and leveraging their presence as the single most consistent continuous presence across discrete healthcare episodes requires a profound shift in how patients and healthcare professionals understand each other’s roles and how these evolving roles as partners are supported through more transparent, collaborative communication techniques. Implementation of the strategies outlined here creates the foundation for dialogue and a partnership that will convert patient and family engagement from an aspiration to a reality.

**References**


Bio

**Sara Guastello**, Director of Knowledge Management at Planetree

In her role, Sarah oversees the Patient-Centered Hospital Designation Program® and the associated Patient-Centered Merit Recognition Program, the only such program to recognize excellence in patient- and resident-centered care across the continuum of care. She is co-editor of the recently released *Putting Patients First Field Guide: Global Lessons in Designing and Implementing Patient-Centered Care* (Jossey-Bass, 2013), and led the development of *The Patient-Centered Care Improvement Guide* and the companion *Long-Term Care Improvement Guide*. Drawing on the experiences of health care organizations implementing the Planetree model of patient-centered care, she has authored white papers on integrating the patient and family voice into hospital operations and advancing person-centered care across the continuum of care, and developed a series of toolkits spotlighting field-tested strategies for HCAHPS improvement.

**MARIA HALE, MBA**, Vice President of the Office of Patient and Family Advocacy and Patient-Centered Support Services, Northern Westchester Hospital (NWH)

With more than 15 years of healthcare experience at Mount Sinai Medical Center and NWH, Maria has a variety of experience in healthcare administration, large system electronic medical record design and implementation and project and operational management. Areas of expertise include, patient advocacy, integrative medicine, medical ethics consultation, family caregiver support, community volunteer programming and creating and fostering a culture of patient and family centered care throughout the hospital. Operational leadership includes food and nutritional services, environmental services, transportation, telecommunications and unit based administrative functions. Under Maria’s leadership, NWH was awarded the prestigious recognition of *Designated Planetree Patient-Centered Hospital with Distinction*. As a national Picker Institute Fellow, Maria co-authored with Sara the *Patient-Centered Care Improvement Guide*. Maria also spearheaded the design of a bedside patient tablet system providing patients with direct access their medical record. Additionally, Maria has more than 10 years of Human Resources and Training Development experience as Director of Human Resources for The Four Seasons and Ritz Carlton Hotels. Maria is a graduate of Boston College and received an MBA in Healthcare Administration from Iona College.