→ white paper

Lessons Learned from the COVID-19 Front Lines:

The Value and Importance of Patient Communication

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OVERVIEW

While timely clinician-patient communications is always a primary goal of every interaction across TeamHealth, the special challenges brought on by COVID-19 exposed new truths about the need for an empathetic, understandable information exchange.

THE CHALLENGE

During the pandemic, COVID restrictions, including PPE protocol and distancing guidelines, brought new barriers into caregiving routines which could adversely affect quality patient care. Determined to overcome some of those dilemmas, TeamHealth methodically studied and enhanced the overall patient experience in this new practice environment, providing solutions to these challenges, reinforcing our core concepts and applying a healthy dose of common sense about human connections.

At the beginning of the pandemic and throughout its darkest months, many moving-target theories about COVID (and its symptoms, variants and transmission) often brought a sense of uncertainty and fear into previously routine encounters and information exchanges inside our client hospitals.

Recognizing that clear communication between clinicians and patients leads to better patient experience, the TeamHealth Performance Directors in this initiative turned to TeamHealth's proprietary A-PEX process (Achieving Peak Performance in Patient Experience). By harnessing A-PEX concepts and research, the directors worked to determine needed improvements for more positive patient experiences, pre-and-post COVID. Consider, for example, the two following cases which occurred during COVID's dark days:

CASE ONE: MRS. ADISA* AND A LACK OF COMMUNICATION

Imagine this scenario: Mrs. Adisa rests in her hospital room, anxiously waiting all morning to see her hospital medicine physician. The day before, she was admitted for chest pain by one of the hospital's ED physicians. She hopes to hear the results of her tests and information about the cause of her symptoms.

The hospitalist physician enters Mrs. Adisa's room. Clad in full PPE, the physician does not identify herself and is not wearing a visible name badge. Standing more than six feet away, she tells the patient "your stress was non-diagnostic," then quickly turns away, leaving the room.

*Fictional last name

Mrs. Adisa's anxiety rises. In the brief moment that the physician was present, she had no time to ask what "non-diagnostic" means. She can hear sounds from the nurses' station outside her room, but no one is coming in to interact with her or update her on her condition.

She has so many questions, but is scared to leave the room and is discouraged from doing so. Due to COVID visitation restrictions, her loved ones are not permitted to visit her, so no one is there to help her, to advocate for her or ask questions on her behalf.

Eventually, a nurse enters, carefully keeping distance from Mrs. Adisa, and hands her discharge paperwork. The nurse simply tells Mrs. Adisa she is discharged and leaves the room (without offering any additional information).

Mrs. Adisa's confusion and fear grow as she ponders numerous questions. What caused her chest pain? Is she a risk to her family? Is she going to be okay? But again, the nurse abruptly left before Mrs. Adisa could formulate these questions.

Meanwhile, Mrs. Adisa's family also is in a quandary. They have not been able to visit her and are very concerned about the lack of information. They've been unable to speak to her doctor or nurse about her condition. They are now assuming the worst.

CASE TWO: MR. JONES* AND THE IMPORTANCE OF PATIENT HISTORY AND PHYSICAL

Mr. Jones, an elderly man in his mid-70s, arrives at the ED for the second time in two days with abdominal pain. A repeat set of abdominal protocol labs and a second abdominal CT scan are ordered after a brief history and a limited physical examination is performed.

Fortunately, before Mr. Jones is transported to the radiology suite, the clinician returns to his bedside and completes the physical exam. Upon further examination and after lifting the patient's gown, Mr. Jones is found to have a right-sided, painful, abdominal rash consistent with herpes zoster. This experienced clinician rather sheepishly cancels the CT scans and repeat laboratory tests and wonders how many diagnostic errors occur due to compromised evaluation and communication during the pandemic.

NO-WIN SITUATION

Patients deserve better than this. And it probably happens more often than we realize. When physicians, advance practice clinicians (APCs) and nurses are afraid of patients (and the patients are afraid of the physicians, APCs and nurses), a negative clinical environment is created. The situation now is predisposed to delays, poor communication, medical errors and both patient and clinician dissatisfaction.

THE SOLUTION

Core Concepts Still Drive Patient Experience, Even During COVID

Clinicians and caregivers must remember that, with or without the confusion of a pandemic, certain patient care truisms still remain and best practices/good habits always apply within our procedures, such as:

- Operations drive patient experience
- Specific actions have been proven to increase scores
- Hardwiring good habits allows us to perform in atypical situations

*Fictional last name

POSITIVE PATIENT EXPERIENCES

Team Health's Performance Directors reviewed key studies in which the A-PEX concepts were applied, including those dealing with positive patient experiences. Those studies showed that patient experiences with positive outcomes also led to improved circumstances for the hospital, including:

- Fewer legal problems
- Increased stability of jobs and contacts
- Higher hospital profitability/financial incentives
- Improved work environment
- Energized clinicians and caregivers

In many cases, satisfied patients also led to improved patient outcomes and compliance, with patients feeling more confident about the care they received from clinicians. Concurrently, the clinicians were encouraged by the results they saw from their empathetic approaches to patient interaction.

HOW DO WE ADDRESS PATIENT EXPERIENCE IN A COVID WORLD?

Five primary steps can assist us with learning and applying the nuances to care during a pandemic.

1. **Acknowledge and Overcome:** Acknowledge and overcome the intimidating and restricting effect of PPE.
2. **Remember:** Remember how challenging the COVID environment is for the patient and families.
3. **Take:** Take time to communicate with the patient effectively.
4. **Call:** Call the patient's room to give updates. Call the patient's loved ones to update.
5. **Make:** Make extra efforts to examine properly.

INNOVATIVE EXAMPLES CAN EASE FEARS

TeamHealth's clinicians are trying various innovative ways to connect with patients, especially while wearing PPE. For example, an ED physician in Florida created a flyer with his photo on it, introducing himself as "your attending physician today. I'm a board-certified emergency physician and will oversee your care."

The flyer also used phraseology that empathized with the ED patient, acknowledging the possibly scary PPE emergency atmosphere of intimidating goggles, face shields and masks, and referencing the care team's desire to make the patient comfortable, ending with "We're all in this together."

MAKING CONNECTIONS WITH QR CODES

Other innovative methods include a recent TeamHealth-wide QR Code Pilot project, in which clinicians create a "QR code badge" that states, "Want to learn more about me?" Patients are invited to use their smartphones (if they are so inclined) to click the QR code, which directly links to the clinician's Healthgrades bio.

The bios help patients connect and relate to clinicians on a more personal level. Once linked to the bio, patients can discover more about a physician's age, training, certifications, schooling, affiliations with local hospitals, and other information including the clinician's "core philosophy."

One example of a core philosophy statement reads "Passionate about patient safety and quality of care. Strive to deliver exceptional care with informed, collaborative decision-making together with my patients and their families."

CHILDREN, PETS AND HOBBIES

A physician participating in the pilot said he'd like to push the boundaries of expanding that QR code information to include short facts about his children, hobbies or even his pets. He said that "if we can find common ground…or even provide or share just one non-medical fact that's interesting or memorable, we can personalize the encounter. Clinician burnout is common in medicine, and patients' depersonalization is a frequent observation seen in those afflicted. The hope is that by personalizing the encounter both patients and physicians benefit."

"It's been observed…and many times we know it ourselves…that we're just not making connections with patients, which makes it hard on providers and really hard on patients and their families," he said. "When a patient learns I'm a dad, or that I foster rescue animals, or have a similar hobby, that information can serve as a bridge."

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The QR code pilot is ongoing and wide-reaching, with TeamHealth clinicians throughout the U.S. currently working to expand and refine the concept.

PPE CUSTOMIZATION, PLUS A SENSE OF HUMOR

When dressed in full PPE, clinicians should wear their badges to clearly display name and title, with verbal reinforcement by introducing themselves loudly and clearly upon the first meeting. The addition of a professional headshot also allows patients to "know" the face behind the mask, but numerous TeamHealth clinicians also have been experimenting with wearing oversized laminated badges displaying large informal photos of themselves.

Some of those very informal photos even look like cellphone "selfies" of the clinicians, humorously taken behind the steering wheels of their cars, or informally posed in a hallway.

ADDITIONAL BASIC COMMUNICATION TECHNIQUES

With nonverbal facial communication often compromised by PPE, clinicians must remember that postural nonverbals, words, volume and tone matter more than ever. Clinicians are encouraged to make caring statements to the patient such as "these precautions are for your protection and safety" and "thank you for understanding that we are limiting visitors for all patients for your safety, as well as theirs."

For best results, communication is most successful when clinicians:

- Speak in clear tones, carefully enunciating words.
- Wait to hear the patient's history and concerns before interrupting.
- Call the patient's room to give updates when test results are in.
- Remember to call the patient's loved ones to update them.
- Consider using Facetime during the patient encounter to involve their family.
- Usage of Verbal Affirmation.

Another tactic in minimizing barriers between clinician and patient is a verbal affirmation, consisting of making statements and asking questions to confirm their understanding, such as "I want to make sure you can understand me through this mask. Are you able to hear me okay?"

Reflective listening techniques work well here, such as "I heard you say...Did I get that right?" to help assess the patient's understanding. Additionally, clinicians should offer empathy, avoid medical jargon, and explain vague terms such as "non-diagnostic."

ADDRESSING PATIENT EXPECTATIONS

Key studies within the last few years have cataloged "what patients want from clinicians." A November 2017 study in the Annals of Emergency Medicine showed that patients often want to understand the cause and expected course of their symptoms (including symptom relief and a plan to manage those symptoms).

That study also highlighted the importance of the patient feeling valued, which could be demonstrated by clinicians giving reassurance, keeping them informed about delays and further treatment, and exhibiting behaviors that made the patient feel the clinician cared about them as a person.

CLINICIAN BEHAVIOR RESULTING IN HIGHER PATIENT EXPERIENCE SCORES

Some of those same empathetic clinician behaviors point to positive correlations between high-performing ED clinicians in Press Ganey (PG) satisfaction scores and their use of specific communication behaviors, according to a 2018 study published in the Journal of Patient Experience.

In that study, observational data showed more favorable outcomes if clinicians began the patient interaction with an open-ended question such as "How can I help you?" and made eye contact or smiled. Clinicians who acknowledged the patient's wait, apologized for it, and made at least one nonmedical gesture (brought them a blanket, etc.) were also some of the most high-performing PG satisfaction scores.

A key point in the study involved the patient's wait time in the ED. The concept of appreciation of the patient's time showed the most significant behavioral differences between the high and low-performing emergency departments.

CONCLUSIONS

In 2021 and beyond, whether or not COVID-related, vital patient experience feedback continues to evolve, enabling consistent improvements to A-PEX's various assessment elements, making this program a dynamic, ever-changing framework within client facilities.

While the focus on positive patient experience isn't new, Team Health's "deep dive" into core elements of patient satisfaction can provide partnering facilities with more satisfied patients and clinicians, while maintaining a competitive advantage in today's challenging operating environment.