

UCSF Mission Bay Attitudes, Architecture and Technology

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Fancy Hospital Flourishes Often Fail To Impress Patients

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JORDAN RAU

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KAISER HEALTH NEWS



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When Johns Hopkins Medicine opened gleaming new clinical buildings, it created a natural experiment to gauge patient satisfaction.

Johns Hopkins Medicine



<https://www.youtube.com/watch?v=dZ6jXjVubG8>



What is the secret to an excellent patient experience?



Authenticity

“The secret of the care of the patient is in caring for the patient.”

-Francis Peabody, MD Talk to Harvard Medical School students 1927 on “The Care of the Patient”

Etiquette Based Communication Among Medicine Interns

- Johns Hopkins, Medicine Interns
- Observed 732 encounters, 29 IM interns, 2 sites

Behavior	Definition
Introduce	Say their own name
Explaining role	Use the term intern, resident, doctor or medical team
Sit	Crouch, sit on bed, sit in chair at some point
Touch	Any touch, shaking hand, hand on shoulder, physical exam at any point
Open Ended Qs	Any q that warranted more than a yes/no

Medicine Intern Performance

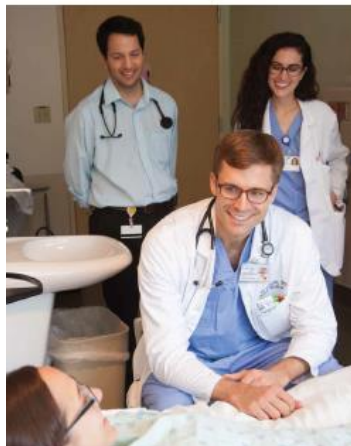
Behavior	Perceived (%)	Performed (%)	P value
Introduce	80	40	<.01
Explaining role	80	37	<.01
Sit	58	9	<.01
Touch (incl exam)	73	65	
Asking Open Ended Q's	66	75	
All		4	
None		30	

[Block L](#)¹, [Hutzler L](#), [Habicht R](#), [Wu AW](#), [Desai SV](#), [Novello Silva K](#), [Niessen T](#), [Oliver N](#), [Feldman L](#). **Do internal medicine interns practice etiquette-based communication? A critical look at the inpatient encounter.** [J Hosp Med](#). 2013 Nov;8(11):631-4. doi: 10.1002/jhm.2092. Epub 2013 Oct 12. Tackett S, Tad-Y D, Rios R, Kisuule F, Wright S. Appraising the practice of etiquette-based medicine in the inpatient setting. [J Gen Intern Med](#). 2013;28(7):908–913.

Take a Seat



Clinicians sit down only
9% of the time.



Being at eye level:

- Reduces anxiety
- Increases patient perception of time spent
- Strengthens patient-provider partnership

Chairs are now available behind each door.

UCSF Medical Center

UCSF Benioff Children's Hospital

Words Matter

VIEWPOINT

Table. Selected Deleterious Medical Phraseology and Proposed Alternatives

Word/Phrase	Potential Pitfall	Proposed Alternative(s)	Reason for Alternative
"Patient refused"	Establishes decision-making divide (subtle or overt) between patient and clinicians	"Patient declined," or "Patient preferred not to/would rather not"	Implies patient and clinician worked together in considering recommendation and alternatives
"Patient (or family) is difficult"	Creates antagonism (subtle or overt) between patient (or family) and clinicians	"They are struggling, and so am I," or "This is a difficult situation. The family is doing the best they can"	Gives patients/family benefit of the doubt, enabling consideration of reasons behind behaviors and emotions of all parties involved

I on a patient I was about to see, matter-of-factly noting, "FYI, she refused vitals."
"Okay, thanks," I replied. Years of hearing and participating in conversations we have about patients

another defiant patient in my already long list of people to see and things to accomplish today," I might have thought.
The encounter brought to mind key

ately glosses over the potential for real treatment harm to patients, and generalizes an assumption to all, instead of finding out what "manageable" or "tolerable" would entail for

Epstein, Andrew. JAMA Internal Medicine 2013

Improving Provider Effectiveness Through Relationship Centered Communication Training



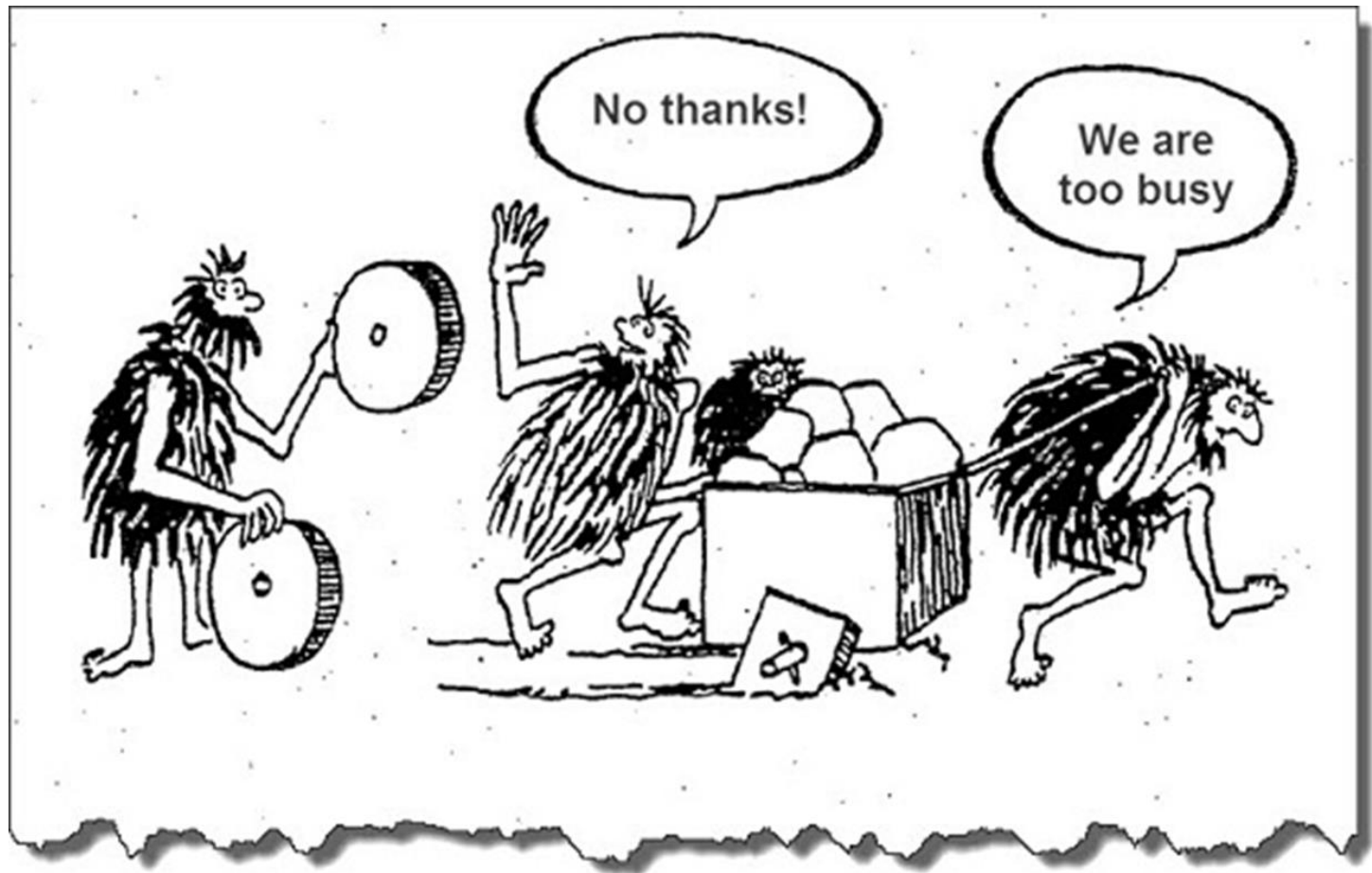
Deliberate Practice and Feedback

“More than any therapeutic intervention I could give my patients, any antibiotic, or clinical treatment choice I make, I found that good communication makes a difference in every single encounter.”

“I knew I was interested in communication when people around me would shy away from difficult conversations, and I found myself thinking, I kind of like the difficult conversations.”



[Don Berwick: I Fear to Be a Patient](#)



“Work **engagement** is feeling energetic and enthusiastic, “It’s about going to work and getting meaning and enjoyment, feeling good about what one is accomplishing.”

Building Capacity of the Care Team



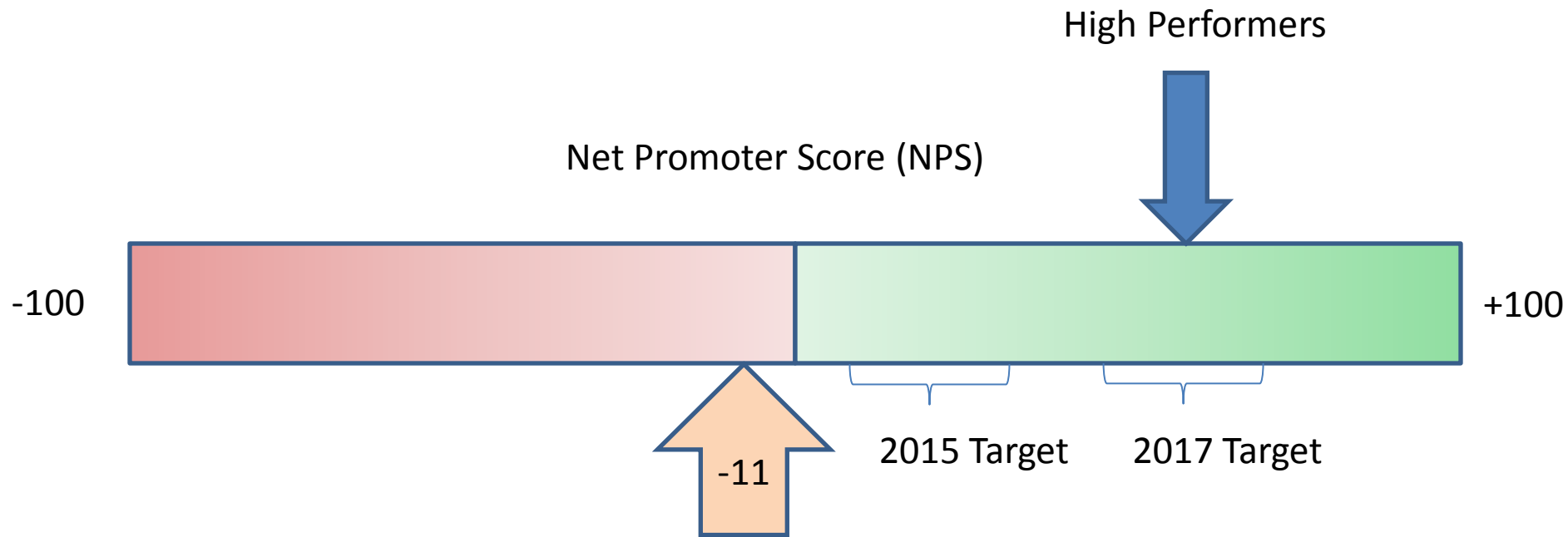
“When I decided to share my personal story about burnout and leaving medicine, more than 20, 000 viewed the post, and hundreds left comments....**Physicians almost never ask me *why*. They ask me *how*.**”

**An Invisible Barrier to
Compassionate Care:**
The Implications of Physician
Burnout on Patient & Family
Experience

Diane W. Shannon, MD, MPH
Shannon Healthcare Communications, Inc.

Measuring Healthcare Team Experience:

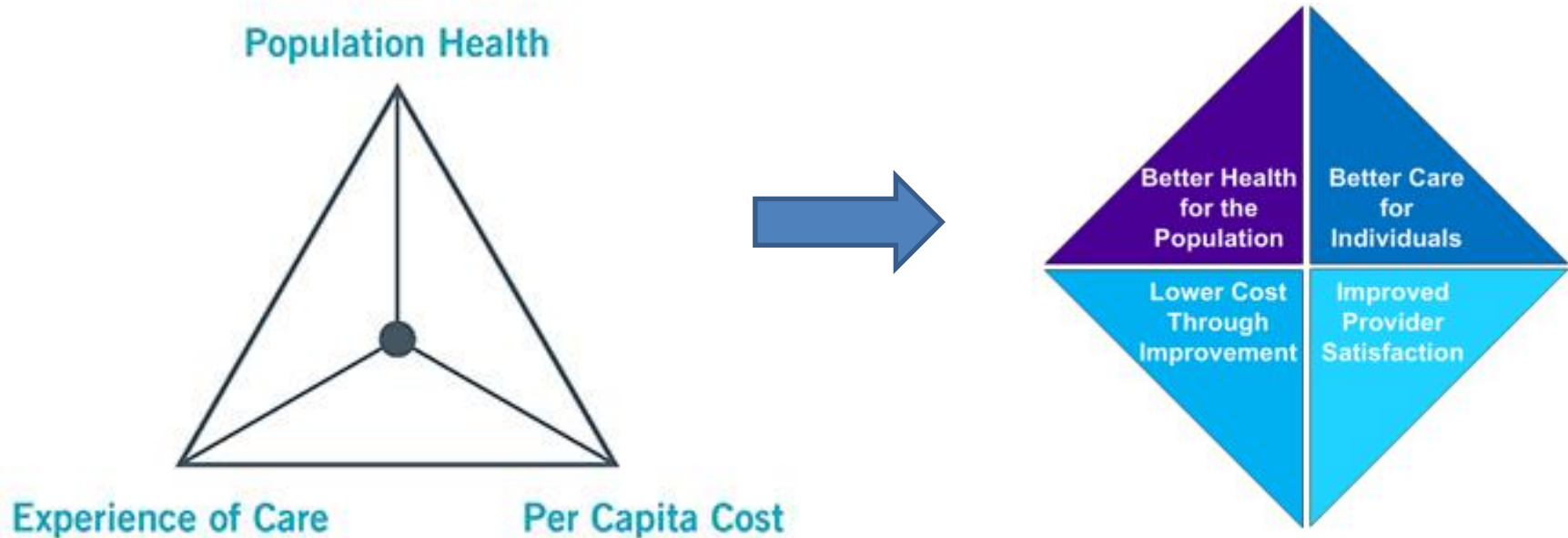
How Likely Are Our Physicians to Recommend UCSF As a Place to Work?



UCSF Physician Pulse Survey
October 2014, response 42%

The Quadruple Aim

The IHI Triple Aim



Bodenheimer T, Sinsky C. From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider. Ann Fam Med 2014; 12 (6): 573-376

Top Clinician Priorities

Areas of Focus

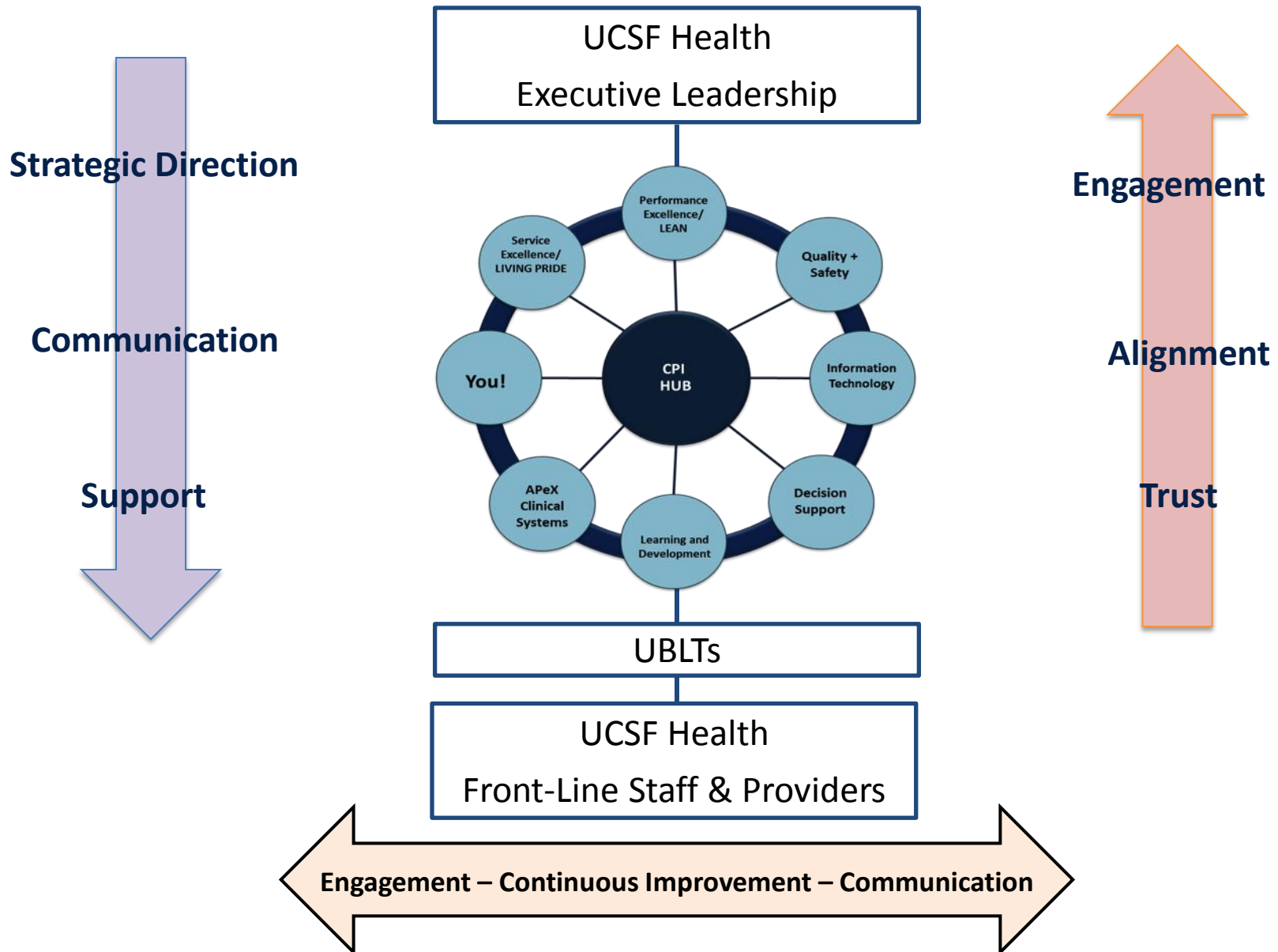
- EPIC/EMR
- Clinical Work Loads/Support
- Recognition/Valuing
- Leadership/Communication
- Team Building
- Basic Needs



“True North” Metrics

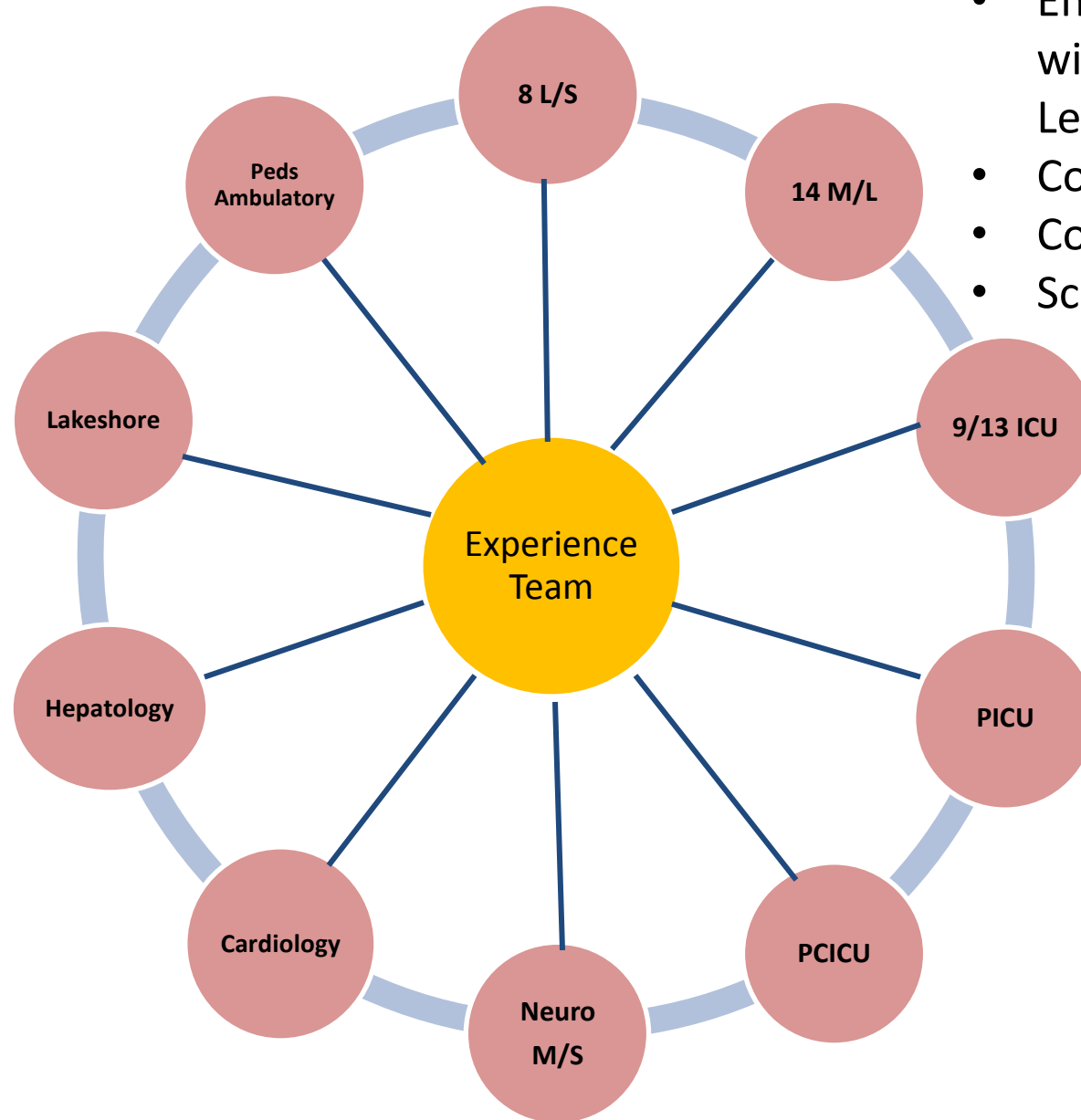
- Quality
- Safety
- Value
- Experience
- Engagement

Unit-based Leadership Aligns the Organization

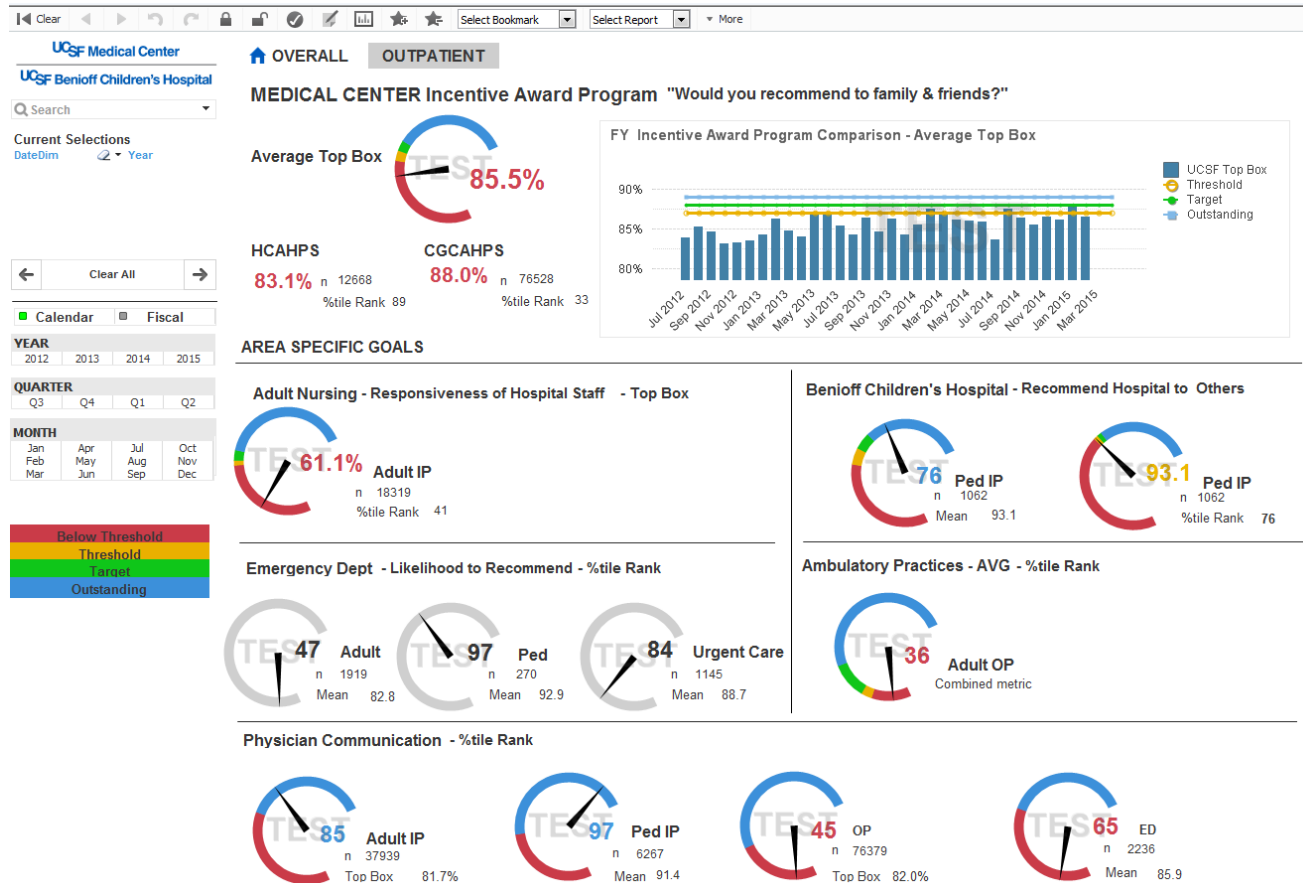


Experience and Unit Based Leadership

- Engage Front Line with Local Leaders
- Common Focus
- Connect the Dots
- Scale Efforts



Data Visualization

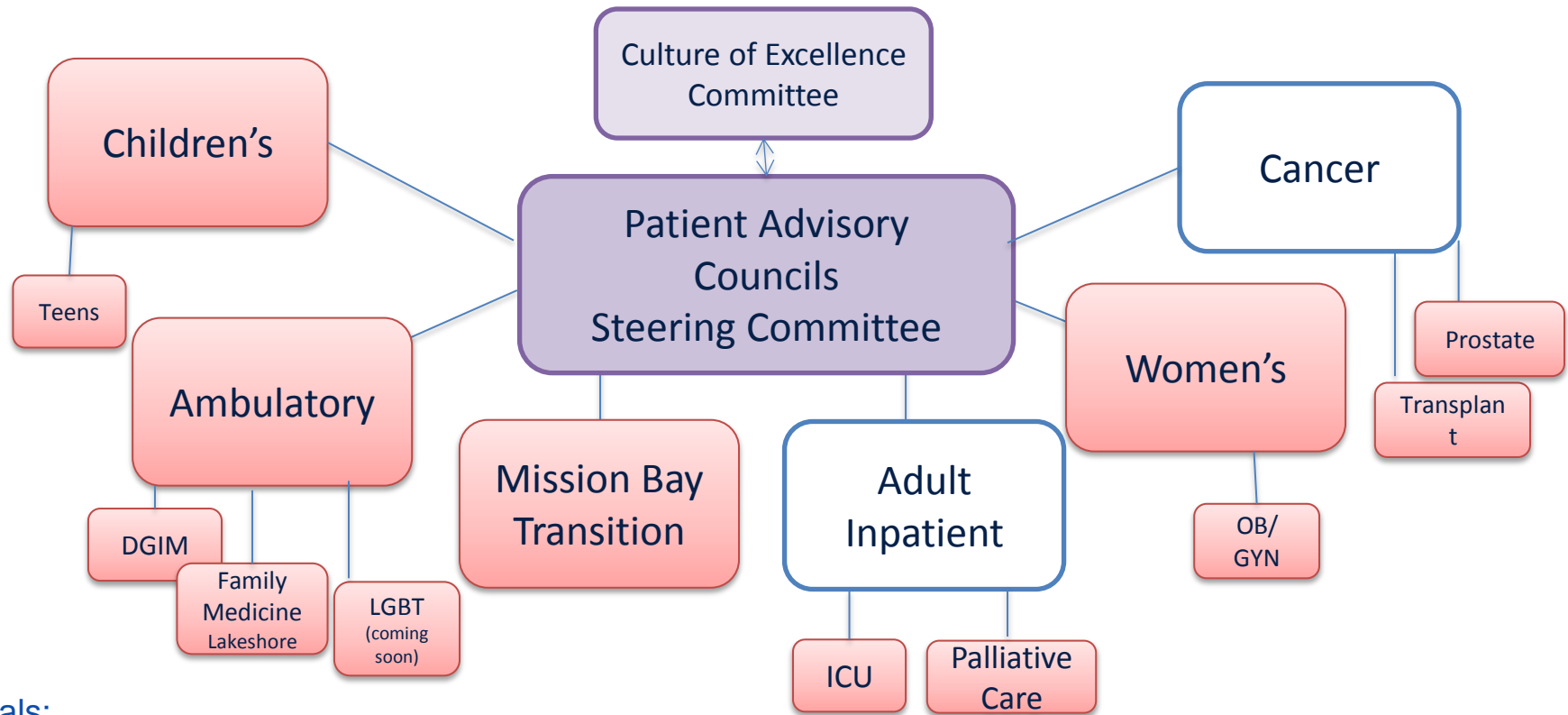


Morgan Gleason: “I Need To Be Heard”



<https://www.youtube.com/watch?v=BqFfRiyW07I&feature=youtu.be>

Patient Engagement in the Organization



Goals:

- Standardize bylaws, guidelines and rules of engagement
- Synergize scalable efforts
- Support PAC Leaders
- Protect reputation and community perception of UCSF
- Start up toolkit
- Sharing collective wisdom from each council
- Building a community of patient partners
- Vetting universal questions to each council

