Communication: Managing Patient Expectations

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Objectives:

• Identify three behaviors that improve communication with patients and families
• Recall examples from lecture that lead to breakdown in communication
• Formulate helpful questions for patients and families; that help facilitate communication
Patient and Family Perceptions of Care

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The Gap

Expectation

Reality

Gap = Problem

I want to.... But....

http://shishank.info/pcm/wordpress/2011/04/19/setting-the-right-expectations/reality-expectation-gap/
What are some common expectations in life?

• It’s going to snow tomorrow
• I’ll be off work at 5
• Marital bliss
• Best and brightest kids on the planet
• Bill Gates will be mowing my lawn
• Park like yard, white picket fence, hummingbirds

“Expectation is the root of all heartache.”
- Shakespeare
The Process

“The mind that opens to a new idea never returns to its original size.”

Albert Einstein
Expectations vs Reality

• **Expectation**
  - I haven't seen the doctor / PA / NP for half a day. I thought they'd be sitting outside my room checking on me every hour.

• **Reality**
  - Daily rounds, treatment plan in place, therapies as indicated, address problems when/if they arise, adjust plan as needed

• **Expectation**
  - I called my nurse 10 minutes ago for my medication. I expected it to be here 5 minutes before I called.

• **Reality**
  - Thanks for letting your nurse know you’d like your medication, they’ll have that to you soon, possibly in the next half hour or so

• **Expectation**
  - Where is the consulting doctor, I've been here for over an hour?

• **Reality**
  - Your consultant is aware of your admission and will determine over the next day - what and when to move forward with the appropriate intervention. The plan of care for the first day or two of your admission is to ensure that you are stable without new findings, internal bleeding or worsening of your injuries.

• **Expectation**
  - Why am I having pain, I just want to be unconscious?

• **Reality**
  - An awake, breathing patient, participating in therapy, progressing toward narcotic freedom, avoiding potentially serious side effects and complications are the goals of care. We don’t expect that you’ll be pain free but rather that you will be comfortable. Your pain control will wax and wane throughout the day as you heal and recover and as you participate in therapy.
What are HCAHPS?

HCAHPS
Hospital Consumer Assessment of Health Care Providers and Systems

Hospital’s reimbursement is partly based on scores they receive on the HCAHPS

CMS LINK:
http://www.medicare.gov/hospitalcompare/hospitalcompare.html?mpr=Tab-1&cmpID=15002412C11909612C190074&loc=INDIANAPOLIS%2C20IN&aa=397585155&lng=86.1580736

The Relationship Between HCAHPS and Facilities: How To Improve Scores In New And Existing Healthcare Facilities
Measuring the Gap: HCAHPS

- CMS recognized the importance of this gap between expectation and reality beginning back in 2002.
- Survey is designed to measure patients perception of care
- Hospital Consumer Assessment of Healthcare Providers and Systems
  - Created in 2002
  - Endorsed in 2005 by national quality forum (NQF)
  - Deficit reduction act in 2005 created an incentive for hospitals to participate in HCAHPS
  - Eventually implemented in 2006
  - Public reporting of results began in 2008
  - Affordable Care Act of 2010 specifically included HCAHPS performance as directly connected to value-based incentive payments / withholdings beginning with October 2012 discharges
  - Survey evolved with a few additional questions to its current form in 2013
Knowing the Gaps
Barbara Lewis – Created family bill of rights

• Barbara’s sister – Joan, passed after a couple of weeks in an ICU. Barbara, a marketing director by trade, was surprised by the gap between her expectations and the actual experience ........

• Joan’s Family Bill of Rights
  • I felt invisible
  • I felt like I was a nuisance in the room
  • I felt like I asked too many questions

• Businesses have been doing it for years – “it’s now time for hospitals (and providers) to understand the patients expectations, manage those expectations and close the gap between the hope that patients have when they come into the hospital and the realization they are stuck with when they leave”

• Closing the gap means redesigning and improving systems AND altering behaviors

Patient / Family Perspective of Expectation vs Reality

Knowing the Gaps

• Diagnoses
  • Additional testing
  • Consultants and their schedule / decisions
  • Treatment plan
  • Follow-up regarding specific diagnoses

• Daily Schedule
  • Pre rounds, rounds, therapies and treatments
  • Length of stay
  • Team / provider follow-up as an inpatient AND outpatient

• Complications
  • Potential, prophylaxis, monitoring, interventions

• Medications / Pain

• Discharge, follow-up
HCAHPS

• 32 Questions
• Sections –
  • How did the nurses treat you, did they listen, were they respectful
  • How did the Doctors treat you, did they listen, were they respectful
  • How often did nurses and doctors listen carefully to you
  • How often did nurses and doctors explain things in a way you could understand
  • Hospital environment – clean, quiet
    • Did you have help with getting to the bathroom or bedpan
  • Was your pain controlled
    • Did the hospital staff do everything they could to help you with your pain
    • Did hospital staff tell you what the medicine was for before having you take it
  • Discharge
    • Did the staff take your needs into account when deciding my discharge
    • I had a good understanding of my medications, discharge plan, follow-up
• After you pressed the call button, how often did you get help as soon as you wanted it
Narrow the Gaps = What can we do

• Don’t omit the pleasantries
  • Patient’s in the ED did not get choose their provider
  • Introducing yourself and the team
  • Having a good relationship, being personable, building rapport are all essential part of establishing a foundation
• Don’t appear rushed (even if you are)
• Listen without interrupting
• Relate with your eyes
• Make an extra effort to build trust
• Empower your patients
  • Idea that less narcotics and more therapy can make a difference
  • Most patients today prefer a partnership with their physicians and want to share responsibility for their care
    • Options and recommendations
    • Validate concerns
• Prepare
  • What complications could arise and how are they diagnosed and treated
• Go the extra mile
  • Bring a water, help in bed, call a concerned family member, understand the dynamics of the family and patient
Narrow the Gaps

• Educate & Inform
  • Review of diagnoses, review of relevant imaging
  • Description of anticipated hospital course, timing for interventions / consultations
  • Daily schedule
  • Team follow-up

• Set Realistic Goals
  • What is the impact of these diagnoses, length of stay, recovery

• Re-enforce
Minding the Gaps

• Every patient interaction
  • I care about you
  • I am listening
  • I am here to understand your needs and communicate with you
  • I am addressing those needs
  • I am helping you understand the treatment plan and any changes
  • I will see you again in a few hours / on rounds / tomorrow / as needed

• Halo effect
  • Tendency of humans – including patients and their loved ones – to cut you slack when they have a generally positive impression of you ..... Even when your effort had shortcomings
Minding the Gaps

• Conscious effort to stop giving off cues of indifference and uncaring
• System improvements are as important as smiles
  • Understand shortcomings from the patient’s perspective and look for solutions
• Have and show empathy
• Be personable
• “Sorry” is okay and sometimes essential
Summary

- The patient’s expectation and subsequent perception of care is how you are judged as providers and hospital systems.
- From the very first interaction you have an opportunity to establish appropriate expectations ...... closing the gap between expectations and reality.
- This process of narrowing the gap happens through communication, education, sincere listening, empathy and compassion.
- Every patient interaction includes an opportunity to mind the gap or understand the patient’s needs, perceptions, expectations and circumstance.