Communicating to Improve Quality

Implementation Handbook

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Guide to Patient and Family Engagement

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Introduction

The *Guide to Patient and Family Engagement in Hospital Quality and Safety* is a resource to help hospitals develop effective partnerships with patients and family members with the ultimate goal of improving hospital quality and safety.[*]

Communication between the patient, family, and clinicians is a critical component of high-quality, safe care and the foundation of partnerships between the patient, family, and clinicians. The Communicating to Improve Quality strategy and its tools help facilitate this communication.

This handbook gives you an overview of and rationale for the strategy. It also provides step-by-step guidance to help you put this strategy into place at your hospital. Throughout this handbook, we include examples and real-world experiences from Advocate Trinity Hospital in Chicago, IL, and Anne Arundel Medical Center in Annapolis, MD, which implemented the Communicating to Improve Quality strategy as part of a year-long pilot study.

Overview of the Communicating to Improve Quality Strategy

The goal of the Communicating to Improve Quality strategy is to facilitate communication between the patient, family, and clinicians to improve patient safety and the quality of care.

Hospitals distribute three tools to the patient and family upon admission or prior to admission to help them understand the opportunities that exist for engagement, how to be a partner in their care, and the roles of the different members of their health care team. The bedside nurse will review the materials with the patient and family on the first day of admission.

All clinicians reinforce the principles of effective communication throughout the patient's hospital stay. As hospitals assess the level of staff involvement, they may want to encourage specific engagement from physicians and other staff. For example, when Advocate Trinity Hospital implemented this strategy, the hospital involved not only nurses, but also certified nursing assistants (CNAs) and the unit secretary. Tools are available to help hospitals train, observe, and provide feedback to clinicians on core communication competencies that reinforce the principles of effective partnerships.

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[*] The *Guide* was developed for the U.S. Department of Health and Human Services' Agency for Healthcare Research and Quality by a collaboration of partners with experience in and commitment to patient and family engagement, hospital quality, and safety. Led by the American Institutes for Research, the team included the Institute for Patient and Family-Centered Care, Consumers Advancing Patient Safety, the Joint Commission, and the Health Research and Educational Trust. Other organizations contributing to the project included Planetree, the Maryland Patient Safety Center, Aurora Health Care, and Emory University Hospital.

Interested in improving communication with patients and families?

Read this handbook for detailed instructions on how to adapt and implement the **Communicating to Improve Quality** strategy at your hospital.

Advocate Trinity Hospital implemented all four of the *Guide* strategies on a 29-bed medical-surgical unit over a 1-year period. Implementing the **Communicating to Improve Quality** strategy was critical to its overall implementation of the *Guide.* The implementation coordinator and senior leaders viewed effective communication as the foundation for success, noting that it helped staff go back to the basics.

What are the Communicating to Improve Quality tools?

This section provides an overview of the tools included in this strategy.

	Use this tool to	Description and formatting
Tool 1 Be a Partner in Your Care	Inform the patient and family of scheduled opportunities where they can interact with the health care team	• This handout gives information on routine events and highlights tools (e.g., white boards) the hospital uses to talk with the patient and family. • Format: 1-page handout
Tool 2 Tips for Being a Partner in Your Care	Help the patient and family know how to interact with the health care team	• This handout describes four tips for patients to be partner in their care: (1) tell doctors and nurses about their health, (2) check to see if they understand what doctors and nurses say, (3) ask questions until they understand the answers, and (4) let health care staff know which friends and family members should be involved in their care. • Format: Tri-fold brochure. The electronic version of the tri-fold checklist provides information about how to fold the brochure by indicating the front and back covers.
Tool 3 Get to Know Your Health Care Team	Help the patient and family understand the roles of different members of the health care team	• This handout gives information on the different members of the health care team: The patient, family, clinicians, and hospital staff. • Format: 2-page handout
Tool 4 We Are Partners in Your Care	Remind the patient, family, and clinicians of the importance of being partners and what they can do	• Designed to be posted in patient rooms or elsewhere in the hospital, this flyer summarizes the main action items from the other handouts for the patient, family, and clinicians. • Format: Poster to be printed on 11x17 tabloid-size paper

	Use this tool to	Description and formatting
Tool 5 Communication Competencies for Clinicians	Establish a set of behaviors to invite and support the patient and family as members of the care team	• Given to clinicians individually with verbal description or as a handout during the clinician training, this overview and checklist highlight behaviors that invite and support the patient and family to engage in care. • Format: 2-page overview with 1-page observation form checklist
Tool 6 Communication Training	Prepare clinicians to support the efforts of patient and family engagement related to communication	• This training can be co-led by a physician, nurse, and patient and family advisors, for a group of physicians, nurses, and other professionals. • Format: PowerPoint presentation slides and talking points

What are the resources needed?

Resources needed for the Communicating to Improve Quality strategy will vary from hospital to hospital depending on the size and scope of what you are setting out to accomplish.

- **Staffing.** Staff involved include time for the point person and multidisciplinary team to identify needs and adapt the strategy, the trainers to prepare and conduct the training, staff champions per shift for overall support (registered nurse and physician), and implementation team members who monitor and provide feedback during interactions with patient and families (at initial nursing assessment and randomly throughout patient's stay) for at least 2 weeks. Staff communicates with patients and families as part of their regular duties.

- **Costs.** Material costs include printing the patient and family tools for admission *(*Tools 1–3), poster (Tool 4: We Are Partners in Your Care), and lamination or printing of the clinician checklist (Tool 5: Communication Competencies for Clinicians).

Rationale for the Communicating to Improve Quality Strategy

Patient and family engagement creates an environment where patients, families, clinicians, and hospital staff all work together as partners to improve the quality and safety of hospital care. Patient and family engagement encompasses behaviors by patients, family members, clinicians, and hospital staff as well the organizational policies and procedures that support these behaviors.

What is the evidence linking communication with safety and quality?

Communication is the foundation of partnerships between the patient, family, and clinicians and affects the safety and quality of care received during the hospital stay. Effective communication can improve:

- Patient outcomes. In a review of the literature, Debra Roter found that engaging patients and families through effective communication had a positive effect on patient outcomes, specifically, emotional health, symptom resolution, functioning, pain control, and physiologic measures, such as blood pressure and blood sugar levels.[1]

- Patient safety. One study found that more than 70 percent of adverse events are caused by breakdowns in communication among caregivers and between caregivers and patients.[2] Studies show that patients who are informed and engaged can help improve safety through "informed choices, safe medication use, infection control initiatives, observing care processes, reporting complications, and practicing self-management."[3,4]

- Perceptions of quality. Research demonstrates that patients' and family members' perceptions of quality are influenced by their perceptions of their interpersonal interactions with clinicians and hospital staff. Clinicians who are perceived to be responsive, empathetic, and attuned to patients' needs are judged to be of higher quality by patients than clinicians who are perceived to be less responsive and empathetic, even if the clinical care provided is the same.[5–7]

How does the Communicating to Improve Quality strategy facilitate communication?

The Communicating to Improve Quality strategy identifies effective communication behaviors for patients, families, and clinicians that are the foundation for partnerships throughout the hospital stay. The strategy supports behavior change through individual tools. Specifically, the tools in this strategy:

- Invite the patient and family as full partners in their care at admission or prior to admission, setting expectations for the entire hospital stay.

- Give the patient and family background information about the hospital environment.

- Describe specific behaviors that the patient and family can demonstrate as a part of the team.

- Describe specific communication competencies for clinicians to invite and support the patient and family as partners of the health care team. These competencies are expectations for all clinicians at the hospital.

Implementing the Communicating to Improve Quality strategy

The Communicating to Improve Quality strategy is designed to be adaptable to each hospital's environment and culture. As such, this guidance provides choices and questions for hospital leaders on how to implement this strategy. It may be helpful to implement this strategy initially on a small scale (e.g., on a single unit). After identifying lessons learned from the single-unit implementation, you can refine your approach and spread it to more units. This allows you to build on your successes as a pathway to broader dissemination and wider scale change.

Step 1: Form a multidisciplinary team to identify areas for improvement

As with any new activity or quality improvement effort, planning and identifying areas of improvement are important parts of the process. Below are some key considerations as you get started implementing the Communicating to Improve Quality strategy.

Engage patients and families and unit staff in the process: Establish a multidisciplinary team

A multidisciplinary team includes hospital leaders, physicians, nurses, other key clinical and management staff, and patient and family advisors. Throughout the process of implementing the Communicating to Improve Quality strategy, patient and family advisors can:

- Give feedback on what the current admission process, communication, and overall hospital stay feel like as a patient or family member

- Help adapt the strategy and tools for your hospital

- Take part in training clinicians on the Communicating to Improve Quality strategy by participating in role plays or other small group exercises or by describing how it feels to be the patient or family in your hospital

- Observe clinicians throughout a hospital stay and give feedback about how well they meet the key elements of the communication competencies

Assess family presence or visitation policies

The family cannot be partners of the health care team if they are not present. It is important that the patient is able to define who their family is and that these members of the health care team are encouraged and supported.

Anne Arundel Medical Center benefitted from already having an open family presence policy in place when they implemented the Communicating to Improve Quality strategy. In conjunction with their implementation of the Communicating to Improve Quality strategy, Advocate Trinity Hospital recognized the importance of having an open family presence policy. As a result, CNAs drafted an open family presence policy that outlined guidelines for visitors with the goal of ensuring the well-being and safety of all patients.

Assess existing admission materials and current views on communication between the patient, family and clinicians

Use the multidisciplinary team to review not only existing admission materials but also views on how things are going with respect to communication from all

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Guide Resources

For more information about working with patient and family advisors, see **Strategy 1, Implementation Handbook: Working With Patients and Family Advisors.**

Guide Resources

For more information about family presence policies, see **How to Use the Guide to Patient and Family Engagement** in **Information to Help Hospitals Get Started.**

perspectives: Clinicians, staff, patients, and families. The team can review formal survey measures and talk to people to help identify:

- **Current ways admission materials support patient and family engagement.** What information is provided during the current admission process? How does the information support patient and family engagement, if at all? How is the information given (e.g., electronically or via staff)? What, if anything, happens during the admission process to engage patients and families in their care? How well does this process work?

- **Strengths related to communication between clinicians, patients, and families.** What does the hospital do well related to communication? Are there certain clinicians that are well respected by their peers for communication skills? What factors, policies, or procedures appear to support good communication? How can you replicate them?

- **Areas for improvement related to communication and possible challenges to implementing the Communicating to Improve Quality tools.** How can communication between clinicians, patients, and families be improved? What are the challenges for clinicians, patients, and families? What are potential barriers or challenges when distributing the Communicating to Improve Quality tools and what expectations are set for the clinician behaviors, including organizational infrastructure or staff attitudes? What are some ways to overcome those challenges? What resources are available?

When identifying areas for improvement, the team may want to informally introduce the concepts behind the Communicating to Improve Quality strategy and listen to concerns from clinicians and hospital staff related to implementation. In adapting materials for your hospital, make sure to address these specific concerns.

Recognize challenges in changing behaviors for staff, patients, and families

Improving communication requires new behaviors from each member of the health care team: the patient, family, and clinicians. Each team member brings a different perspective to the communication encounter, and understanding these perspectives is important for effective communication. Keep in mind that taking on new behaviors will be challenging.

Below are some examples of communication challenges for the patient, family, and clinicians. The tools in the Communicating to Improve Quality strategy are designed to address these challenges.

Communication challenges for the patient and family. Some patients and family members may already feel capable of being an active partner in their care. Other patients or family members may:

Advocate Trinity Hospital enhanced their use of white boards as a communication tool. At Advocate Trinity Hospital, nurses used the white board to highlight information related to the patient's hospital stay (e.g., dietary or activity restrictions, goals, and names of physicians and nurses). A family member described the usefulness of the white board by saying, *"Most of the questions are already answered for me because I have it on the board."*

- **Feel uncertain or intimidated about taking part in their care.**
  Patients and family members may be unsure how to be involved or may feel intimidated by clinicians, hospital staff, and the health care system.[8,9] The patient and family especially may feel intimidated if clinicians use professional language or medical jargon.[10, 11]

- **Need more information to be full partners in their care.** Clinicians can help increase the patient's and family's awareness and confidence in taking part in the patient's care by giving them information about the patient's condition and next steps regularly throughout the hospital stay. Information is most helpful when it addresses the patient's and family's individual needs and concerns.[12]

- **Need an invitation and reinforcement from clinicians.**
  Although information is necessary, it is not sufficient to support behavior change. The patient and family will need support and reinforcement from clinicians to engage in their care. Patients are more likely to take part in their care when clinicians encourage them to ask questions, respond positively to the patient's needs and views, and give patients the information they need.[13–15]

Communication challenges for clinicians. The more difficult challenges underlying this strategy are changing clinicians' communication styles and behaviors to invite and support the patient and family as full partners of the health care team. Some common challenges are:

Clinicians may feel that they are already communicating effectively or may not know how to incorporate new communication approaches into their care. Instead of focusing on communication, clinicians may want to focus only on the clinical aspects of quality of care, such as their skills in diagnosing, treating, and obtaining positive clinical outcomes. Although many clinicians recognize the importance of communication as a component of quality, they tend to be overly positive in their perceptions of how effectively they communicate.[16] Even when clinicians see the need for better communication and patient-centered care, it may be difficult to translate new skills and behaviors into practice.[17]

Professional culture and practice norms traditionally have emphasized technical skills over communication skills. Professional culture and practice norms have traditionally been based on individual autonomy rather than teamwork and patient-centered practices.[18] Clinicians lack experience with models that encourage collaboration with the patient and family. Traditionally, professional schools, including medical schools and academic programs that train health care leadership, have offered limited or no emphasis on patient and family engagement.[19]

Engaging patients and families through effective communication is an important part of providing patient- and family-centered care, but it is not the only part. It is essential for hospital staff to understand what patient- and family-centered care truly embodies and how to incorporate it into their daily culture and practice. The training presentation (Tool 6) for this strategy includes a brief discussion of patient- and family-centered care principles and why they are important.

Clinicians may be concerned about interacting with the family. Concerns associated with family presence include potential interference with treatment, medical risk (e.g., exposure to infections), or the emotional response of the family member.[20] Clinicians may also be uncertain how to act when the patient and family want different approaches to treatment.

It is important for your hospital to identify the challenges that are most likely to arise in your environment and to identify ways to overcome these challenges.

Set aims to improve communication

Once you have a strong understanding of the existing family presence policies, admissions materials, and communication challenges and facilitators, you can identify what needs to be improved and ways to measure that improvement.

Any quality improvement initiative requires setting aims. The aim should be time-specific, measurable, and define who will be affected.

For example, an aim related to implementing the Communicating to Improve Quality strategy could be "to have 100 percent of patients with planned admissions receive Communicating to Improve Quality Tools 1–3."

As another example, hospitals may want to improve patients' experience of care as measured by the CAHPS® Hospital Survey. CAHPS Hospital Survey questions related to communication include:

- Q1: During this hospital stay, how often did nurses treat you with courtesy and respect?

- Q2: During this hospital stay, how often did nurses listen carefully to you?

- Q3: During this hospital stay, how often did nurses explain things in a way you could understand?

- Q5: During this hospital stay, how often did doctors treat you with courtesy and respect?

- Q6: During this hospital stay, how often did doctors listen carefully to you?

- Q7: During this hospital stay, how often did doctors explain things in a way you could understand?

- Q14: During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?

- Q16: Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?

- Q17: Before giving you any new medicine, how often did the hospital staff describe possible side effects in a way you could understand?

Helpful Link

For more information on setting aims and identifying measures, see the Institute of Healthcare Improvement's Web site on improvement methods, available at:
http://www.ihi.org/IHI/Topics/Improvement/Improvement Methods/HowToImprove/tMethods/HowToImprove/

If a hospital wants to improve their CAHPS Hospital Survey scores related to physician communication, an aim might be "to improve scores on CAHPS Hospital Survey Questions 5, 6, and 7 by 5 percent within 1 year."

The Communicating to Improve Quality strategy may also help to meet other goals related to patient safety and never events, for example:

- Reduce the incidence of medication errors or near medication errors by 5 percent during the third quarter

- Reduce the incidence of patient falls by 20 percent in 6 months

Step 2: Decide how to implement the Communicating to Improve Quality strategy

Once the team has set specific aims for improvement, it is helpful to identify a point person as the primary person staff goes to with questions. This person may not have the answers to all questions but would be able to facilitate the process of getting answers. This way, people are clear about whom to go to, and that person will hear all the questions and concerns.

The point person can then coordinate with the multidisciplinary team to decide on how to use and adapt each of the tools in this strategy. At Advocate Trinity Hospital, this role was filled by the clinical manager of the unit on which the *Guide* strategies were being implemented. At Anne Arundel Medical Center, a nurse navigator from the Breast Center worked closely with unit leaders to implement the *Guide*.

Decide how to use and adapt the tools for the patient and family

As described above, the Communicating to Improve Quality strategy includes three tools to be distributed to the patient and family at or prior to admission.

Answer the following questions to decide how to use and adapt the patient and family tools at your hospital:

- **Adapt the patient and family tools to hospital needs***. At a minimum, you will need to insert your hospital name, logo, and tailored information into the patient and family tools. Do clinicians, hospital staff, or patient and family advisors recommend additional changes? If so, how will these changes be made? Who needs to review and approve the final tools?

- **Determine how to distribute the patient and family tools.** Can the tools be integrated into the current admissions process? If so, how? If not, how will the current process be changed? How will interpreters be involved in the distribution process, if needed? What approvals are needed? Once they are ready, how will the tools be printed? Will they be distributed in a folder, online, or another way?

- **Identify staff to go over tools with the patient and family.** What staff will go over the tools with patients and families? We recommend that this be the bedside nurse on the day of admission; however, involving other staff on the unit could also be a helpful technique. At Advocate Trinity Hospital, unit secretaries and CNAs reinforced the *Guide* materials throughout the stay. How will temporary staff learn about the communication competencies and how to distribute the tools to the patient and family?

Decide how to use and adapt the tools for clinicians

As described above, the Communicating to Improve Quality strategy includes two tools for clinicians.

Answer the following questions to decide how to use and adapt the clinician tools at your hospital:

Adapt the clinician tools to hospital needs. What changes have been made to the patient and family tools that affect the clinician communication competencies or clinician communication training? Do clinicians, hospital staff, or patient and family advisors recommend changes to the clinician competencies or training? If so, how will these changes be made? Who needs to review and approve the final tools?

Plan the clinician training. Which physicians and nurses can conduct the training for their colleagues? These training facilitators should be respected by their colleagues and model the behaviors being asked of them. Which patient and family advisors can help to conduct or facilitate the training? How many sessions are needed to train all staff? When can the training be scheduled? Where can the training happen?

Recognize that communication is a skill that can be taught and learned but not without continual feedback and followup. A systematic review of randomized controlled trials found that interventions that improved clinician communication behaviors often used three or more different strategies to change behaviors, such as giving information, modeling behavior, providing feedback, and practicing skills.[21]

Guide Resources

Tool 5: Overview of Communication Competencies establishes a set of behaviors to invite and support the patient and family as members of the health care team.

Tool 6: Communicating to Improve Quality Training prepares clinicians to support the efforts of patient and family engagement related to communication.

If your hospital is implementing more than one of the bedside strategies **(Communicating to Improve Quality, Nurse Bedside Shift Report, or IDEAL Discharge Planning)**, carefully consider whether and how you will combine and integrate training for these strategies. Holding one combined training may be more efficient, but it could muddle key principles that need to be emphasized for each strategy.

Step 3: Implement and evaluate the Communicating to Improve Quality strategy

Inform staff of changes

Inform unit directors and managers about the upcoming implementation of the Communicating to Improve Quality strategy and why it is important. Inform staff at staff meetings and through posters in common rooms about the changes and opportunities for training.

Train staff

Staff training should include physicians, nurses, and other clinical providers. Training includes a mix of PowerPoint and role play. The main message to emphasize is that to improve safety and quality, communication between clinicians, the patient, and family is critical. Nurses and doctors need to invite and support the patient and family to engage in their care.

After the training, it is important to assess:

- Did the training happen as planned?

- What happened during training that could challenge or facilitate implementation?

- How did staff react to training?

- What about the training could be improved?

Trainings will be most effective if you use methods that you know are effective for your staff. For example, Advocate Trinity Hospital used a train-the-trainer model, identifying two nurses to lead training sessions with their peers. Trainers received several hours of initial training and then held 1-hour small group trainings with all staff on the unit, including CNAs and unit secretaries. Anne Arundel Medical Center introduced nurses to the principles of the Communicating to Improve Quality strategy at a hospital-wide Nursing Skills Day. This was followed by an hour-long mandatory lunch and learn training session for unit nurses led by the implementation coordinator. Both hospitals used the PowerPoint training for staff included in the *Guide* (Tool 6: Communication Training).

Distribute tools and incorporate key principles into practice

As determined during Step 2, the unit staff will distribute and review tools with the patient and family. Clinicians should emphasize that the patient and family are important members of the health care team and that they want to hear from them about their care.

Keep staff aware of communication expectations by hanging posters on expectations for the patient, family, and clinicians (Tool 4: We Are Partners in Your Care). These posters can be displayed in all patient rooms and around staff areas, such as the nursing station, break room, or bathrooms. Consider moving posters throughout implementation so hospital staff will continue to pay attention.

Assess implementation intensely during the initial 2 weeks and periodically after that

Make sure that staff members have the support they need to effectively communicate and distribute the patient and family tools. Have a nurse manager or other staff leader observe interactions with the patient and family and provide feedback to individual nurses and physicians for the first 2 to 4 weeks. Use a standardized form to keep track of the observations, such as the checklist that is a part of Tool 5: Overview of Communication Competencies. Identify a way to analyze data collected, such as in spreadsheet (e.g., Excel) or other database.

Continue to conduct periodic observations for 2 months and 4 months after rollout to ensure consistency of implementation among staff. Continual feedback and monitoring is needed to make sure behaviors become more natural.

Get feedback from clinicians, hospital staff, patients, and families

Get informal feedback from clinicians, hospital staff, patients, and family members by asking them about how communication and the tools can be improved. What worked well? What could be improved? How could we change or adapt these tools for another unit? What was critical for success? What was not successful and what could have made it better?

Incorporate formal feedback in mechanisms already in place at your hospital, such as patient and family focus groups, patient and family satisfaction surveys, and staff surveys. For example, nurse managers at Advocate Trinity Hospital conducted weekly huddles with staff to discuss challenges and concerns related to implementing the Communicating to Improve Quality, Nurse Bedside Shift Report, and IDEAL Discharge Planning strategies. Hospital leaders also obtained patient feedback by adding questions about communication with staff to their daily leader rounds and communicated this feedback to unit staff during the weekly huddles.

Refine the process

Share feedback with the implementation team, problem solve, and adapt, as necessary. Using the feedback received, refine process and tools before implementing in other units.

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