Improving Communications with Patients and Families

A BLUEPRINT FOR ACTION
In 2001, the American Hospital Association (AHA) undertook a two-year initiative to make the organization’s A Patient’s Bill of Rights a more contemporary statement of the expectations of patients and hospitals. The AHA Board of Trustees appointed a task force to lead this effort. The result: The Patient Care Partnership: Understanding Expectations, Rights and Responsibilities, a straightforward, plain language statement that clearly outlines what patients should expect during their hospital visit.

While a successor to the old “Bill of Rights” was important and a statement of what hospitals wanted their relationships with patients to be was necessary, a deeper issue needed attention – better communication. However, today’s environment makes good communication among patients, families and caregivers harder to achieve – hospital stays are shorter, medical care more complex, and there is a growing need for patients and families to be more involved in care decisions. The AHA task force, focus groups and other research told us that we needed to do more to foster clearer, more frequent and more satisfying communications during the hospital experience.

In addition to creating The Patient Care Partnership, the AHA has developed a resource folder – Strategies for Leadership: Improving Communications with Patients and Families – to help hospitals do a better job talking with patients and families. This workbook, A Blueprint for Action, is one of the tools included in the resource folder.

A Blueprint for Action has two parts:

- **Organizational Checklist**: A short assessment designed to help hospitals gauge their strengths and weaknesses around communicating with patients and families. It’s not intended to provide a “pass/fail” grade, but rather to spark discussion among hospital leaders and identify opportunities for improvement.

- **Case Studies**: Real-world examples highlighting various initiatives some hospitals have undertaken to foster better communication among patients, families and caregivers. Additional case studies will be added to the AHA Web site, www.aha.org, under “Communicating with Patients.”

We hope this workbook, along with the other tools included in the Strategies for Leadership resource folder, serves as a catalyst to help hospitals do a better job talking with patients and their families, and thereby, enhance patient trust and communication.
This checklist focuses on leadership strategies to enhance communication among hospital staff, patients, families and the community. It’s designed to help you spark a discussion with your management team, take a look at your policies and activities and develop strategies for improvement.

<table>
<thead>
<tr>
<th>Understanding communication needs and issues for your organization and patients</th>
<th>Establishing and reinforcing patient communication as an organizational priority</th>
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</thead>
<tbody>
<tr>
<td><strong>Have you assessed your internal communications – how information is shared among departments and individuals, particularly those involved in patient safety, quality and education?</strong></td>
<td><strong>Do your employees, medical staff, and volunteers know that excellence in communications with patients and families is an integral part of the hospital’s quality and patient satisfaction goals?</strong></td>
</tr>
<tr>
<td><strong>Do members of your management team do “patient rounds” to find out firsthand about patients’ and families’ hospital experience and how well your staff is communicating with them?</strong></td>
<td><strong>Have you reviewed all of your written communications for patients and families to ensure that the language, format and distribution make them accessible to everyone in your community?</strong></td>
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<tr>
<td><strong>Do you monitor your community for changes in its ethnic and cultural demographics and how they affect communications with patients and families?</strong></td>
<td><strong>Do you have an ongoing initiative in place to inform patients, families, visitors and the community at large about the new medical privacy regulations and what you do to protect the privacy of your patients?</strong></td>
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<td><strong>Do you have a process in place to respond to inquiries from patients, families and the community about your hospital’s charges?</strong></td>
<td><strong>Does your hospital have a written policy about communicating unexpected or adverse outcomes to patients and families?</strong></td>
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<tr>
<td><strong>Do the tools you use to measure patient satisfaction give you information on how well you are communicating with patients and families at all stages of their hospital experience?</strong></td>
<td><strong>Do the agencies that collect past due bills on behalf of your hospital do so in a way that reflects the values of your hospital and with respect and dignity?</strong></td>
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<tr>
<td><strong>Are your written communications with patients and families available in a variety of languages that reflects the ethnic and cultural fabric of your community?</strong></td>
<td><strong>Do you have help available to patients and families concerned about Medicare, Medicaid or other coverage issues, including filing claims, understanding benefits, co-pays, and deductibles and the complicated medical billing process?</strong></td>
</tr>
<tr>
<td><strong>Have you tested your Web site for language level and ease of use to be certain its useful and accessible to everyone in your community?</strong></td>
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### A Quick Assessment Tool for Leaders

#### C H E C K L I S T

<table>
<thead>
<tr>
<th>Giving your staff the tools to support good communication with patients and their families</th>
<th>Providing your patients with tools to assist them in talking with their caregivers while using your hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Do you provide in-service training for employees to improve their ability to communicate with patients and families?</td>
<td>• Does your hospital’s Web site have a section dedicated to information about patients’ rights, patient advocates and other service and assistance available to patients and families?</td>
</tr>
<tr>
<td>• Has your hospital developed a &quot;language bank,&quot; identifying people inside and outside your organization who could help your staff communicate with patients and families from a wide variety of nationalities and ethnic backgrounds?</td>
<td>• Does your hospital have an internal ethics committee available as a resource to patients and families faced with difficult medical decisions? How do you make its availability known?</td>
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<tr>
<td>• Has your hospital considered using the resources available from the Patient Friendly Billing Project sponsored by the AHA and the Healthcare Financial Management Association to simplify billing and make the system easier for patients and families to navigate?</td>
<td>• Are your hospital’s charity care and bill payment policies readily available to patients and families who may need help in easy-to-understand language and in languages appropriate to your community?</td>
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**A Blueprint for Action**

**Strategies for Leadership**
BACKGROUND
SSM Health Care, based in St. Louis, is one of the largest Catholic health systems in the country. It owns, manages and is affiliated with 21 acute care hospitals and three nursing homes in Missouri, Illinois, Wisconsin and Oklahoma.

In November 2002, SSM Health Care became the first health care organization in the country to be named a Malcolm Baldrige National Quality Award winner. The Baldrige Award, given by the U.S. Department of Commerce, is the highest honor a U.S. company can receive for quality management and performance improvement. SSM Health Care has used the Baldrige model for the past seven years as a foundation to help achieve their mission of providing exceptional health care services. Their numerous quality and performance achievements are summarized on www.nist.gov/public_affairs/releases/ssmhealth.htm. Highlighted below are some of the key patient-focused initiatives at SSM Health Care.

INITIATIVES
SSM Health Care has worked diligently to build a culture of continuous quality improvement. This deeply embedded culture, integrated with leadership’s unwavering commitment and a continual focus on mission, are key success factors for the organization. Alignment of system, network, entity, department, and employee goals helps everyone to focus on the five defined characteristics of exceptional health care: exceptional clinical and financial performances, and exceptional patient, physician, and employee satisfaction. All the initiatives support one or more of these essential elements.

Bringing Patients and Their Families into the Care Team
At SSM St. Mary’s Health Center in St. Louis, patient/family care team conferences are designed to enhance the communication between the patient and his or her family and the treatment team, so everyone involved in the patient’s care is working toward a unified goal. The conferences include the patient, family, physicians, nursing personnel, pastoral care, case manager, social worker and other disciplines as appropriate, such as physical, respiratory or speech therapy. The family also picks one or two spokespersons to represent their interests.

Anyone involved in the patient’s care can initiate these conferences if they feel that more in-depth communication is needed to raise concerns or issues with the family and/or the care team. The family and the patient are encouraged to articulate their questions and concerns. The increased communication and unified approach can reduce the patient’s and family’s anxiety in what is often a highly charged environment during which life-and-death decisions are made.

Involving Parents in Their Children’s Care
At SSM Cardinal Glennon Children’s Hospital, part of the SSM Health Care system, parents are asked for information about their child when the child is hospitalized. Parents offer insight into how their child responds to pain, what he or she likes to eat, and behaviors the hospital staff should be aware of. When the child is a newborn who has been in the neonatal ICU, this kind of information flows the other way — from nurses to parents — since in most cases, at this early point in an infant’s life, the hospital staff knows more about the baby than the parents.

Also in the neonatal ICU, parents are very involved in the care of their children. The physician or nurse practitioner meets with the parents during every visit to keep them informed about the plan for the child’s care. Nurses check on the kinds of training the family may need, such as CPR, feeding instruction, information on medications
or dealing with a monitor at home. Parents can find additional information about their child’s illness through the library in the neonatal ICU, which contains books written especially for lay readers. For neonatal patients suffering from complicated conditions that involve several different illnesses, parents attend care conferences with all the specialists involved in the infant’s care, as well as the rest of the care team.

**Improving Clinical Outcomes**

SSM Health Care has several systems in place that facilitate rapid improvements in patients’ clinical outcomes. Teams of physicians, clinicians and administrators from across the system choose collaboratives in specific clinical areas (e.g., congestive heart failure) and set in motion a process to exceed national benchmarks in that area. Collaboratives improve the quality and value of patient care, while creating a network of clinical experts. In addition, care pathways, clinical guidelines and protocols and standing orders are used to outline a standardized plan of care for patients with certain diagnoses. These tools are designed with patient input, creating partnerships with physicians to improve patient care.

SSM Health Care uses an automated system to make clinical, financial, operational and customer information available to all of its sites. Data is made available to many physician partners by using personal computers, personal digital assistants, pagers and fax machines.

**Listening to and Understanding Customers**

High patient satisfaction and loyalty are major contributors to SSM Health Care’s success. Key patient requirements have been identified using impact analyses: responsiveness, accuracy, good communication and good health outcomes. Loyalty is measured by considering overall satisfaction, willingness to recommend the organization to others, and the patient’s experience compared to his or her expectations.

Every three years, SSM Health Care identifies potential customers and future markets during its strategic planning process. The assumptions are validated annually. A sophisticated analysis of market research, market share by product line, and population trends helps define the current and projected environment for customers. Data from annual medical staff surveys, patient satisfaction surveys, physician contacts, telephone surveys, and focus groups are also studied to ensure that the system responds to customer requirements.

Formal and informal listening and learning tools are used to learn from former and current patients and their families. Surveys are customized for key segments: inpatient, outpatient, emergency department, long-term care, and home care. Other tools such as comment cards, patient follow-up phone calls, focus groups, and a system-wide complaint system also are used to ensure that customer needs are met and exceeded. Finally, employee job descriptions and performance evaluations include required service standard competencies.

**OUTCOMES**

The following are among the successful results of these SSM Health Care initiatives:

- In 1999, SSMHC started a clinical collaborative program with four teams to improve patient outcomes. By 2002, 85 teams have been involved in six clinical collaboratives.
- Physicians connected to an automated information system have increased steadily from 3,200 in 1999 to 7,288 in 2002.

**CONTACT INFORMATION**

For more about SSM Health Care’s patient-focused initiatives, please contact Eunice Halverson, corporate vice president, Quality Resource Center, at Eunice_Halverson@ssmhc.com or (314) 994-7747. For more information about SSM Health Care, please visit www.ssmhc.com.
Northwestern Memorial Hospital is a 720-bed teaching hospital serving the Chicago area. More than 1,200 physicians are affiliated with the hospital. One of the hospital’s strategic goals is to provide the “Best Patient Experience” from the patient’s perspective. In practice, this means patients will receive the care they want, when they want it, how they want it, and where they want it. Putting those words into action, in November 1999, Northwestern Memorial set out to completely re-organize the operations on one floor of its outpatient facility where patients came for services provided by eight different diagnostic areas – nuclear medicine, nuclear cardiology, stress testing, echo, vascular, pulmonary, cardiac cath and electrophysiology, and ECG services.

Patients coming to the ambulatory care tower (a 22-story building) for diagnostic services encountered a variety of difficulties. There were six different points of entry for outpatient services on the eighth floor. The registration process was complicated and patients often experienced long waits before they were called for appointments. Patients in the waiting area were not always informed of delays or changes in appointments. When it was time for a scheduled service, patients found their names called out in crowded public waiting areas in a way that compromised their privacy. Finally, the parking validation procedure was confusing and time-consuming.

A steering committee made up of the management team on the eighth floor, a patient representative, a physician representative, and the director of professional services developed a patient-focused operational project plan. Initially, the team interviewed patients and staff to identify key opportunities for improvement. The team also reviewed historical patient satisfaction scores, paying particular attention to patients’ written comments. The patient experience was analyzed from start to finish (i.e., from the parking garage to the production of the bill).

Managers spent time working at each of the reception desks. Their experiences made it clear that the team needed to think less departmentally and more organizationally. In response to patient feedback, the eighth floor operations were dramatically changed. Six check-in points were reduced to two check-in points strategically adjacent to the main visitor elevators. Hospital signage and the parking processes were simplified. Scheduling and report dissemination functions were moved out of the waiting area and out of view. Staff wearing the same uniform as the customer service officers stationed throughout the hospital became identified as trusted sources of information.

Electronic seating charts were created to identify where patients were seated so that the patient escort (a new staff role) could bring patients to the procedures. The patient escort uses an intercom headset to provide constant communication to patients about updates in their appointment status. A new position, resource coordinator, was created to communicate directly with patients who have waited more than 10 minutes from the time of a scheduled appointment. The resource coordinator is also a liaison between the waiting area and procedure area and is empowered to solve any problems.

Staff attended a comprehensive two-week orientation program modeled after a customer service program used by a leader in the hotel industry. Hours of operation were extended into the evenings and weekends in order to provide timely reports. Scheduling personnel were cross-
trained to schedule any diagnostic procedure offered by any department on the eighth floor. Computers with Internet access were installed in one of the public waiting areas so patients could research health topics.

OUTCOMES
Patients reported satisfaction on a number of levels including service, communication and the streamlined process improvements. In particular, patients were pleased to be able to schedule multiple procedures with a single phone call. Technological changes increased availability and timeliness of reports provided to medical professionals. The overall initiative has become a model for enhancing patient satisfaction hospital-wide. Finally, for this initiative, Northwestern Memorial won the Patient Service Excellence award given by Sodexho Health Care Services and Modern Healthcare, as well as the 2002 Chicago Innovation Award.

CONTACT INFORMATION
For more about Northwestern Memorial’s patient-centered operations, please contact Larry Goldberg, vice president, Hospital Operations, at lgoldber@nmh.org. For more information about Northwestern Memorial Hospital, visit www.nmh.org.
Woodwinds Health Campus opened its 70-bed hospital in August 2000 after four years of planning. Located on 30 acres of pristine wetlands in Woodbury, Minnesota, the not-for-profit hospital is a collaboration between HealthEast Care System and Children’s Hospitals and Clinics of Minneapolis and St. Paul. Working closely with a design team, a physician leadership group and a community advisory board, HealthEast and Children’s boldly developed an innovative hospital and outpatient center that incorporates integrative healing therapies into a broad scope of medical services to meet the growing needs of the southeast metropolitan area of the Twin Cities.

The Initiative

When community members were asked what their ideal hospital setting would be, they responded that they wanted a balance of physical, emotional and spiritual attention as part of their care. They also wanted a care team that was responsive to their individual needs and allowed patients and their families to be actively involved in care decisions. This input drove the purpose of the Woodwinds Health Campus – promoting the health and healing of body, mind and spirit for all through relationships, choices and learning. The hospital set out to achieve these goals by using a three-pronged approach: compassionate care, patient-centered care and a healing environment.

Compassionate Care

An important prerequisite to delivering compassionate care in a healing environment is the right employee and leadership culture — one that is based on listening and open communication. The Woodwinds’ culture was designed to be a place where patients and staff are treated as highly respected customers. The chief executive officer considers herself the customer expectations officer. As such, her customers are her managers and staff. Their customers are the patients.

Patient-centered Care

All employees must sign a Compassionate Service Promise Statement that reinforces their commitment to the compassionate service philosophy. The promise statement outlines specific actions that support the philosophy including helping others, looking up to greet patients or visitors, and going beyond their normal duties to assist a patient or co-worker in need.

Although it is the job of every staff member to make the patients’ experiences as positive as possible, a full-time service quality consultant assists staff and managers with service initiatives if customer service problems arise. Staff members are motivated to support physicians in providing compassionate care and physicians are asked for their input about how patients’ experiences can be improved. In addition, the senior management team has systems in place to improve ongoing service initiatives and analyze new initiatives that could enhance patient care.

A unique and very active concierge-type of volunteer program provides traditional and non-traditional patient services. For example, volunteers escort patients and families to their service destinations, and make mail and flower deliveries each day. Volunteers also may stay with patients until family arrives from out of town. Or they might visit with or read to patients who do not have regular visitors. Woodwinds’ volunteer corps includes more than 250 active community members.

“Our first priority is to provide you the care you need, when you need it, with skill, compassion, and respect.”

– The Patient Care Partnership: Understanding Expectations, Rights and Responsibilities

Improving Communications with Patients and Families

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Patients are offered a variety of options to make their stay as pleasant as possible. For example, the inpatient room phones feature a button to immediately connect patients with the Guest Service department, which can respond to a variety of non-clinical needs, such as extra blankets, video cart, etc. Food service is designed around a restaurant model, where dietary hostesses take patient orders at the bedside and then prepare each tray in a small kitchen located on every patient floor. Family and friends can comfortably spend the night in the patient’s room and support their loved one.

Hospital employees, led by the nursing staff, practice a holistic model of care that recognizes the importance of body, mind and spirit in the healing process. A menu of integrative therapies are offered to patients, including the use of essential oils, healing touch, guided imagery, acupressure, massage and music therapy. Spiritual care, education and self-care programs also are presented as options in the patient’s treatment plan.

Healing Environment
The Woodwinds Health Campus supports patients and families throughout the healing process with an environment that has a direct connection to nature. The hospital’s public corridors feature two-story atrium spaces with floor to ceiling walls of windows. Fireplaces, aquariums, beautiful views and comfortable seating are located throughout the waiting areas, and all patient rooms have large windows that frame views of the wetlands. Healing gardens and walking trails will soon be available thanks to community donations. CD players help reduce environmental stresses in the operating room. Individual beepers are provided to family and visitors, and overhead paging is restricted to emergency/code situations only. A locator system, including wireless phones, is used for staff.

A range of social services are offered to patients and their families to support their stay and their transition back to the community. At the hospital, an interdenominational chapel and resource center are the backdrop for quiet meditation or research on medical conditions. Some areas in the resource center allow patients to view videotapes related to medical and social conditions.

OUTCOMES
Listening to customer input and effectively implementing suggested improvements have been key to Woodwinds’ success. According to satisfaction surveys conducted by the Picker Institute, patients are extremely happy with the care and services provided in the hospital. Employee and physician satisfaction scores also are very high, as documented by internal hospital surveys.

CONTACT INFORMATION
For more about Woodwinds’ ongoing work in creating the “ultimate experience for patients,” please contact Dina Fassino, executive lead – marketing, Woodwinds Health Campus, at dfassino@healtheast.org or (651) 232-6861. For more information about the Woodwinds Health Campus, visit www.woodwinds.org.

Strategies for Leadership
Case Study: The Planetree Model

“To serve as a catalyst in the development and implementation of new models of health care which cultivate the healing of mind, body, and spirit; are patient-centered, value-based, and holistic; and integrate the best of western scientific medicine with time-honored healing practices.”

– The Mission of Planetree

Three Examples of the Planetree Model in Action

Since its founding in 1978 as a nonprofit organization, Planetree has been a pioneer in personalizing, humanizing, and demystifying the health care experience for patients and their families. The Planetree model is patient-centered rather than provider-focused, and is committed to improving medical care from the patient’s perspective. It empowers patients and families through information and education, and encourages "healing partnership" with caregivers.

One of the major components of the Planetree model is “empowering patients through information and education.” The model’s emphasis on patient and family education is carried out through programs such as customized information packets, collaborative care conferences, and patient pathways. The open chart policy enables patients to read and write in their medical records. In the self-medication program, patients, who are able, can keep their medications at the bedside and assume responsibility for their administration.

A variety of educational materials are available to patients, families, and the community through consumer-friendly health resource centers and satellite libraries. The Planetree Classification System aids those in search of information as they review broad collections of medical texts and journals, video and audiotapes, and computer services.

The model’s approach integrates complementary medical therapies with conventional medical therapies, and incorporates access to the arts and nature into the healing environment. The model recognizes the importance of architectural and interior design in the healing process and points to a growing body of scientific data that indicates improved patient outcomes and satisfaction as a result of “design factors that are home-like, barrier free, support patient dignity, and encourage family participation in care.” "Putting Patients First" a new book published by Josey Bass Publishing, is an in-depth exploration of the Planetree Model of Care. It explains the origins and uses of patient-centered care and successful strategies for implementing it in any health care organization with case examples drawn from hospitals and health care organizations that have successfully implemented it. For more information on Planetree, see www.planetree.org.

Three health care organizations – Griffin Hospital, Mid-Columbia Medical Center, and Highline Community Hospital – each illustrate a different way to put the Planetree model into action.
Griffin Hospital, a 160-bed acute care facility located in Derby, Connecticut, arrived at success by embracing the patient-centered Planetree model. Their comprehensive approach has transformed the organization into a recognized health care leader and a flagship Planetree hospital. Griffin Health Services Corporation is the not-for-profit parent corporation of both Griffin Hospital and Planetree. The Planetree Alliance consists of more than 75 member hospitals across the country, including Griffin Hospital.

**ISSUE ADDRESSED BY THE INITIATIVE**

Griffin Hospital’s patient-centered redesign initiative included several elements, such as a “healing environment” strategy that culminated in a new 100,000-square-foot building addition, a focus on total patient satisfaction, continuing programs that gather patient comments and find ways to address them, and employee empowerment. However, arguably the most important piece of the initiative — and the one most relevant to the Patient Care Partnership — is the empowerment of patients and families through information and education.

**INITIATIVE DESCRIPTION**

Griffin Hospital employs the Planetree principle that if patients have access to information regarding their illness and hospitalization, they will become more active participants in making their own health decisions. Patients are given a range of choices and are encouraged to participate as partners in their care. Patients are provided with a packet of current information about their illness upon admission. Within 48 hours of admission, a patient care conference is held with the attending physician, primary care nurse, specialists, other staff and family members. Patient care pathways are made available to patients to explain daily treatments and procedures in lay terms. The primary nurse model is implemented so that each patient is assigned one nurse who acts as an advocate and coordinates the patient’s care for the length of his or her stay. On patient units, nurses encourage patients to read and understand their medical records.

To further foster education, communication, and patient care, there are no central nurse stations or “restricted zones.” There are workstations for every four beds where nurses are based. The workstations include computer terminals, patient medical records and basic medical/surgical supplies. A Community Health Resource Center, a lending library adjacent to the main entrance, offers nearly 7,000 health-related books, audiotapes, videocassettes, magazines and scientific journals, as well as computer stations. Each patient unit has a satellite resource center.

“Care Partners” — family members, companions, and friends of the patient — are encouraged to assist the nurses in the day-to-day care of their loved ones. Patients have access to computers with high-speed Internet connections so they can stay connected to their families and friends and visit Web sites for medical information.

Griffin Hospital designed its new Childbirth Center around patients’ wish lists — a private entrance and separation from medical/surgical patients, skylights, Jacuzzi, family rooms, double beds so loved ones could sleep with the patient, and services like grandparent and infant CPR classes.

“...the most relevant to the Patient Care Partnership — is the empowerment of patients and families through information and education.”

— The Patient Care Partnership: Understanding Expectations, Rights, and Responsibilities
CASE STUDY: THE PLANETREE MODEL

MID-COLUMBIA MEDICAL CENTER

“Involve in your care.”

– The Patient Care Partnership: Understanding Expectations, Rights, and Responsibilities

CREATING SUCCESSFUL HEALING PARTNERSHIPS

ORGANIZATION

Mid-Columbia Medical Center (MCMC), a 49-bed medical facility, is located in The Dalles, 80 miles east of Portland, Oregon, and has been serving approximately 24,000 residents in the surrounding county for more than 50 years. A team of more than 500 employees, over 50 physicians, and 200 volunteers currently provide health services for the community. For the past 12 years, MCMC has brought the Planetree model of care to life within its service area.

THE INITIATIVE

At MCMC, the first step to personalizing health care was to create a safe, barrier-free, and welcoming environment at the facility. Over the years, the medical facility has been re-designed to support the well being of patients, their families, and their visitors. In fact, patients report that it feels more like a hotel or home than a hospital. Physical features include a spacious high-ceiling entry atrium, beautiful gardens, and patient rooms with outside views of the Columbia Gorge and the apple orchards. The hallways are painted in soothing tones, chair rails accent hallways and rooms, and unique accessories such as quilts and bedspreads add to the feeling of a truly comfortable setting.

Each patient floor features a kitchen, family room, dining room and library for patients and their families. The homelike dining room serves as the setting for serious discussions among physicians, patients and families, as well as a spot for patients to celebrate special meals or holidays with their families and friends.

Environmental changes were not limited to the patient floors and public areas. Upon learning of a study that patients who are kept warmer seem to fight infections better, physicians at MCMC suggested that the temperature in the pre-operative and operating rooms should be warmer, despite the inconvenience to surgeons who were chronically too warm in these areas. They realized there were options for them (e.g., wear a cooling vest) in order to benefit the patients.

OUTCOMES

Today, patient satisfaction consistently hits the mid-to upper 90th percentile, and Griffin has boosted admissions 27 percent over the past three years. Staff turnover and vacancy rates are well below the regional average. Also, Fortune Magazine ranks the hospital among its “100 Best Companies to Work for in America.”

Griffin Hospital has been recognized by numerous organizations for its sweeping patient-focused achievements. The hospital won the Sodexho/Marriott Service Excellence Award for patient satisfaction, and the hospital’s childbirth center and emergency department won the Connecticut Quality Improvement Award Platinum and Gold prize, respectively, for innovation. In 2001, AARP’s Modern Maturity magazine recognized Griffin as one of 15 “Hospitals With Heart” in the country.

CONTACT INFORMATION

For more information about Griffin Hospital, visit www.griffinhealth.org. For more about how Griffin Hospital created a healing environment and a consumer-responsive care model, please contact Bill Powanda, vice president, Griffin Hospital, at bpowanda@griffinhealth.org or at (203) 732-7515.
CASE STUDY: THE PLANETREE MODEL

MID-COLUMBIA MEDICAL CENTER

In addition to the dramatic physical changes, the MCMC University was created to educate new employees about how they are expected to establish successful healing partnerships with patients. This program is conducted for nine hours on four days, and it specifically highlights the elevated level of employee participation that is expected. The values of attitude, team building and customer service are all conveyed, and the responsibilities and expectations of every employee from the housekeepers to the physicians are outlined.

Steps have also been taken to demystify the delivery of health care, as patients receive open and honest communication about their condition from their health care clinicians. Patients are welcome to read their charts and even write in them. Clinicians encourage patients to express their concerns and questions so that they can make the most informed decisions possible.

MCMC believes that information is power. Therefore it makes many health care information resources accessible to patients as well as residents in the community. There is a MCMC library in the town where residents can receive information on any health care topic. There is also a free lecture series in the spring and fall at the medical center’s medical office building.

MCMC listens carefully when it receives patient feedback. Patients have prompted the creation of the Cancer Center, the Center for Mind and Body Medicine, and the Sleep Center.

OUTCOMES

The MCMC University has been identified as a benchmark for new employee orientation by the Healthcare Forum. Patient experiences have been so positive that AARP’s Modern Maturity magazine recognized the medical center as one of the nation’s top 15 caring hospitals.

CONTACT INFORMATION

For more about the Planetree Program at Mid-Columbia Medical Center, please contact Dianne Storby, vice president of Human Resources, at dstorby@mcmc.net. For more information about Mid-Columbia Medical Center, please visit www.mcmc.net.

HIGHLINE COMMUNITY HOSPITAL

“Understanding your health care goals and values….”

– The Patient Care Partnership: Understanding Expectations, Rights, and Responsibilities

COMMUNITY HOSPITAL LAUNCHES AND REFINES PATIENT-CENTERED APPROACH

THE ORGANIZATION

The Highline Community Hospital serves the community of Burien, Washington, which is part of the Seattle, Bellevue, and Everett metropolitan area. The 286-bed hospital employs 1,500 staff to serve the community of 30,000. In addition, Highline has a corps of more than 320 volunteers. In the early 1990s, the hospital embarked on a path to evolve from a good hospital to an excellent health care facility. The decision was made to become a Planetree hospital affiliate and change the way patients and families traditionally experience health care. Highline is now celebrating its 10th anniversary as a Planetree affiliate.

THE INITIATIVE

Highline Community Hospital identified at every point of patient care a Planetree representative from groups of staff members. This representative continually works to improve patients’ experiences in conjunction with his or her colleagues. A Planetree committee, made up of all
representatives and a full-time Planetree employee, meets regularly to discuss initiatives, plans and outcomes. Patient-focused topics to be improved, such as patient confidentiality reducing ambient noise, and respecting sleep cycles, are selected and then each patient care area works out its own solutions.

By adopting the Planetree philosophy, Highline Community Hospital has created an environment that empowers patients and their families to make informed health care decisions. All patients and family members are welcomed to their care area with a letter introducing the area and its associated amenities and services. Each letter is tailored to the individual patient, identifying the unique enhancements in their area including small libraries with medical, health and inspirational resources; family kitchen and dining areas; or closets containing linens or towels for overnight family member guests.

As part of the Patient Family Information program, hospital staff are trained to ask patients and their families (with the patient’s permission) about the type of information they seek about their health. More than 350 fact sheets are available in English and other languages on a wide range of topics. The staff will secure information that is not even related to a patient’s stay if that type of information is desired.

A full-time librarian staffs the hospital’s health library. She works with patients, physicians, the staff and the public. For example, when a baby was born with a clubfoot, the librarian researched the pediatricians in the area with experience in working with children with clubfeet. The attending physician followed up on the information and was able to give the family a name of an experienced pediatrician in this area before the family left the hospital. For personalized requests, a volunteer nurse reviews the literature and assembles succinct packets of information.

If patients would like family members and/or close friends involved in their treatment plan, the staff keep all interested parties informed about the patient’s health condition and treatment options. Initially, some staff members were uncomfortable with family and friends participating on the treatment team. However, over time, caregivers have come to realize the importance of such involvement.

The hospital’s cross-cultural collaborative committee learned that there were six cultural groups that frequented the health care system, but that many staff members did not understand the groups’ traditions and practices. The committee built liaisons in the community with key members of these groups. This effort has created a bridge of understanding and dramatically improved the patient-staff relationship.

Staff is continually working with their colleagues to figure out how to be even more responsive to patients’ needs and desires. For example, caregivers have requested that blood not be drawn at night — even though it is a better use of staff’s down time — because it is important to respect the patients’ sleep cycles. The ICU staff reviewed the noise level in the evening and terminated the practice of running the paper shredder at night, recognizing that it could be annoying and patients in ICU were not in a condition to communicate this to staff.

OUTCOMES
In 2001, AARP’s Modern Maturity magazine recognized Highline Community Hospital as one of 15 “Hospitals With Heart” in the country. The hospital also received the “Top 10 Award for Innovations in Health Care” from the Center for Innovations in Health Facilities.

CONTACT INFORMATION
For more information about Highline Community Hospital, visit www.hchnet.org. For more about the Planetree Program at Highline Community Hospital, please contact Donna Taylor, program manager, at dtaylor@hchnet.org.

CASE STUDY: THE PLANETREE MODEL
HIGHLINE COMMUNITY HOSPITAL

Strategies for Leadership

AHA
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**ORGANIZATION**

St. Joseph Hospital PeaceHealth is a 253-bed, two-campus medical center and Level II Trauma Center in Bellingham, Washington, and Whatcom County’s only hospital. St. Joseph along with SeaMar Community Health Clinic, Family Care Network, North Cascade Cardiology, Group Health Cooperative and Community Health Plan of Washington make up the Whatcom Community Health Improvement Consortium (CHIC). CHIC’s goals: support patients in being full members of the care team, improve access to care, and enhance communication across health care organizations. In 2002, CHIC became one of seven health care organizations nationwide to receive funding from the Robert Wood Johnson Foundation for the purpose of “Pursuing Perfection in Health Care.” Through these resources, changes aimed at supporting a patient-centered community-wide chronic care management system are underway.

**THE INITIATIVE**

As highlighted in the Institute of Medicine report, Crossing the Quality Chasm, the nation’s current health care system does not adequately support the needs of patients with chronic illnesses and as a result, gaps in care often occur. In the current system, patients do not have a central role in determining their care, one that fosters a sense of responsibility for their own health. Without an emphasis on facilitating patient self-management, the burden is placed on an overstressed health care system not aligned to manage such conditions.

The Pursuing Perfection project aims to reduce hospital admissions and re-admissions for adults with diabetes and congestive heart failure by strengthening patients’ ability to manage their own care and creating a more responsive health care system. This includes an emphasis on improving the safety of medication management between providers and patients.

This particular case example focuses specifically on the Pursuing Perfection project’s use of a health management tool called the “Shared Care Plan.” The Shared Care Plan is a HIPAA compliant, Web-based, patient-owned tool that allows patients to collaborate with their care teams online to manage their chronic conditions. The Shared Care Plan is being piloted with a small group of patients and health care professionals. While it is not yet publicly available, the Web site, www.patientpowered.org, allows for a download of a paper-based version of the tool.

The objectives of the Shared Care Plan are to:

- Facilitate communication between patients and health care professionals to support planned care and to ensure “nothing about me without me” from the patient perspective.
- Give patients a tool to learn about and practice the principles of self-management, producing engaged patients.
- Offer health care professionals an additional communication tool to provide timely information that supports planned care and patient self-management.

The features of the Shared Care Plan tool include:

- **Personal Profile.** This section is where the patient records important details about their health and life, which will help health care professionals give them the type of care that works best for the individual patient. Information about the role of religion or spirituality in the patient’s life, the existence of advance directives or power of attorney documents and the patient’s primary language and learning style are among details recorded.
- **Goals.** Patient goals are the key to success in managing their conditions. This area provides a place to capture those goals, both clinical and personal.
**Case Study: St. Joseph Hospital PeaceHealth**

- **Next Steps.** This area focuses on both the barriers/concerns that patients face as well as their short-term steps to achieve better health management. It is a section focused on action: What are those actions that the patient will take to improve health outcomes. The care team also can recommend steps for patients to take and list the actions the care team members will take to support the patient’s goals.

- **Care Team.** This includes the people and organizations that support the patient in managing his or her chronic condition. Certain people are fully registered care team members who have an active user name and password that allow them to log in and see the patient’s Shared Care Plan.

- **Medications.** This list is an integrated view of medications that are currently prescribed and how/what the patient is actually taking. Patients are encouraged to keep their medication lists, including over-the-counter medications, accurate and up-to-date with the knowledge that medication safety and effectiveness is the goal.

**Outcomes**

It is too early to quantify results of the full initiative. However, many patient stories have emerged to emphasize the value of this tool. For instance, a patient required transport to the emergency room due to dehydration that was exacerbated by his chronic illness. Because his wife provided the EMS with his shared care plan, his experience was “seamless.” The team of health care professionals reacted quickly to the situation with up-to-date information and effective interventions. As his specialty doctor later commented, “All of my patients need one of these. It would ensure safe, timely and effective care across the community.”

In Whatcom County, this tool and other changes comprise a chronic care management infrastructure being built to allow expansion for other chronic conditions. Overall, hospitalization, re-hospitalization, and inpatient mortality rates are expected to significantly decrease. More important, by creating programs that effectively ensure that patients and providers are working together using the latest evidence to manage patients’ conditions, community members will be healthier, more productive and more secure.

**Contact Information**

For more about the grant and activities related to Pursuing Perfection in Health Care, please contact Mary Minniti, project manager at (360) 756-6885. For more information about St. Joseph Hospital PeaceHealth, visit www.peacehealth.org.

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**Strategies for Leadership**

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BACKGROUND
Greenwich Hospital, a 160-bed community hospital, serves lower Fairfield County, Connecticut and Westchester County, New York, and is a member of the Yale New Haven Health System.

Following some negative publicity about patients’ billing grievances, Greenwich completely redesigned its patient billing system to dramatically improve the way patients receive and access information relating to their hospital bills.

THE INITIATIVE
Greenwich Hospital’s CEO charged a continuous quality improvement (CQI) team to redesign the hospital’s billing system. The CQI team included representatives from patient financial services, registration, information systems, human resources, credit and collection, public and guest relations, laboratory, emergency services, and outpatient clinics. Three patients also were part of the team. Eventually, a vendor joined the CQI team to help design the invoice, the explanatory guide printed on the back of the invoice sheet, and the “detail of services.”

The team began by developing flowcharts of the existing system. Next, the team set out to understand what patients required and expected from a hospital’s billing system. For this task, a phone log was crafted to capture the types of problems, complaints, and questions that were directed to the billing department. Complaints included:

- Inaccurate charges
- Difficult-to-understand bills
- Poor customer service
- Incomplete and incorrect insurance information and ineffective insurance payment collection
- Poor follow-up instructions for making a payment

When the team compared the existing processes to customer expectations, it noted the following:

- Insufficient customer service and support
- Difficult retrieval of details about charges, especially in pharmacy and medical/surgical supplies
- A lack of a standard format or language used in communicating with patients
- Confusion related to statement transactions and adjustments
- No clear definition of steps in billings available to patients
- An inability to handle the majority of calls from Medicare patients

The Patient Billing CQI team moved forward to implement a billing process that completely satisfied Greenwich Hospital patients. The team conducted educational sessions to help all hospital billers become more familiar with clinical terms and medical procedures (e.g., why there might be three different charges for a lab culture). Billers also were taught how to clarify frequently asked consumer questions and learned about resource staff from other departments who could help answer patients’ questions.

The billing office now provides clearly printed itemized charges, and the financial office waits for secondary insurer remittances before it bills patients for the balance. The billing cycles were changed from 21 to 30 days to correspond with consumers’ typical expectations of a billing cycle. Greenwich eliminated sending detailed bills to all outpatients. In addition, the director of patient finance sends a personal letter of thanks to patients and asks them to check for accuracy of their insurance information. Patients also are provided with names, telephone numbers, and office hours when they can reach a hospital representative to discuss their bill.

The billing department’s voice mail was dismantled in favor of a Billing Help Line with specific hours of availability so that patients could talk to a live person. A 24-hour message
line was created to allow patients requesting an itemized bill to receive it, with the understanding that the request would be filled within one week.

**OUTCOMES**
Changes to the billing system have reduced complaints logged by frontline billing personnel from 30 per week to five per week. In addition, bad debt decreased to approximately $500,000 under budget, and accounts receivable declined significantly.

The billing office continues to log patients’ questions and complaints in order to improve their service, and patients’ concerns are regular topics at weekly departmental meetings.

Connecticut’s Attorney General commended Greenwich Hospital for its commitment to patients through his recognition of the hospital’s new customer-friendly billing system. Public opinion changed with positive media coverage, and patients now receive the same excellence in service upon discharge as they do in the hospital.

**CONTACT INFORMATION**
For more about the customer-friendly billing system, please contact Christine Beechner, director of patient and guest relations, Greenwich Hospital, at (203)863-4746, or Cheryl Farrey, director patient financial services, (203) 863-3029. For more information about Greenwich Hospital, visit www.greenhosp.org.