Communication in the ED: Evidence-Based Approaches

presentation to
NSW ED Workshop

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Emergency Physician
International Speaker
Tell me again what the issue is.

Do you want the simple but misleading explanation or the one you won't understand?

Either one is good; I wasn't planning on listening.
74% of patients giving the initial history are interrupted by physicians

Average time of interruption: 16.5 seconds

Only 28% knew medication names
Only 37% knew purpose of medication
Only 14% knew side effects
Why does great communication matter?

- Global ratings of care are more closely linked to communication than technical skill
- Key drivers and priority indices indicate preference for physicians skilled in communication
- Improved quality outcomes
- Affects reimbursement to hospitals (VBP)
- Reduces malpractice and complaint events
- Primary driver to attain and retain patients
- *We can control this one*
New South Wales Patient Survey

Top 6 Issues 2010
- Health care professionals working well together
- Courtesy of health care professionals
- Availability of nurses
- A well organised facility or service
- Explaining treatment and/or care
- Receiving complete care
## The ideal communication tool

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<td><strong>HCAHPS</strong></td>
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<td>Doctor courtesy and respect</td>
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<td>Doctors listen carefully</td>
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<td><strong>Vendor</strong></td>
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<td>Concern and sensitivity to my needs</td>
<td>X</td>
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<td>Explained medical findings in a way I could understand</td>
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<td>Kept informed of how long things would take</td>
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<td>Tests and procedures were adequately explained before they were done</td>
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Physician Communication Fitness

- Patient satisfaction trends
- Complaints
- Observations
- AIDET skills lab
Dear XY:

I have noticed you have not yet chosen one of the coaching dates with Dr. AB to help raise your patient service scores. Dr. AB is a great asset to our group and I need you to set up a date. If you prefer to meet with me, let me know ASAP.

Respectfully,

Dr. CD
**Enhanced AIDET**

- aka *AIDET 2.0*
- Foundational communication tool
- Tactical and pointed communication
- Tight linkage to what matters most to the healthcare consumer
- Incorporates essential non-verbal cues
- Emotional intelligence
- Health literacy
Why “Enhanced” AIDET

Why focus on the less obvious?

- It has been found that physicians can be competent in simple AIDET yet have poor perception of care/satisfaction scores
- “I know that I am using that AIDET thing and there’s no change in my scores”
- Hundreds of observations reveal this situation
- “Service Naturals”
AIDET

- Acronym coined by Studer Group
- Framework to effective communication
- Training system used by physicians, nurses, ancillary staff and executive leadership
- Utilized and proven effective in all healthcare venues
- Linkage to vendor key drivers and HCAHPS questions
- *Always and everyone*

>QUALITY<
AIDET

- Promotes trust in the clinician
- Augments compliance
- Reduces anxiety
- Great service recovery tool
- Effective tool to deploy with disruptive patients and super users of healthcare

84% of patients choose their family physician on the basis of how well they communicate.
AIDET

- Acknowledge
- Introduce
- Duration
- Explanation
- Thank you
Acknowledge

- Knock prior to entry (privacy)
- Confirm roomed patient is same as chart name (HIPAA/safety)
- Acknowledgement of all members in the room
- Cordial, eye contact, shake hands
- “you get one chance to make a first impression”
- Seated interactions preferred
- What message do I send?

“Mrs. Smith, may I come in…”
Smile School?
Introduction

[Introduce yourself]

[Introduce yourself]

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Provider Posture

- Seated preferred
- Quality of interaction is the key
- Patients will overestimate time when seated

Provider Attire

- “Professional” is the key
- No significant difference between formal attire v. hospital scrubs on satisfaction or perception of professionalism


Duration

- Anticipate the patient’s concerns
- Frame the visit in time and content
- Duration of events/services/tests/procedures
- Overestimate if unsure (Disney rule)
- It’s not the wait that gets them upset…it’s not knowing “why” or “how long”
Prospective, cross-sectional design, 1118 patients

Patients surveyed at end of ED encounter: estimates of length of throughput intervals, their expectations of wait intervals, satisfaction indices

“Disconfirmation Paradigm” validated

Actual wait times weakly related to satisfaction

Patient Satisfaction by Time Spent in ED and Information Received About Delays

Represents the experiences of 1,399,047 patients treated at 1,725 hospitals nationwide between January 1 and December 31, 2008

Source: Press-Ganey 2008 Database
## Explanation

### Diagnosis or Non-Diagnoses
- Name
- Test results
- Forecast the usual course
- Picture/diagrams/literature
- Follow-up plan

### Medications
- Name
- “Why” of use and selection
- Anticipated effect
- How to take it
- Side effects/monitoring
- Cost considerations
“Nearly 1 in 5 patients”*

400 patients surveyed

76 (19%) had adverse events after discharge

* 81 events occurred in 76 patients

Type of Adverse Events

- Procedure Related: 17%
- Nosocomial Infection: 5%
- Fall: 8%
- Other: 4%
- Adverse Drug Event: 66%

* “Adverse Events After Discharge from Hospital”, Annals of Internal Medicine, February 2003
Health Literacy

- Explain in a way that aligns with a patient’s education and intellect
- “Teach Back”
- “I have given you a fair bit of information today… Would you mind telling me what you understand about this illness?”
Three Ways to Inquire about Understanding

- (a) You don’t have any questions, do you?
- (b) Do you have any questions?
- (c) What questions do you have?
Explanation

- Treatment Options (now a mutualistic approach)
  - Review treatment options
  - Advise and recommend
  - Treatment decision based on informed patient preference + physician recommendation

- Follow-up Care
  - Where and when is the follow-up appointment
  - Return visits: indications
Thank you

- Value statement/Appreciation
  - “Thank you for entrusting your health to us…”
  - “Thank you for complying with the treatment plan…you are doing great.”
  - “Thanks for enduring the long waits today…your health is important to us.”
- Considered “wow” factor
Rapid Metric Improvement with AIDET

AIDET - Emergency Department Outcome

AIDET introduced on 9/1/2010

Source: California Emergency Department, discharge date

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Baptist/EPA Physician Performance

AIDET/Transparency

Change from 29% to 59% of group in upper quartile rank
AIDET Skills Lab

- A means to validate communication skills
- Surrogate patient
- Mock scenario
- Direct observation
- Validation tool
- AIDET score
Key Words at Key Times (KWKT)

- Not “laminated” scripting verbiage
- Verbal cue which links an action to the “why”
- “Let me have Joan get you some nausea medicine as we want you to be comfortable”
- “You look like you are in a lot of pain. Pain control is important to us so I have ordered an injection of pain meds that should reduce your pain in half”
- “I will close the door for your privacy”

*KWKT adds meaning (not time) to a visit*
“Manage-Up”

- Affirming statement which forecasts positivity of an upcoming experience, usually with an individual or a process
- Sets a positive perception of the next provider
- Example: “Dr. Hakim will be seeing you shortly. He is an experienced hospitalist who will continue your inpatient care.”
EHR/CPOE: *Friend or Foe?*

**Best Practices**

- **Computer/chart positioning is key**
  - Patient as active participant

- **Manage-up the utility of EHR/CPOE**
  - Safety
  - Connectivity of information
  - Speed of information retrieval
Adjuncts to Communication

- Patient communication white boards
- Biocards
- Health or injury homunculus
- Charts/Diagrams
- Process maps for clinic or ED
Illness or injury homunculus

- Patient identifiers and service name and date
- “x” marks the injury/illness
- Free text diagnostic catalog of illness or injury

Patient: John Q. Public  Service: Trauma Purple (Smith)
Date of Admission: March 4, 2012
The Shift Change Hand-Off

“Dr. Smith, I’ve got a little problem in room one…”
DR. SMITH, MY HUSBAND AND I WERE IN THE EMERGENCY ROOM ON OCT. 7 FROM ABOUT 3:30 P.M. UNTIL 4:00 A.M. ABOUT MIDNIGHT, DR. SMITH CAME IN AND TOLD US HE WOULD BE TAKING OVER OUR CASE. HE WOULD GET TO THE BOTTOM OF WHAT WAS GOING ON TO HELP US. HE WASN'T IN A HURRY OR SIT DOWN BY OUR BED AND LET US TELL HIM THE WHOLE STORY. AFTER HEARING OUR STORY, HE SAID THERE WAS ONE BEST THAT HADN'T BEEN DONE. HE FELT LIKE WE NEEDED TO DO IT TO Either RULE OUT OR RULE IN A DIAGNOSIS THAT WAS MENINGITIS. SO WE DID THE SPINAL TAP. SURE ENOUGH, IT WAS THAT. I JUST WANT TO HIGHLY RECOMMEND HIS KINDNESS, COMPASSION, AND PROFESSIONALISM. HAD IT NOT BEEN FOR HIM, WE WOULD HAVE BEEN SICK
Recognize

ATTENTION:
NO FISHING
PENALTIES APPLY
Empathy

noun

the ability to understand and share the feelings of another
Emotional Intelligence (EI)

- Describes characteristics beyond technical skill and cognitive intelligence
- Awareness of one’s emotional responses
- Modulation of one’s responses to cope with environmental demands
- Recognition of a patient’s emotional state and employment of empathy
- Helps physicians align with contemporary models of patient-centered and humanistic care
They may not remember what you said…
They may not remember what you did…
They always remember how you made them feel.

Maya Angelou
Bottom Line: Patients want docs/staff who...

- Is cognizant of current health, history offered at triage
- Listens
- Shows compassion and empathy
- Exhibits confidence and security
- Reassures
## Communication Challenges

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<th>Solution</th>
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<td>Rapid speech rate</td>
<td>Seated, draw diagrams or processes</td>
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<tr>
<td>Bad news to patient</td>
<td>Seated, appropriate touch, empathic statements (Enhanced AIDET)</td>
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<tr>
<td>Time compressed</td>
<td>Enhanced AIDET, manage-up, scribes</td>
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“Superusers”
Factors associated with drug-seeking

- Specific request for narcotics
- Previous documented visits for suspected drug-seeking
- Unwillingness to try simple analgesia
- Aggressive or demanding behavior

What doesn’t work

- No acknowledgment
- No physical exam
- No explanation when the answer is “no” to meds
- Bad attitude (fuels the patients’ anger)
Provider and Patient Interactions

- Be methodical
- Listen
- Leave the emotions behind
- Have a game plan for what can be offered
- Avoid “there’s nothing we can do for you”
- Set limits or boundaries and disclose this upfront
10 mg of AIDET trumps 10 mg morphine
Did you AIDET today?

dan.smith@studergroup.com


(A health care provider's guide to the HIPAA Privacy Rule: Communicating with a patient's family, friends, or others involved in the patient's care). http://www.hhs.gov/ocr/privacy/


(Soliciting the patient’s agenda: Have we improved?). Marvel MK et al. JAMA. 1999; 281:283-287.