Health Production and Patient Engagement

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"Unless the healthcare community can overcome some of the barriers and false operating assumptions that inhibit innovative and creative responses to the changing demands of society, it will remove itself from the opportunity to successfully coauthor its own future."[2]

LEARNING OBJECTIVES

- Evaluate how important an open line of communication plays in health production
- List the terms involved in the five-step communication tool AIDET
- Discuss why patient engagement is crucial to providing the best care
- Review the patient-centered and collaborative care models discussed in this article
- Summarize how the role of the healthcare professional affects patient engagement

Though a bit dated, the intent of this statement is still the same as it was 14 years ago; members of the healthcare industry are being advised to get serious about creating new ways of providing care.

In the age of transformation, the healthcare industry suffers from a variety of issues. Among these issues is the fiery debate on how healthcare reform incentivizes caregivers to improve care through pay-for-performance policies. According to many researchers, positive patient's satisfaction goes hand in hand with well-being and good clinical outcomes.[7] These researchers have found that the primary mechanism to improve the production of health among the general public relies on seeking patients' involvement in their own care. The concept of patient participation in the production of wellness is not all that new; however, a renewed focus on population health and an appreciation of the need to control healthcare costs have refocused patient-

centric care agendas. Yet paradigm paralyses among many members of healthcare facilities, their provider groups and caregivers alike have caused slow acceptance of any relationship change between themselves and their patients. The struggle patients encounter when lost in the endless uncertainty of what is happening during their care can cause more frustration and add to the lack of good health.

PROBLEM STATEMENT

Don Berwick, former Administrator of Centers for Medicare and Medicaid Services (CMS), challenged the healthcare industry to acknowledge that units of production and throughput are not the fundamental business of healthcare; rather it is the positive relationships between caregivers and patients that provide ultimate positive health results. These relationships begin with healthcare organizations and caregiver groups recognizing the significance of taking time during service encounters to provide patients with a connection that engages meaningful dialogue. Informed patients who have appropriate, timely and reliable information makes them part of the healthcare team. Likewise, patient education and information, which help to inform patient choices, can also encourage joint decision-making. When caregivers engage with patients, they can solicit immediate feedback, thereby addressing care issues proactively and possibly reducing the cost of care. Collaborative decision-making fosters trusting relationships and are touted as essential components for improving quality and reducing cost.[15] Furthermore, meeting patients' expectations when providing care undoubtedly leads to their satisfaction and makes them part of the health production equation.

Comments made by researchers of a recent prospective cohort study of 4,709 surgery patients concerning patient satisfaction stated, "… how we deliver healthcare may be of key importance along with the specifics of what we deliver … ."[11] Responses from patients in this study provided researchers with an understanding of the contention that patients' ultimate satisfaction is controlled by meeting their expectations, taking away their pain and creating a positive experience.[11] To accomplish satisfaction at this level, a model of care – which engages patients and their families in the healing equation – is vital.

Despite changes in pay-for-performance guidelines and the vast amount of research connecting patient engagement with positive patient outcomes and lower healthcare costs, skeptics have paid little attention to these studies and discount any legitimacy between patient engagement and positive patient outcome correlations.

This article will promote the concept that health is a product. It also will discuss the Certified Surgical Technologist's (CST) role in adding to the production of patient health through patient engagement practices by focusing on communications between the CST and the patient during the short time these members interact in the operating room.

LITERATURE REVIEW

Other industries have studied and reported on the significance of engagement encounters and the relationship these encounters have on customer satisfaction, cost and positive outcomes; however, the healthcare industry has been somewhat slow to study these correlations. Critics of patient survey tools used to score satisfaction do not believe patients are credible sources for meaningful data because they lack the medical education necessary to provide validate information.[18] Moreover, the lack for understanding this correlation may be contributed to a myth that patients desire a paternalistic physician-patient relationship: one where clinicians drive patients' decisions concerning clinical treatment. Now that more attention is focused on government's involvement in healthcare, satisfaction becomes the backdrop of pay-for-performance initiatives. Consistent, open and honest communications about health coupled with transparency of price and quality outcome data will become determining factors patients and their families use when making healthcare decisions. Joint decisions are the very inputs required to produce a success health product.

Consumer Driven Care

The healthcare industry is becoming more and more consumer driven as cost, satisfaction and perceptions of quality are valued in the customers' selections of medical insurance coverage, caregivers and healthcare facilities. Jessica Liu, a Practice Manager for The Advisory Board Company, explains that high-deductible healthcare plan enrollments mean healthcare product buyers (patients) will become "the new clinical shopper." The digital age supports this claim through the development of new technologies such as smartphone applications that allow potential healthcare customers to shop for hospitals and care providers by price quoting (www.Pokitdok.com, 2014) and personal computing

programs or telemedicine services that allow consumers to receive care through a virtual physician visit (www.doctorondemand.com, 2014).

As many healthcare facilities and their provider communities embrace changes in how patients seek care, many others are still fighting and waiting for significant changes in healthcare reform. Even as healthcare policies continue to evolve, there is no doubt about how far consumers have come in realizing the need for engagement. Patients no longer believe a physician-centric model is the right approach for their care. Instead, they are becoming partners in the decision-making process. Patients are demanding more information and decision-making power. Paying more out of pocket gives patients the ability to judge the services they receive. Therefore, it is important to help patients and their families understand the disease process, the treatment options and prognosis as well as identify specific costs, risks and quality of life issues associated with their condition. These important elements of care and communications cannot be delegated to one individual; rather, it takes a care team to constantly inform all components of the healthcare equation. It is important to underscore the need for everyone to be on the same page when it comes to delivery of care and how the mode of care influences the production of health. With this in mind, the optimal care team model supports having the patient or patient's surrogate and their family actively participating in the care team discussions and decisions.

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Elements of Quality Care

In a sentinel review of the theoretical and empirical works on patient satisfaction in relationship to quality care by Cleary and McNeil (1988), results point to a consistent theme where higher levels of patient satisfaction are found to be associated with personal care. Their work suggests that recipients of care (patients) identify personal care as being the same as quality care. Domains of quality include elements such as safety, timely delivery and effectiveness; noting that these areas relate also directly to financial indicators of success. A growing body of evidence also shows that positive patient-caregiver relationships are linked to improved health outcomes.[7] For example, researchers found that patients who partner with their caregivers and become more involved are better equipped to manage chronic conditions, know when to seek assistance for acute conditions and have shorter lengths of stay in the hospital should they require acute care.[7] Caregiver-patient involvement or engagement is achieved in a variety of ways. Agenda and goal setting through focused communications demonstrates a meaningful engagement and not only gains respect from the patient, but makes providing care easier for caregivers.

Patient Engagement Tools

A variety of patient engagement and communication tools are being used in the market today. One of the more popular communication tools is called *AIDET* (StuderGroup, 2013). The program provides a quick way for caregivers to engage with patients and their families by following a five-step process. The process focuses on giving information, which includes having conversations or dialogue, which may lead to informed healthcare decisions. The acronym, AIDET, stands for Acknowledge – making eye contact and making the patient feel comfortable; Introduce – providing name, department name and what skill set one has so patients understand their caregivers' roles; Duration – providing clear expectations for how long a patient can expect for testing or an inpatient stay; Explanation – the opportunity to give information and answer questions about overall care, diagnostic testing or specific treatment; and Thank you – giving gratitude to patients' and their families for selecting the facility to provide their care. Healthcare is the most intimate yet public contact a person makes; therefore, providing them with these five areas of respectful communications during every encounter aids in the development of a trusting relationship and positive perception of care. AIDET can be used in most any healthcare setting, takes very little time to incorporate into a daily work routine, is easy to learn and provides a means to engage patients in their care with little extra effort on either parties' part.

Effective communication between patients and their caregivers can have an effect on patients' satisfaction, compliance and a physicians' ability to diagnose and treat.

Why patient engagement?

Patients' perceptions of quality care also include how well caregivers plan for transitions in their care. Now more than ever, hospitals are working to become part of patients' continuum of care where an acute short-term stay in a hospital setting is only a snapshot of the overall healthcare journey. The transition period between care settings is the most vulnerable time for patients. Ineffective management of care transitions in the past raised concerns for patient safety, quality, lack of access and increased costs. While at first glance this may seem to be a case management, utilization or physician issue, it is not. All caregivers and access-care points are responsible for focused patient communications and patient engagement strategies allowing for timely and safe transfers between departments, facilities or from hospital to home. Understanding a patient's needs early on brings clarity to potential barriers in care transitions.

A recent study by Chang and colleagues (2013) also addresses the correlation between caregiver communication and patient satisfaction. Results in their study conclude, "Perception of interpersonal-based medical service encounters positively influences service quality and patient satisfaction, perception of service quality among patients positively influences their trust, and perception of trust among patients positively influences their satisfaction."[5] Their recorded research and structural framework outlines the theoretical relationships of service quality, patient trust and patient satisfaction. They also concluded there is a direct correlation between the three components which stem from any interpersonal-based medical service encounter.[6]

The large number of interpersonal encounters found during an inpatient stay at a short-term acute healthcare setting could be thought of as bytes of information as each day caregivers contribute to the information stored by patients or their families. As more data is gathered, the modeled understanding of care becomes clearer. Information given often and in different formats leads to clarity and better decision-making. According to McSteen and Peden-McAlpine (2006), caregivers need to own the responsibility of consistently clarifying information and options for patients and their families during any encounter. There are a variety of ways for a caregiver to deliver these bytes of information on a daily basis. The choice of delivery should be unique so as to convey personal care while helping patients and their families reflect upon what decisions or steps need to be taken now or in the next level of care. Lanette Anderson (2012) points out that caregivers have a great deal of information to provide patients during each interpersonal encounter. Further, she explains how complex communication can be in an acute healthcare setting. For instance, patients may have had past experiences of poor communication or there may be misunderstandings or perceptions that cloud messages. If patients are too ill to communicate, Susan Clabots elucidates, "The amount of stress experienced by family members of seriously ill patients can affect communication significantly. This can have substantial impact on what information fam-

ily members recall from a meeting with a physician or nurse to discuss the patient's prognosis or plan of care" (2012, pp.199-200). Understanding stress and or a patient's condition and medications can interfere with communications throughout the day, which makes it even more important for caregivers to determine ways to reinforce and clarify information consistently. Effective communication between patients and their caregivers can have an effect on patients' satisfaction, compliance and a physicians' ability to diagnose and treat. Therefore, each patient medical encounter is an opportunity to send another byte of information that clarifies or improves understanding for patients or their families. To achieve the ultimate two-way messaging in any interpersonal medical encounter between patients and their caregivers, it is recommended that hospitals encourage the use of a variety of tools and processes that enhance the caregivers' ability of giving bytes of information and the patient's ability to receive and process the information.

Global economic complexities, a focus on consumerism and increases in competition force hospitals to analyze how they do business. Patients' perceptions for how satisfied they are with the care provided in an acute care setting are critically important in today's healthcare economic climate. The transformation from a healthcare payment system paying on intensity to a pay-for-performance format challenges leaders of acute care facilities to review all interpersonal encounters that may affect patients' perceptions of care. The CMS pay-for-performance assessments are based on the combination of compliance with core measures and HCAHPS; therefore, focusing on patients' perceptions of care plays a major role in the healing process as well as toward the economic health of the facility. Further, the Institute of Medicine (IOM, 2013) recognizes the value of a patient and family-centered care model where patients and families are involved in their healthcare decisions and identify patient centeredness as one of the six dimensions of quality care. Studies support the use of a patient-centered care model as evidenced by reporting total cost of care for patients with patient-centered care at 48.63% less cost than those without the use of patient-centered care techniques.[3] In addition, according to Charmel and Frampton (2008), patient satisfaction scores can increase 3% or more when patient-centered methods are

introduced. Respectful and focused communication as part of a patient-centered care model builds trust and has been determined to be a major contributor to patients' perceptions of quality care and increases in hospital satisfaction scores (Knapp, 2006;[23,3]).

Where Does Quality Patient Care Start?

For much of the 20th century, leaders in the healthcare industry focused their efforts on the redesign process. The industry's mantra was people, process and technology, yet the prominence on solutions to address safety, cost and the lack of collaboration fell to processes and technology. This emphasis was supported by government's role to financially support programs that aided healthcare facilities and provider groups to upgrade paper systems to the latest and greatest electronic medical record (EMR) or electronic medication administration record system (MARS). Hospitals followed suite by touting how wired they were instead of highlighting their achievements in patient safety, positive patient outcomes or patient and family satisfaction scores. The push for cost cutting measures and increased capacity involved process redesign and investments in technology. Although good processes and up-to-date technology are important components of a well-rounded approach to addressing healthcare program needs, people are still at the heart of caring for patients. Patients are making healthcare decisions based on how caregivers communicate and care for them, not necessarily regarding which EMR is used in documenting their care. Patients and their families want healthcare professionals they can trust to be their advocates in an often overwhelming system.[10] Although attention to a hospital's financial bottom line has been known to encroach on the humanitarian component of patient care, there are collaborative measures that keep patients at the center of care while addressing economic and technical pressures. Collaborative measures include caregivers who work as a team providing classic medical managed care while focusing on ways to engage patients and or their families. This tandem equates to a productive communication exchange and allows patients and their families to contribute to decisions, prioritize health issues, address fears and concerns and become part of the overall improved health equation. A well-executed patient engagement strategy increases a caregiver's productivity and leads to better patient outcomes, lower resource utilization and costs, increased patient satisfaction and creates greater patient loyalty (Wilkins, 2012).

According to the Center for Advancing Health (CFAH, 2013), patients are more eager to become involved in decisions about their healthcare today than they were just a few years ago. Yet the CFAH reports a lack of enthusiasm, specifically from physicians, to actively become involved in patient engagement strategies. To address these concerns, healthcare facilities will need to be innovative in creating nonintrusive patient engagement programs which help to build these new patient relationships and spur compliance.

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Theoretical Foundation

The theoretical foundation supporting patient engagement includes two care models and a governance structure, which supports information transparency and team decision-making, both of which are descriptive attributes of patient engagement. Although a healthcare organization or its caregivers do not have to uphold all of the specific tenets laid out in each of the care models described herein, the primary intent of these theories point to one distinct element, relationship. Positive, respectful and open relationships between and among the patient, the family and the care team are key to reaching the pinnacle of health production. A short description of each theory and the governance are as follows:

Organigraphic Governance Structure

An organigraphic governance structure lends itself to joint decision-making through systems-thinking and balanced-impact assessments. Similar to concepts outlined by AHRQ (Agency for Healthcare Research and Quality) in the operations of High Reliability Organizations (AHRQ, 2008), the theoretical care models supporting patient engagement point to a concerted effort to deemphasize hierarchy in decision making. These models have governance structures that also resemble an organigraphic communication style. In an organigraphic structure, everyone on the care team

is critical to the success of the product (patient outcome), including the patient. The web-like structure creates positive and transparent relationships, which aid in building a high degree of accountability, breaks down hierarchical governance and maintains situational awareness from every member. Mintzberg and Van der Heyden (1999) suggests consumers desire an organigraphic type of structure (1999) where a web of relationships gives coherence to decisions and gives voice to clarity of choice. Instead of reliance on titles and medical hyper-complexities with physician-centric decision-making, organigraphic relationships build support for joint decision-making between caregivers and patients (Mintzberg & Van der Heyden, 1999).

Patient-Centered Model

The patient-centered model, outlined by the Institute of Medicine (IOM) in the Quality of Health Care in America Report (2001), stresses the importance of providing care that is respectful of and responsive to individual patient preferences, needs and values. One aspect of patient centeredness is through relational communication. Relational communication or patient-centered communication is based on a moral obligation calling caregivers to expand upon the regimented biomedical approach to care (Epstein et al, 2005). This type of communication style helps patients feel understood through inquiry and attentive listening skills. Caregivers develop a relationship where patients feel their needs, expectations and perspectives are truly known. Patient-centered communication attends to the patient's psychosocial context. The second element of a patient-centered model is the way in which physicians' master the ability to integrate their patients' values and preferences into clinical decisions to maximize overall health (IOM, 2003). Epstein and his colleagues (2005) explain that patient-centered communication expands the patient's involvement in clinical decision-making and creates a bond of trust with the physician. Building relationships with patients through patient-centered communication may seek to provide much needed support during vulnerable times in patients' lives or in the healing journey as they reconnect to their next level of care.

Concord Collaborative Care Model

The Concord Collaborative Care Model (2002), supports and ensures that patient parameters guide clinical decisions by involving the patient in the process. The collaborative care model used by Uhlig (2002) and his colleagues tout an open and interdisciplinary communication process as its foundation. The care model is fundamentally based on taking fragmented times that a variety of caregivers take with the patient during the day and coordinate a time when all of these individuals can meet and conduct patient visits. The group meets with the patient and discusses steps toward healing and recovery with the ultimate goal being a timely and safe discharge. Care coordination improves communication among care team members and ensures that care recipients obtain appropriate services and resources.

PROFESSIONAL IMPLICATIONS

The Role of the Healthcare Professional in Patient Engagement

It is the role of all healthcare workers, non-clinical or clinical, to assist the patient in becoming an active member of their own care team. When a patient is admitted to a healthcare facility, opinions are usually formed immediately; with some assessments of care facilities occurring long before they walk into the door. Creating a positive initial experience helps generate a space for the development of a positive health product outcome. The achievement of good health as the ultimate outcome is the goal. Steps to reach this goal are maintained by the patient, the family, the physician, the administrative and business staff and all of the many care providers across the healthcare enterprise. The way in which this goal is met may take on a variety of care paths; however, one certainty, the road to patient health production must include the main staple – the patient.

AIDET in the OR:

When the patient is transported to the OR and being prepped for the procedure, the most important things OR team members need to remember are to use clear methods of communications. As discussed earlier, the communication tool of choice is AIDET. Steps are outlined below and are suggested specifically for CSTs:

1. Acknowledge the patient by going up to their bedside, make strong eye contact and clearly verbalize a welcome and acknowledgement to the patient. These few words help to increase trust and improve a patients' acceptance to relax before anesthesia is administered. A typical acknowledgement would read:

   > "Hi (Patient's Name), I am [your name]. I am the surgical technologist. I am the person who hands instruments to Dr. [physician's name]. I will be standing opposite of [him/her] with your assisting surgeon, Dr. [assisting physician's name]."

2. This information provides a means of Introduction.
3. Information concerning the surgical procedure should be provided by the physicians, including the anesthesiologist. Therefore, to meet the *Duration and Explanation* steps of AIDET, the physicians would be required to be involved. This information is most commonly provided in preparation before entry to OR.
4. AIDET's last step is to say, Thank You, which may not be appropriate in the operating room setting.

Scoring with Patients:
Realizing the importance of HCAHPS measures and simply meeting a mission for patient care, most hospitals and healthcare providers have begun to practice a matching expectations profile. Patients want to feel like they can trust their healthcare providers and want to be a part of their own care plan. By engaging patients in their own health production plan from the beginning of the process, HCAHPS scores undoubtedly will rise.

When patients set goals in a collaborative manner with their healthcare providers they are more likely to meet these goals and understand them. Patient satisfaction surveys ask specific questions using verbiage that represents healthcare jargon. If patients are more involved this language may be less foreign and surveys maybe easier for them to complete and return.

Making sure staff understands the survey questions will also help realize positive scores and consistent administration of care practices. Once the healthcare staff understands what is being asked in the survey they can properly address the patient's questions and consistently provide instruction to the patient.

Scripting is very helpful when it comes to patient engagement because it creates consistent knowledgeable care. The consistent communication pattern gives the same information in the same order each time making it easy for the caregiver to remember. Likewise, trigger words can be used that correspond to words in the patient satisfaction survey, which helps patients make a connection with more specific questions. For example:

> "(Patient Name), this is your Norco medication; it has 5 mg of Hydrocodone and 5 mg of Tylenol in it. This medication is for your pain. Side effects of taking this medication are nausea, vomiting, dizziness, drowsiness and fatigue. If you experience something that you feel is out of the ordinary, please use your nurse call and someone will assist you."

If consistent scripting is used each time by all caregivers for similar tasks or processes, there is less of a probability for potential failure of delivering the information and, therefore, increased safety for patients. Not only will this help with HCAHPS scores, but it leaves the patient informed and provides a pattern that opens opportunities for a patient's engagement in the care process.

WHERE TO START

Some healthcare delivery systems are still providing care in a preindustrial model where physicians practice as artisans crafting their own existence through a fee-for-service structure, serving as the patient's advocate with an impression that financial resources are unlimited. However, during the past decade, movements to bring healthcare to an industrial model are exhibited by the creation of integrated delivery systems, hospitals placing physicians on their payrolls and the use of industrial process controls. As healthcare was becoming more industrialized, other industries were moving beyond the industrial model toward a consumer driven model where customers are more in control.[2] The changes in consumer expectations in other industries have forced the healthcare industry to move through the industrial age into the information age simultaneously. Changes in access to information and variations in payment structures, where consumers are responsible for more costs associated with care, drive healthcare consumers to seek partnerships with their healthcare providers and force the producers of healthcare to focus on relationship building. Atchison and Bujak (2001) contend that relationships and context replaces structure as a vehicle for supporting organizational success. Perhaps context can be thought of as being in a state of mindfulness, which was recently discussed by healthcare researchers Carayon and Wood (2010). Throughout the patient journey, it is important to build systems and processes that allow process owners to be in a state of mindfulness concerning patient engagement.[4] Mindfulness preserves the caregiver's role as a team member in decision-making rather than a single entity. Strong, visible, dynamic and engaging leaders will be critical in helping to drive, sustain and support mindfulness behaviors.

> Creating a positive initial experience helps generate a space for the development of a positive health product outcome.

Shook and Chenoweth (2012) recently reported on the adoption of leadership practices and processes. In their study of 63 hospitals, approximately only 27 of the respondents felt they had good alignment across the organization in aspects of measured quality performance criteria. These authors suggest that those leaders who drive performance alignment and cultivate strong relationships with providers, payers and staff will position their organizations to move beyond the conventional walls of acute care. When all levels of care sync across the continuum, quality outcomes, decreased costs and increased capacity truly can be realized. "Success may lie in leadership's ability to encourage greater collaboration among providers and to design patient-centered delivery models that focus on the right care, in the right setting, at the right time."[22] Moreover, being mindful of the various opportunities each care giver has throughout the day to engage patients and their families will prove to be both productive and beneficial for the progression and transition of care.

One way to successfully administer the future of positive patient outcomes is through using appropriate patient engagement strategies, which will in turn contribute to positive health production. Both consumers and healthcare providers maintain valued investment in the health equation. For customers of healthcare to drive their own interest, they must be given the opportunity to engage as part of the healthcare team. It is the responsibility of healthcare facilities and their health caregivers to provide that opportunity for their patients. Gone are the days of patient discussions separate from those held by the healthcare team; the patient is and should become a valued member of the healthcare team where decision-making is a joint effort and responsibility.

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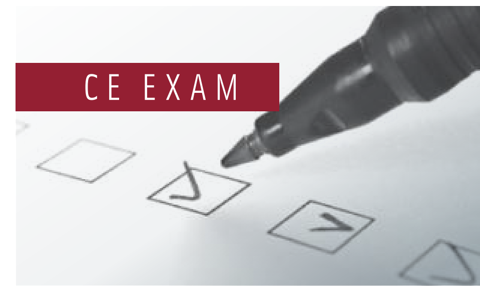

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