The Patient Passport Program: An Intervention to Improve Patient–Provider Communication for Hospitalized Minority Children and Their Families

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ABSTRACT

OBJECTIVE: Effective patient–provider communication is essential to improve health care delivery and satisfaction and to minimize disparities in care for minorities. The objective of our study was to evaluate the impact of a patient–provider communication program, the Patient Passport Program, to improve communication and satisfaction for hospitalized minority children.

METHODS: This was a qualitative evaluation of a communication project for families with hospitalized children. Families were assigned to either the Patient Passport Program or to usual care. The Passport Program consisted of a personalized Passport book and additional medical rounds with medical providers. Semistructured interviews at the time of patient discharge were conducted with all participants to measure communication quality and patient/family satisfaction. Inductive qualitative methods were used to identify common themes.

RESULTS: Of the 40 children enrolled in the Passport Program, 60% were boys; the mean age was 9.7 years (range, 0.16–19 years). The most common themes in the qualitative analysis of the interviews were: 1) organization of medical care; 2) emotional expressions about the hospitalization experience; and 3) overall understanding of the process of care. Spanish- and English-speaking families had similar patient satisfaction experiences, but the Passport families reported improved quality of communication with the medical care team.

CONCLUSIONS: The Patient Passport Program enhanced the quality of communication among minority families of hospitalized children with some common themes around the medical care expressed in the Passport book.

KEYWORDS: health care disparities; minorities; patient-provider communication; patient satisfaction

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WHAT'S NEW

The Patient Passport Program is a novel patient–provider initiative to improve communication for hospitalized children and their families. A Passport book with patient medical information and additional rounds were used. Families used the Passport for emotional expression and information organization.

RACIAL AND ETHNIC minorities currently represent about one third of the US population, with projections that by 2060 populations that have historically been identified as minorities will compose more than 50% of the population.[1] With increasing cultural and ethnic diversity, health care providers face new challenges in recognizing the culturally defined expectations and beliefs about health care that influence patient–provider interactions. Language barriers in patients and families with limited English-language proficiency (LEP) provide additional challenges for optimal communication with health care providers, which is essential for high-quality health care.[2] Many dimensions of health care are affected by cultural and linguistic barriers including provider communication, access to care, timeliness of care, trust, respectfulness, and customer service.[2,3]

While the overall quality of health care is improving in the United States, the 2010 National Quality and Healthcare Disparities Report stated that access to health care and health disparities between groups are not improving,[4] with disparities existing also in pediatrics.[5] Factors contributing to these health disparities include: barriers to doctor–patient communication with lack of trust; limited cultural competence of providers and health care institutions; patients' health beliefs and behaviors; LEP and limited health literacy; challenges in navigating the health care systems; and differential access to high-quality medical care.[6,7] A growing body of research suggests that ethnic minorities, compared to white patients, experience disparities in and are less satisfied with the health care

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services they receive.[2,8–11] Culturally effective health care delivery and patient health literacy are not isolated aspects of health care but are integral elements of overall excellence in health care delivery that are essential for decreasing the racial and ethnic disparities related to health care and patient satisfaction.[7,12]

At our hospital, when differences in overall patient satisfaction with health care were identified by race and ethnicity on patient satisfaction surveys, the hospital conducted formative research using tracer methodology, focus groups, and semistructured interviews of minority families to better understand the sources of this dissatisfaction and to develop a patient–provider communication program to address them. These results identified the need for improved communication between the medical providers and the patients and families, especially around the plan of care for the patient and results of testing, as well as identification of the clinical providers.

On the basis of these findings, the hospital developed a patient–provider communication project to improve culturally effective care for our LEP and minority patients in the inpatient setting with the concept of the Passport program, including a "Passport book" for families to record medical information. Our hypothesis was that the development of a patient–provider communication program, which included a written platform (Passport book) for recording medical information and related questions and comments with a set of additional afternoon rounds, would be a useful tool to improve communication between the medical provider and minority patients and families.

The objective of this project was to evaluate the impact of a patient–provider communication program, The Patient Passport Program, to improve the health care experience and satisfaction of culturally diverse families of hospitalized children.

METHODS

PATIENT PASSPORT PROGRAM

This was a qualitative evaluation of a patient–provider communication project to enhance communication between minority (nonwhite) families and their medical providers in the inpatient setting. The Passport Program included a customized paper-based Passport book and an additional set of family-centered medical rounds during the hospital day with medical providers for the patient/family. The personalized patient Passport summarized patient-specific demographic and clinical data as a source of information about the child's hospitalization in an easily understandable format for use by patients and families. It included sections for the following: 1) pictures of the patient/family and their medical providers; 2) daily summaries of tests, labs, and surgical procedures; 3) important information such as hospital resources; 4) tomorrow's medical or surgical plans for the patient; 5) questions to ask my providers; 6) what I need to do to be discharged; and 7) support information for discharge (Supplementary Figure). Families in the Passport Program also participated in daily Passport rounds with a physician and nurse from the treating team, a Spanish interpreter (if needed), and the Passport Program assistant. These rounds were in addition to the usual morning rounds of the medical teams, to which no changes were made, and the focus of these Passport rounds was to address any questions/concerns from the family, summarize the day's events, including any test results, with patients and their families, and to discuss plans for the next day. Information from both the routine morning rounds and the Passport rounds was added by the program assistant to the patient's Passport daily. In addition, families and patients were encouraged to write any questions, comments, concerns, or feelings about the medical care on their own in the Passport book. For Spanish-speaking families, this information was written in Spanish, including the discharge instructions. Written materials (eg, radiology reports) were only available in English; however, Spanish-language materials were available for medication information.

The Passport Program was implemented as a 2-phase project with 10 Spanish-speaking Passport families and 10 Spanish-speaking usual-care families in the first phase enrolled in 2010. For inclusion in the Passport Program, these families would answer "yes" when asked by the Passport Program assistant if their primary language was Spanish and if they would request the use of a medical interpreter when communicating with the medical staff. The usual-care families were recruited from a convenience sample from the same medical and surgical inpatient units, during the same time frame as the Passport Program families. In the second phase in 2011, we only included English-speaking minority families with 10 Passport families and 10 usual-care families. During both phases, the Passport Program assistant recruited on the first day of admission families of children with diagnoses likely to result in hospital length of stay of longer than 48 hours; the assistant provided the families with the Passport book and instructed them on its use. In the second phase, a post-implementation survey of the physicians and nurses who provided care for Passport Program patients was developed by the study team to measure clinician satisfaction with the program and their perception of program effectiveness. The survey questions were measured on a 10-point Likert scale ranging from 1 = "Not at all" to 10 = "A great deal" for responses to questions related to changes in communication between the provider with the patients and families after involvement with the Passport Program. As a quality improvement project, this did not require institutional review board review at our institution.

POST–PASSPORT PROGRAM INTERVIEWS

For both phases of the Passport Program, an adult caregiver for both Passport and usual-care families participated in semistructured interviews with an independent trained interviewer at or closely after the time of discharge. Spanish-speaking participants were interviewed in Spanish with a medical interpreter. The open-ended interview questions were developed to elicit qualitative data about the patients' experiences during their hospitalization, specifically the overall coordination of care and communication

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