

# Lessons Learned From Two Decades of Patient- and Family-Centered Care in Radiology, Part 2: Building a Culture

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## Abstract

As reimbursements are increasingly linked to patient experience, physicians and hospitals will need to find ways to incorporate patient and family input into operational decisions. Rather than starting from the beginning, health systems could learn from practitioners who have been experimenting in this space and are willing to share their experience. The authors share lessons learned from two decades of experience incorporating patient and family advisers into the clinical operation of a radiology department and the resulting culture change. Radiology and radiologists can incorporate principles of patient- and family-centered care into clinical operations without loss of productivity.

**Key Words:** Patient- and family-centered care, patient-centered design, patient experience, patient satisfaction, radiology, Imaging 3.0

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## INTRODUCTION

As patients pay an increased share of health care costs and value-based payment systems evolve for physicians and hospitals, there will be further experimentation in models of delivering care. Patient- and family-centered care (PFCC) is a model of delivering care in which patients are viewed as partners and collaborators [1]. Because not all radiology encounters involve direct patient interactions, engaging patients in a PFCC model does present some challenges for radiology. However, with the linkage of physician and hospital reimbursement to patient experience through payment reform and the increasing consumerism, there is increased alignment of stakeholders in health care to improve patient experience.

As health care looks for examples of successful implementations of PFCC, it will become clear that not all PFCC experiences have been documented in the peer-reviewed literature. Many case studies and other resources exist in the gray literature. The Institute for Patient- and Family-Centered Care has collected more than a dozen stories of health systems implementing PFCC, called “Profiles of Change” [2]. The ACR has collected case studies of patient engagement in radiology [3]. In our first article in this series [4], we presented our initial experiences in PFCC at an academic medical center using case studies of building a children’s hospital and a pediatric radiology department and renovating mammography. In this second article, we explore the direction we took in the further application of PFCC in an academic radiology department. We again use a case-study approach to highlight our experiences and the lessons learned both from individual projects and the two-decade journey. These brief case presentations allow themes to be visualized across several projects.

A common approach to incorporating PFCC into hospital operations is the creation of patient advisory committees at an institutional level, as was done in the design of Children’s Medical Center. Individual clinical units or departments can form patient advisory councils.

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These councils often exist outside of the governance and operational structure of hospitals and potentially could be underused, ignored, or marginalized. In radiology departments, with the frequent upgrading of equipment, there are workflow redesign opportunities such as the one described for our mammography unit. The leadership of the radiology department decided to use each future equipment acquisition project as an opportunity for patient engagement, furthering the cultural transformation for the staff and physicians in this clinical area. Each project reinforces the participation of patients and families as partners in the transformation. Thus, our approach was to incorporate patients and families into our operations as partners rather than to create a separate parallel structure. Although improving the patient experience became a core feature of all renovations, the projects still had to work within a budget, introduce new technology, and improve overall throughput. These goals are not mutually exclusive.

## GENERAL RADIOLOGY

The general radiology waiting room at our institution housed outpatient check-in for radiography, CT, and MRI. When we remodeled the radiography rooms to replace computed radiography cassettes with digital radiography in 2008, we had an opportunity to reassess clinical space and the waiting room. This allowed the entire patient experience, from check-in through imaging to check-out, to be reassessed and redesigned. We redesigned the dressing rooms for faster workflow but ensured that patients did not encounter one another when they were coming out of the dressing rooms, through workflow redesign. The waiting room was redesigned to resemble a coffee shop with different functional areas. Some patients can now watch television whereas others read. There are tables where people can work on their electronic devices while waiting for their loved ones. The patient advisers who were part of the redesign selected artwork from local artists with scenes of South Atlantic beaches, lighthouses, and other regional views. The local images were specifically chosen by patients because they elicited discussions of their family vacations and experiences that other patients likely share, creating conversation starters.

## Lessons Learned

- Different patients have different expectations of the same space or experience.

- Local or commonly understood experiences may help create a comfortable environment for patients.
- Recruit patient advisers who can advocate for more than just their own point of view.

## MRI

When we were replacing an MRI scanner in 2012, our patients described their experiences in MRI machines as cold, small spaces that were loud. Although many radiology practices provide earphones or earplugs, cold and small spaces are more difficult to modify. The dressing room was down the hall, so patients walked down the hall in gowns to the MRI scan room. These deficiencies or discomforts became the focus of the patient-centered design team. By changing the color schemes from off-white to blue, green, and sand, the team created a calming environment for the MRI scan room. Elevating the ceiling allowed us to install a backlit skylight showing clouds and palm trees to complement the color scheme. When combined with a mural of a beach on the far wall, the entire suite seemed a brighter, more open and inviting space. But there is no point in creating a beach feeling if patients are still cold, so we made sure that a blanket warmer was nearby. To ensure privacy, the new dressing room as well as a pediatric sedation room now open into the control room of the integrated beach MRI suite. There were concerns that a dressing room opening into the control room would impede patient throughput for the scanner. The design team (including the MRI staff) felt that patient privacy was a priority that had to be preserved, and the workflow of the MRI staff was redesigned to accommodate inefficiencies. From 2012 to 2016, MRI volumes increased by more than 30% without the addition of new scanners.

## Lessons Learned

- Listening to patients' needs and wants while they undergo examinations can result in higher satisfaction and better outcomes.
- Patients want more privacy, especially when in hospital gowns.
- Protecting patient privacy shows respect for individuals.
- Positive, themed distractions can improve the patient experience.

## ANGIOGRAPHY

When replacing a single-plane angiographic unit with a biplane unit in 2013, we invested a lot of time studying

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