Integrating the Patient Satisf*Active*® Model into a Patient Safety Dashboard: Development and Initial Experiences

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Introduction/Background:
Over the past decade, patient-centered care (PCC) and patient experience have drawn increasing interest, highlighting the importance of incorporating patients' needs and perspectives into care delivery[1]. Yet, despite expanding initiatives, many healthcare organizations have faced barriers when attempting to transform their organizational culture from 'provider focused' to 'patient focused'[2]. The Patient Satisf*Active* Model[3], a structured pro-active communication tool, was developed to meet the need for creating a culture of PCC. In the model, clinicians identify and respond to patient and family needs, concerns, and expectations, thereby improving patient experience and satisfaction in real-time. The model has previously found success in three inpatient clinical trials. In this study, we describe the process of integrating the model into an electronic patient safety dashboard and our initial experiences.

Methods:
In order to integrate the model into clinician's electronic workflow, we engaged with stakeholders in: 1) identifying system requirements (e.g. limiting additional documentation, achieving interdisciplinary visibility); 2) developing logic to reflect the model's structure of asking, responding, engaging, and documenting patient and family expectations within the safety dashboard. We are analyzing the system to identify barriers and usability issues across twelve inpatient units and three clinical services at the Brigham and Women's hospital.

Results:
The model was integrated into an electronic patient safety dashboard. The dashboard aggregates information from the electronic health record (EHR) into thirteen safety domains (e.g. code status, delirium), and codes patient riskiness as red/yellow/green/grey. A new domain ("patient expectations") was created. When new data is entered into the EHR, a yellow alert is displayed on the dashboard. Upon completing the task, clinicians can "check" the dashboard item and the alert turns green. One month of experience shows that while data regarding psychosocial issues is entered on the majority of patients, clinicians only use descriptive free text comments on 20% of patients versus precoded data fields (e.g. "physical"; "emotional"), limiting the utility of the displayed information.

Discussion/Conclusion:
Initial feedback and experience has been positive. Clinicians like that patient expectations is structured to have as much weight and importance as other clinicial metrics. Barriers to use include the fact that currently clinicians are using the precoded text fields rather than descriptive free text comments, limiting the usability of the information on the dashboard. More analysis is needed in order to see how clinicians continue to interact with the dashboard and engage with the Patient Satisf*Active* Model.

References:
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