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## Are you my doctor? Utilizing personalized provider cards to improve patient/doctor connections

Jessica Colyer

*Children's National Medical Center, jcolyer@childrensnational.org*

Tina Halley

*Children's National Medical Center, thalley@childrensnational.org*

Melissa Winter

*Children's National Medical Center, melissa.winter95@gmail.com*

Jennifer Coldren

*Children's National Medical Center, jenncoldren@gmail.com*

Martha Parra

*Children's National Medical Center, mparra@childrensnational.org*

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### Cover Page Footnote

FOOTNOTE This article is associated with the Patient, Family & Community Engagement lens of The Beryl Institute Experience Framework. (<http://bit.ly/ExperienceFramework>). You can access other resources related to this lens including additional PXJ articles here: [http://bit.ly/PX\\_PtFamComm](http://bit.ly/PX_PtFamComm)

## Are you my doctor? Utilizing personalized provider cards to improve patient/doctor connections

Jessica Colyer, *Children's National Medical Center, jcolyer@childrensnational.org*

Tina Halley, *Children's National Medical Center, thalley@childrensnational.org*

Melissa Winter, *Children's National Medical Center, melissa.winter95@gmail.com*

Jennifer Coldren, *Children's National Medical Center, jenncoldren@gmail.com*

Martha Parra, *Children's National Medical Center, mparra@childrensnational.org*

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### Abstract

In the setting of large, multidisciplinary medical care teams, it can be difficult for patients and families to identify their primary providers in the inpatient hospital setting. A review of our institutional patient satisfaction scores reflected a low rating with respect to families identifying their provider. We sought to improve patient and family connections with front line providers using personalized provider cards. We developed trading cards with pictures and biographies of the doctors on each card as well as an explanation of provider roles. The cards were piloted on a single inpatient unit without trainees. We had great provider engagement with use of the cards. We saw short term and longer-term improvement in specific patient satisfaction metrics after implementation. This pilot supports expansion of these cards into other areas of the hospital to improve patient satisfaction.

### Keywords

Patient satisfaction, communication, patient experience, pediatrics

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### Description of the issue

Connecting with patients and families is of utmost importance for a medical team. A strong therapeutic alliance can improve shared decision-making and promote trust. This connection begins with the very first introductions between providers and patients. While introductions are a routine part of patient interactions, the exchange of provider roles, hierarchy, and titles is often lost in typical introductions. There are many entities of providers from medical students, residents, fellows, attendings, nurse practitioners, and physician assistants. In the course of a day, a patient interacts with many people. At such a stressful time for patients and families, remembering a complex hierarchy and different faces proves challenging.

At Children's National Health System, families receive a patient satisfaction survey after discharge. Satisfaction scores in the metrics "Doctors Care Coordinated" and "Doctors Identified Roles" have typically been low, demonstrating an opportunity for improvement. When asking front line providers about their introduction practices, they emphatically endorsed always introducing themselves in patient interactions. Clearly, there is a disconnect between providers and families regarding understanding of roles. Our group hypothesized that improving provider recognition among patients and families, would lead to improved connection between

patients and families. Since direct measurement of the strength of connection is difficult, we would track changes in specific patient satisfaction metrics to reflect patient care improvements.

To create buy in from administration to support similar hospital wide endeavors, it is important to understand that patient satisfaction scores impact hospital rankings, insurance reimbursements, and physician bonuses. The Affordable Care Act ties patient satisfaction to hospital reimbursement in the world of adult medicine, creating a system of monetary reward for hospitals whose patient satisfaction survey data reflect high quality care.<sup>1</sup> The Children's Health Insurance Program Reauthorization Act Pediatric Quality Measures Program identified the need for a survey to evaluate the pediatric inpatient experience for both patients and families. As a result, the CAHPS Child Hospital Survey was created with the following topic domains; communication with parent, communication with child, attention to safety and comfort, hospital environment, and global rating.<sup>2</sup> Furthermore, associations with poor physician patient satisfaction scores and increased risk management episodes have been demonstrated.<sup>3</sup> In general, those of us who care for patients do so with a desire to deliver the best care. Current measurements through satisfaction scores highlight the need for better attention to certain aspects of the patient experience. Reimbursements depend on hospital transparency and patient satisfaction. These

findings emphasize the importance of making a connection with families for an entirely different reason, one that serves the overall institution in which one provides care, with the goal of raising the level of care for all.

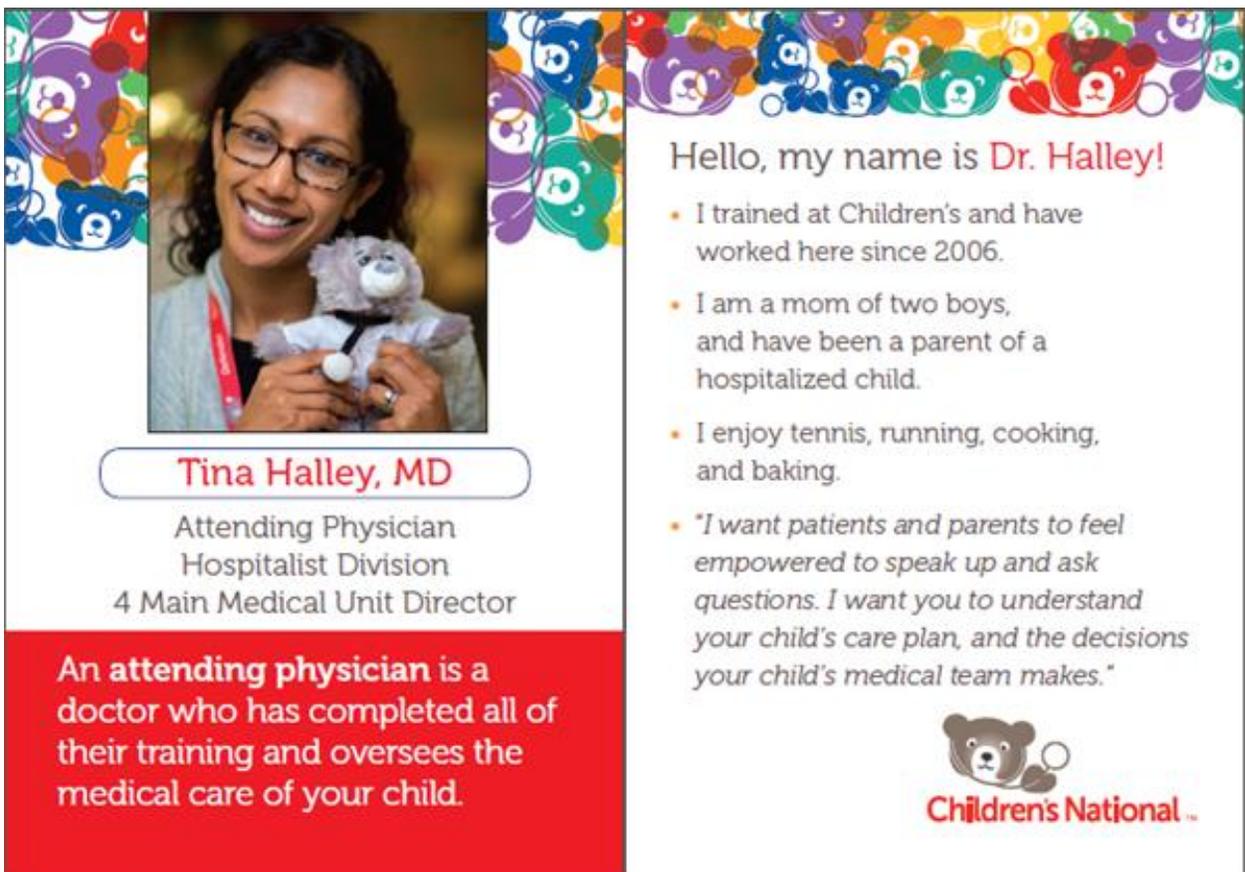
**The practices, processes or programs applied to address the issue and why these were selected**

Prior work by a group from Banner Good Samaritan Medical Center in Arizona compared the use of a personalized provider card to the use of no card with patient satisfaction metrics. Patients who received the cards were better able to identify their main physician post-discharge. In addition, they also found a statistically significant increase in how many patients reported that their main physician explained things in a way they could understand with a trend toward the perception that they were always treated with respect.<sup>4</sup> Other studies have shown that patients who correctly identified their physicians by photo had higher satisfaction scores.<sup>5,6</sup> Building on this data, we hypothesized that the creation of

(Figure 1) We postulated that this would also help with overall patient satisfaction and improve the rating around coordination of care.

Our project team consisted of leaders from our Service Excellence, as well as attending physician champions of patient satisfaction within our institution. We developed trader sized, glossy cards in partnership with our Public Relations and Marketing team. A template was created and once approved by the physician, was printed for distribution. Here is one example:  
We started our project with the Pediatric Hospitalist Attending Service Team (PHAST). The PHAST team consists of a core group of attending physicians and a physician assistant who take care of a small patient population of routine pediatric admissions in a small inpatient unit. One of the attending physician champions of the project also serves as the Medical Unit Director for this patient unit. As medical unit director, this physician represents the physician staff, and works closely with nursing leadership to provide cohesive oversight of the unit. Involving the medical unit director helped facilitate

**Figure 1. Personalized Photo Card (sample)**



personalized photo business cards for providers would improve the ability of families to identify their provider.

buy-in for the project amongst the unit staff. Each provider on the unit had a photo shoot with our

photographer. The intent was to be more personable and for the picture not to reflect a business headshot. The providers filled out a standardized questionnaire to provide personal information they were willing to share. There are no trainees involved in patient care on this unit. The small, consistent provider population created the ideal environment for a pilot study.

The providers were encouraged to use the cards with every new patient interaction. The service excellence team solicited feedback during the inpatient stay. Patient satisfaction scores were obtained through the standard Press Ganey post-discharge survey via mail and email. Patient satisfaction scores from prior to the introduction of the cards, and after the introduction of the cards were pulled and analyzed. The data was streamlined to only reflect patients from the PHAST service admitted to the PHAST unit for the purposes of analysis.

### **The measurable outcomes - positive, negative or neutral - realized as a result of the effort**

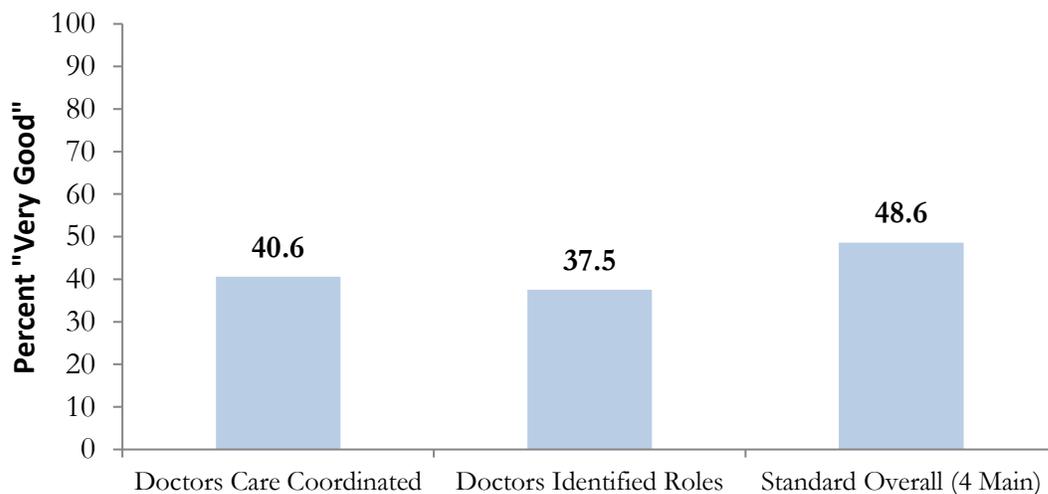
Our pre-provider card survey results are listed in Graph 1. Our baseline data illustrates that there was a less than 50% Very Good Rating for “Doctors Care Coordinated”, “Doctors Identified Roles”, and “Standard Overall”. These data are not reflective of the care we believe to deliver and provide a significant opportunity for improvement.

introductions. All independent providers on the unit were included in the study. They easily adopted the use of cards into standard routines of introduction and reported satisfaction with the results. Our immediate and 6-month data showed improvement in patient satisfaction (Graph 2). These demonstrate a marked improvement in scores in the immediate sample period and at the 6-month follow-up period. During this time, no other significant changes occurred on the unit suggesting use of the provider cards directly correlated to the improvement in scores.

During the post-intervention period, our institution changed from using the Press Ganey Survey to Child HCAHPS, which forced a change in what metrics to follow on our satisfaction survey to determine impact. We chose hospital recommendation as an overall score and doctors communicated to provider as provider specific score. We continued to see sustained improvement at both one year and 18-month post-intervention benchmarks using these comparable metrics. (Graph 3)

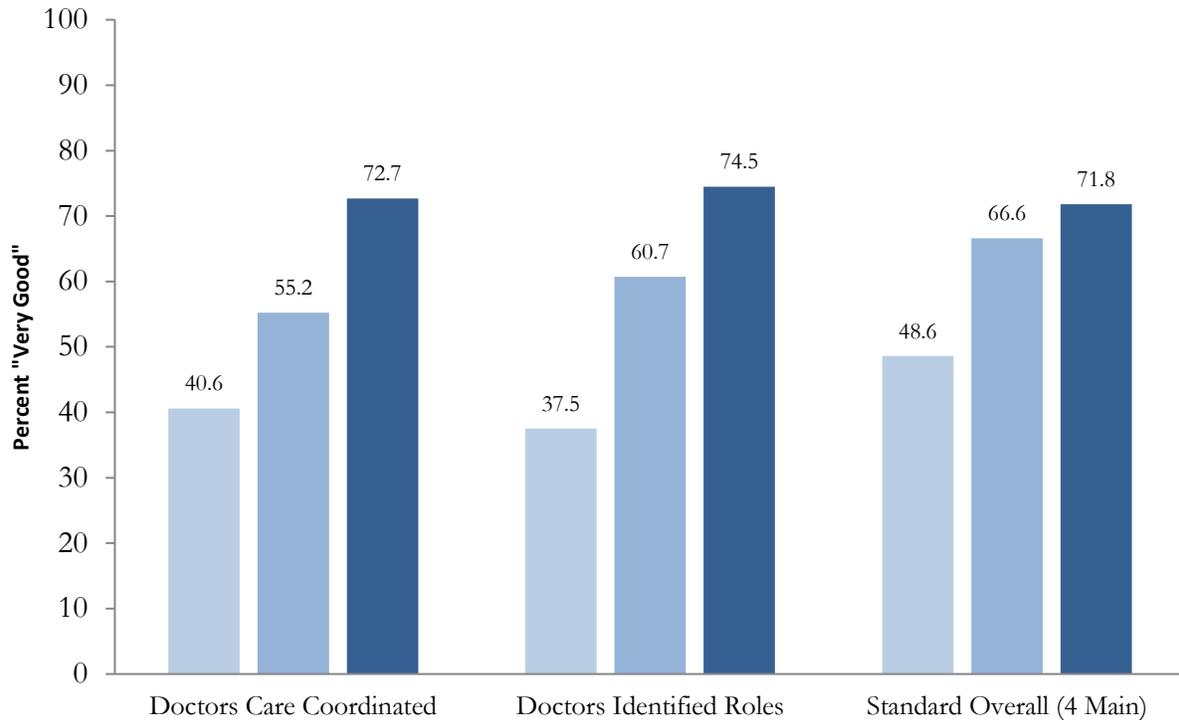
As a balancing measure, the providers and nursing staff were surveyed on card use, with overall positive feedback on ease of use. Some providers reported issues related to workflow changes in introductions and description of their role to families. Use of the cards required that providers remembered the cards and used a standard script for introductions, which could be different from their prior habits. At times, clarifying questions from families

**Graph 1. PHAST 4Main Patient Satisfaction with Doctors (before “Personalized Cards” for Introductions)**



We implemented use of the cards after educating the staff on expectations for use and sharing a standard script for

**Graph 2: PHAST 4Main Patient Satisfaction with Doctors (Impact of "Personalized Cards" for Introductions)**



changed the routine. Overall, use of the provider cards was a welcome addition to daily workflow. Nursing staff reported positive feedback as well, namely that the cards provided an easy way to reference the provider for the day and reinforce the members of the care team.

**Implications for this case on further practice and generalized recommendations based on the outcomes**

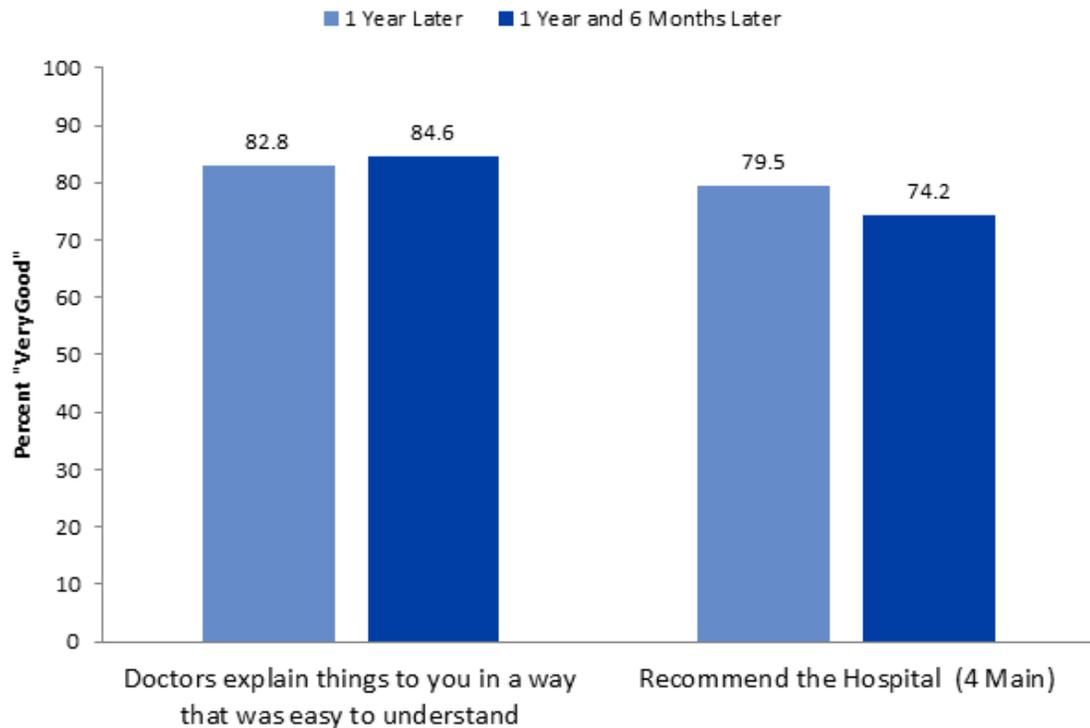
The data from our single unit pilot showed a positive correlation to improvement in doctor-specific metrics after the introduction of the cards. This linked with a simultaneous increase in overall rating of the hospital and connection with providers. While it slightly changed work flow for the providers, it was easy to adopt and incorporate into practice without a change in rounding times. For the many providers who eagerly participated, they were excited about sharing their cards with patients and with each other. It also allowed them to express more about their personal connection to their roles.

Based on our experience and early success our future direction involves expansion to other service lines to adopt similar approaches. However, we do have a few lessons learned. Cost is a factor. We were able to streamline production and create a template which minimized costs overall. We scheduled our photo shoots in groups as well

to minimize extra expenses. This was challenging due to busy provider schedules. We received a Board of Visitors Grant whose funding allowed for an initial expansion of this project beyond the pilot phase. The coordination of the photo shoots and collection of data requires administrative support, which can be a barrier at some institutions. Surprisingly, when we reached out to individual specialties in the hospital, there was lack of provider engagement in some areas. A few providers were hesitant to share personal information, and some preferred a more traditional headshot. We were flexible in amount of information shared and photo used to meet the comfort level of the providers. Our hope is that the standard white business card will be a thing of the past, and a more personalized, photo provider card will be standard forthcoming.

**Suggestions for further exploration or research in this area, questions that remain**

Our data supports previous research that families who can identify their physician and the roles of their providers report better satisfaction. For academic institutions, having a clear method for patients to understand the different levels of training as well as having standard introduction strategies for our trainees would help with the confusion of multiple providers for a patient. Although patient satisfaction surveys post-discharge give a good snapshot of

**Graph 3: PHAST 4Main Patient Satisfaction with Doctors (Impact of “Personalized Cards” using HCAHPS)**

the patient experience, developing more timely and direct methods of feedback from patients to providers will have greater benefit. Ultimately, use of technology to display photos and roles as providers enter a room with a save and transfer functionality will likely generate the best way for families to connect and remember their care teams. Until that type of technology is widely available and cost-effective, projects such as ours that show benefit from a relatively small intervention that focuses on one aspect of the patient and family experience provide evidence that such efforts are certainly worthwhile.

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