



DocID: A Photographic Intervention to Improve Patient Care Delivery

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Introduction

- Inpatient admission disorienting experience
- Patient confronted by a multitude of health care providers
- 80 hour work week fragments patient's overall health care experience
- Hospitalist assume inpatient care



Background and Significance

- Encourages self-management
- Active involvement and better outcomes
- Inability to identify - associated with poor understanding and poor patient engagement in care plan

Heisler et al. The relative importance of physician communication, participatory decision making, and patient understanding in diabetes self-management. *J Gen Intern Med* 2002



"Are you sure I'm getting enough fiber?"

Background and Significance

- Maniaci et al
 - Constant visual representation of physician's name increases ability to correctly recall name of attending physician
- Francis et al
 - Included photograph of the entire primary team
 - Ability to identify inpatient attending physician correlates with increased patient satisfaction

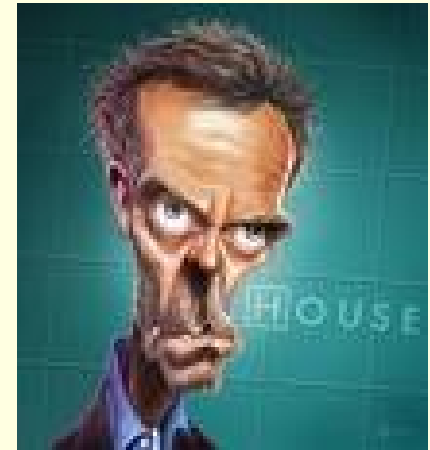
Scope of the Problem

- How many patients can identify their inpatient primary attending physician by their name?
- Understand the role the attending physician plays in their care? Who is coordinating their care?
- Are patients satisfied with the level of communication with their inpatient attending physician?



Definitions

- Inpatient Attending physician
- Attending consultant
- Outpatient Primary doctor
- Physicians in training
- Physician extenders



The attending physician's role is to coordinate various specialties and inpatient services, to provide high quality and safe health care for the patient.

Hypothesis

- Patient education and a photographic display of their inpatient attending physician would:
 - Increase physician identification rates
 - Improve physician-patient communication
 - Patient satisfaction



"Diabetes has increased dramatically over the past 10 years. That proves that diabetes is caused by global warming!"

Study Design and Methods

- Randomized prospective trial
- Intension to treat analysis
- Patients admitted to an acute medical service at Abington Memorial Hospital

- Control group – standard patient room with no physician identification display

Study Design and Methods

- Intervention group
- Patients educated about concept of primary Attending
- Physician display
 - Color photograph of Primary Attending- printed on consumer-grade printer
 - Name of Primary Attending
 - Physician service name
 - Telephone number of contact person
 - Placed in clearly visualized position



Study Design and Methods

Inclusion Criteria

- Hospitalist service where the Attending is not their Primary Care Physician
- Patients on general medical floor
- Between 18 and 70 years of age
- Able to read English

Exclusions Criteria

- Diagnosis of dementia
- Neurologic or ocular pathology that would preclude being able to visualize or retain the information on the display
- Intensive care unit admission



Study Design and Methods

- Psychometric Likert scale based survey administered
 - Control group - at least 24 hours after admission
 - Intervention group -24 hours after patient education and placement of primary attending identification display

Study Design and Methods

- Descriptive statistics were reported using means and frequencies
- Univariate analysis was performed using the independent t-test and the chi-square test where appropriate
- P-value <0.05 considered statistically significant

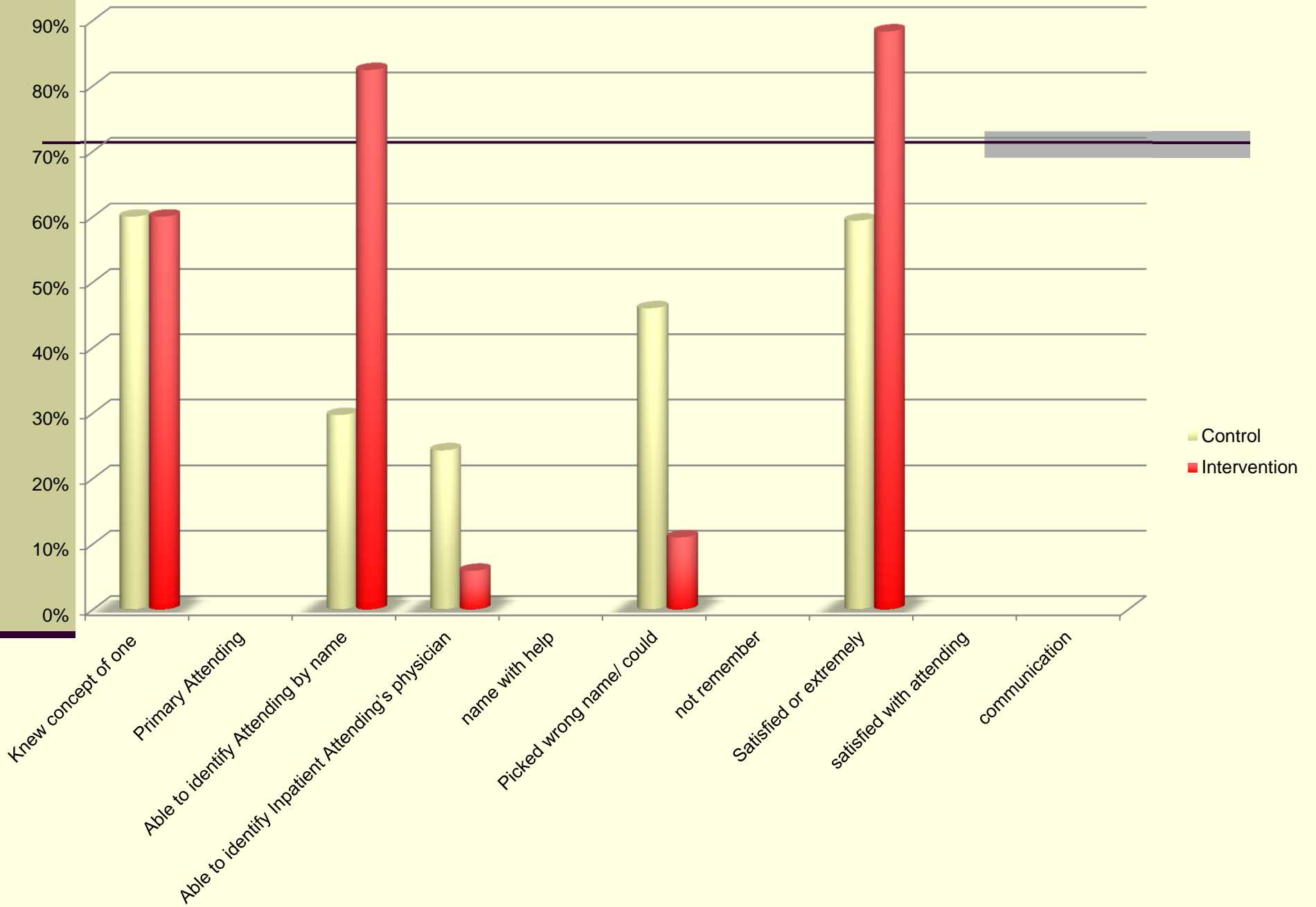
Demographics

	Control N = 35	Intervention N = 35
Mean Age (yrs)	44.1 ± 1.5	47.1 ± 1.3
Males	51.4%	44.1%
Mean days since admission	3.0 ± 1.0	3.0 ± 1.4
Previous admissions	1 ± 1.4	1.06 ± 2.0
Named Out Patient Primary Doctor	86.5 %	78.1 %
Un-referred patients	27.8 %	33.3 %

Results

	Control N = 35	Intervention N = 35	P value
Knew concept of one Primary Attending	60 %	60%	
Able to identify Attending by name	29.7%	82.4%	< 0.001
Able to identify Inpatient Attending's physician name with help	24.3%	5.9%	
Picked wrong name/ could not remember	46%	11%	< 0.001
Satisfied or extremely satisfied with attending communication	59.4%	88.3%	0.003

Results



Results

94%

- Responded important or very important to know who their Primary inpatient attending physician's name

85%

- In the intervention group responded that the physician display was either helpful or extremely helpful in identifying their attending physician

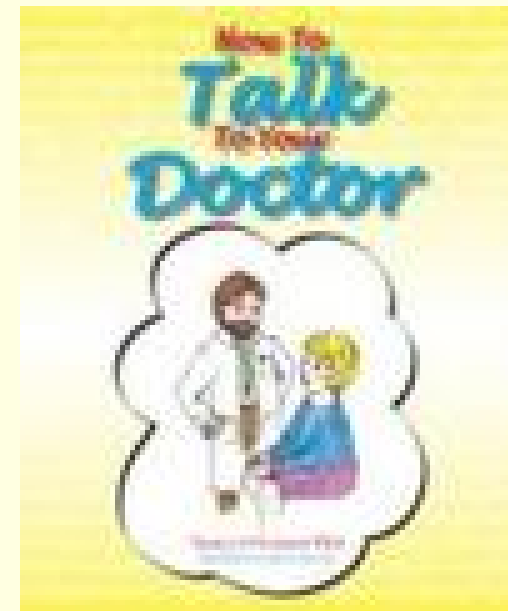
84%

- Display was either helpful or extremely helpful in improving communication

Conclusions

Patient education and a photographic display of the inpatient attending physician can:

- Increase physician identification rates
- Improve physician-patient communication
- Patient satisfaction



Conclusion

Served as reminder to physicians
to introduce themselves

Discussion

- Easily applicable

- One person to focus on

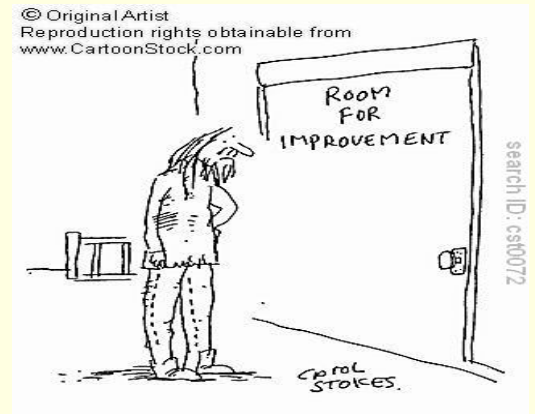
- Francis J et al. Patient satisfaction associated with correct identification of physicians' photographs. *Mayo Clin Proc.* 2001 Jun;76(6):604-8
- Arora et al. Improving inpatients' identification of their doctors: Use of FACE cards. *Jt Comm J Qual Patient Saf.* 2009 Dec;35(12):613-9

- Photographic representation

- Maniaci et al. Increasing a patients ability to identify his or her attending physician using a patients room. *Arch Intern Med.* 2010 Jun 28;170(12)

Limitations

- Single institution study
- Physicians not blinded to study
- Long-term patients not studied; multiple hospitalist attendings not involved in patient care
- Any attempt to study behavior tends to modify behavior (Hawthorne Effect)



Recommendation

Reinforcement via repeated visualization of the attending physician's name, photograph, service name and service contact details.



Questions

