



**Eastern Association for the Surgery of Trauma**

**28<sup>th</sup> Annual Scientific Assembly**

**Sunrise Session 3**

**Improving Patient Expectations and Satisfaction  
Using a Self-Education and Peer Support Process**

**January 14, 2015**

**Disney's Contemporary Resort  
Lake Buena Vista, Florida**

# Improving Patient Expectations and Satisfaction: Why You Should Care

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Director, Center for Trauma and Critical Care  
George Washington University

GW Center for Trauma & Critical Care | CTACC

School of Medicine & Health Sciences  
our patient experience matters

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## Disclosures

- None

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## Objectives

- Review HCAHPS and its impact on hospital/system finances
- Define the TSN, how it started and how to start a program in your institution
- Review Patient Outcomes of trauma programs that have incorporated TSN

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### HCAHPS:

## Hospital Consumer Assessment of Healthcare Providers and Systems

- National, standardized, publicly reportable survey, 2006
  - Hospitalcompare.hhs.gov
- All discharged inpatients, excluding psych
  - 48 hours and 6 weeks following discharge
  - Mail, telephone, mail with telephone f/u, or voice interactive media

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Discharged patients are asked questions about their recent hospital stay, specifically:

- ☒ Overall rating of hospital stay
- ☒ Willingness to recommend
- ☐ Staff responsiveness
- ☐ Communication with nurses, doctors
- ☐ Cleanliness & quietness
- ☐ Pain management
- ☐ Staff communication about medications
- ☐ Discharge information

Patients are asked to rate the frequency of events during their care:

*Never, Sometimes, Usually, Always*

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### The Survey

- 32 items
  - Clinical Process of Care
  - Patient Experience
  - Outcomes
- Questions are scored as: always, usually, sometimes, never
- **ONLY "always" is acceptable!**

	GEORGE WASHINGTON UNIV HOSPITAL	DISTRICT OF COLUMBIA AVERAGE	NATIONAL AVERAGE
Patients who reported that their nurses "always" communicated well	70%	72%	73%
Patients who reported that their doctors "always" communicated well	71%	77%	82%
Patients who reported that their "always" received help as soon as they needed	53%	55%	68%
Patients who reported that their pain was "always" well controlled	63%	64%	77%
Patients who reported that staff "always" explained about medicines before giving it to them	54%	55%	64%
Patients who reported that their room and bathroom were "always" clean	63%	61%	72%
Patients who reported that the area around their room was "always" kept at night	53%	55%	61%
Patients who reported that "YES, they were given information about what to do during their recovery at home"	81%	73%	80%
Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	63%	60%	71%
Patients who reported "YES, they would definitely recommend the hospital"	68%	62%	71%

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## Financial Impact

- Value Based Purchasing
  - Process of care (45%)
  - Patient experience (30%)
  - Outcomes (25%)

Total Performance Score

**ACCOUNTS OF 30% OF CMS REIMBURSEMENT**

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## Trauma and HCAHPS

- Halo effect of trauma on overall hospital operations
  - “They were so good when I: [broke my hip, had flail chest, was shot/stabbed, crashed my car....], that I would definitely recommend them for [a hip replacement, heart surgery, gallbladder operation, etc].....”
- 60% of patients state that satisfaction is in the top 3 factors influencing their selection of hospital

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## TSN at GW: Baby in the Cradle

- 3/2014: Template book from ATS customized with input from our patients and their families
  - What did you wish you had known
  - What resources exist in/around the hospital (food, parking, rest, etc)
- Barrier is staffing and \$\$\$\$\$
  - We do NOT have a grant or budget to support this
  - Hospital volunteer who rounds on pts 2-3x/week
  - PI coordinator who trains the volunteer and also rounds on pts

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### Implementing TSN at GW

- Training visitors: We identified a group of trauma survivors and approached them to attend a TSN training course at GW
- Peer visits: Ad hoc at the bedside
- Refer pts to the online NextSteps TSN Course
- Trauma support group: facilitated by social workers (shared)
  - Quarterly for starters and then monthly

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### Conclusions

- Value Based Purchasing matters
- Trauma halo effect can impact on other hospital systems
- TSN offers a low cost, potentially highly impactful means to manage patient expectations and improve patient satisfaction
- This is also a ripe area for research both in terms of ROI as well as improvement in patient clinical outcomes

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JOHNS HOPKINS

BLOOMBERG

SCHOOL OF PUBLIC HEALTH

## The Trauma Survivors Network and Collaborative Care Intervention

Ellen J. MacKenzie, PhD  
 Johns Hopkins Bloomberg School of Public Health &  
 The Major Extremity Trauma Research Consortium

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## Disclosure Information

**FINANCIAL DISCLOSURE:**  
NONE

**UNLABELED/UNAPPROVED USES DISCLOSURE:**  
NONE

**RESEARCH SUPPORT:**  
DOD - W81XWH-06-1-0361  
DOD - W81XWH-09-2-0108

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## The National Study on Costs and Outcomes of Trauma (NSCOT)

THE NEW ENGLAND JOURNAL OF MEDICINE

**SPECIAL ARTICLE**

**A National Evaluation of the Effect of Trauma-Center Care on Mortality**

Elmer J. Wachtman, Ph.D., Frederick P. Rivara, M.D., M.P.H., Gregory J. Janzovich, M.D., Anne E. Nathan, M.D., Ph.D., Katherine P. Fox, M.P.H., Brian L. Eggen, M.P.H., David S. Cullen, Ph.D., and Daniel O. Schaffstein, Ph.D.

Overall risk of death is 25% lower in TCs compared to NTCs

THE JOURNAL OF BONE JOINT SURGERY

**J B J S**

**The Impact of Trauma-Center Care on Functional Outcomes Following Major Lower-Limb Trauma**

Elmer J. Wachtman, Ph.D., Frederick P. Rivara, M.D., M.P.H., Gregory J. Janzovich, M.D., Anne E. Nathan, M.D., Ph.D., Katherine P. Fox, M.P.H., Brian L. Eggen, M.P.H., David S. Cullen, Ph.D., and Daniel O. Schaffstein, Ph.D.

Only modest TC effect on physical functioning, but only among those with severe leg injuries

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## What We Have Learned About Recovery

- Outcomes are variable, but secondary conditions such as pain, anxiety, post-traumatic stress and depression are common
- When present, these secondary conditions can significantly impact function, activity and participation . . . & overall quality of life
- Good **clinical outcomes** do not always translate into good **functional outcomes**

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## Depression, Anxiety, Pain → FUNCTION

- Negative emotions are elevated early post-injury and remain elevated
- For majority of patients, levels are NOT indicative of major affective disorders
- But even moderately elevated levels of affective disorders can lead to poorer outcomes
- As time passes, **negative emotions** play more enduring role in subsequent function

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## Protective Factors are Important

- **High Self-Efficacy**  
... the belief that one is able to perform specific tasks or abilities
- **Good Social Support**  
...practical support  
...emotional support

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## Implications for Treatment . . .

***Comprehensive post-injury care must include interventions to reduce pain and emotional distress***

- **Widespread awareness of need for adequate pain management**
- **Less integrated effort to address emotional distress**

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### Role of the Surgeon and Trauma Team . . .

- Routine screening of individuals for risk of PTSD, depression and overall distress;
- Referring patients who meet clinical criteria for a diagnosable condition for an appropriate mental health assessment;
- Providing a **patient and family centered environment** that promotes peer support and self-management to empower patients to take charge of their own recovery.

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### Patient Centered and Collaborative Care

Expanded role of the trauma team is consistent with the development of patient centered and collaborative care models that emphasize need for interactions between:

- **Informed, activated patients (who take charge of their recovery) and**
- **Prepared, proactive providers to support and encourage patient activation**



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### Facilitating Informed, Activated Patients

- Access to information and resources
- Peer support through hospital - based peer visitation programs and support groups
- Cognitive behavioral interventions that activate patients to take charge of their recovery & help them become effective 'self-managers'



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## The Trauma Survivors Network (TSN)

- TSN was developed by the American Trauma Society in collaboration with the Johns Hopkins Injury Center to address these needs
- Main components:
  - Website for survivors and their families
  - Handbook for patients & family
  - Suite of hospital-based programs
- Trauma Collaborative Care Intervention (TCCI) builds on TSN but adds components of **patient screening** and **coaching**

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## TSN Website

<http://www.traumasurvivorsnetwork.org>



- Access Information
- Complete a Risk Assessment
- Keep family members in the loop through access to *CarePages*
- Join an on-line community forum
- Sign up for on-line **nextsteps** – a self-management class
- Give back: volunteer and contribute

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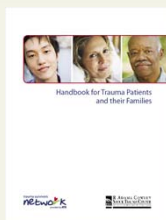
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## TSN Patient and Family Handbook

- Introduces the family to the TSN
- Provides practical information about the trauma center and what to expect in the hours and days after the injury
- Encourages families and their loved ones to ask questions



**Download template & customize to your center**

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## TSN Peer Visitation

- Goal is to link trauma survivors with trained mentors who can share experiences in recovery and encourage patients
- Materials available for trauma centers :
  - Train the Trainers Manual
  - Peer Visitor's Handbook



Peer visitor at CMC

*"It was wonderful to have somebody who had been through this before and they could say 'It will get better. This is what you need to do, and physically this is how you do it.'"*

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## TSN Family Class .... Snack and Chat

- Informal gathering 1x per week in the hospital
- Provides an opportunity for families to share experiences and ask questions with others who are in the same situation



Family Class at Barnes Jewish

*"The TSN does a wonderful job in relieving the stress and some-of the-burdens from the family. Shock Trauma is wonderful but it's not only about the medical care, it's also caring about the people. TSN does that. They care and reach out to make this most difficult time, not so difficult. Giving patients and family resources that help with recovery is priceless and helps the family to heal along with the patient."*

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## TSN Peer Support Groups

- Few things are more helpful than being around others who have had similar experiences - support groups help survivors connect
- TSN provides a 'how to' manual for setting up a support group



Support Group at Wake Forest meets with Life Flight Team

*"The first support group I attended I wasn't sure what I was going to get out of it, but knew that I needed some sort of support that even my tremendously supportive group of family and friends just couldn't understand. After that meeting, I knew that even if I didn't get anything of out every single meeting, every person in that room 'got it', they had 'been there' and knew exactly what I was feeling in some crazy way."*

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## TSN Self Management Classes

- Self-management interventions use structured techniques of cognitive-behavioral theory (CBT) that help survivors alter cognitive, emotional, and behavioral responses to pain & impairment
- Used extensively in treatment of arthritis & chronic diseases where pain and disability are common
- **nextsteps** is a 6-part group based self management course facilitated by a trained group leader. Each session focuses on:
  - Knowledge and skill acquisition
  - Problem solving
  - Self monitoring
  - Building on one's strengths



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## Moving NextSteps to the Web

<http://www.nextstepsonline.org/>



Overcomes barriers & provides access to expert information and cognitive behavioral programs supported by on line communities & coaches

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- Narrated, interactive Flash Lessons
  - 2 per week for 6 weeks
- Ongoing Support Services
  - ✓ One-on-one telephone orientation to program
  - ✓ Weekly chats among class participants
  - ✓ Electronic bulletin board monitored by coaches
- Access to On-line Resources
  - ✓ Toolbox, workbook
  - ✓ Private journal
  - ✓ Relaxation videos

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## On line classes offered on a regular bases

- Weekly chats facilitated by a PhD psychologist
- Classes average 8-12 survivors
- To date, 120 survivors have signed up for NextSteps on line classes



*"Just wanted to check in and thank you for leading this class. It's definitely helped me so much, I continue to use what I've learned on a daily basis, and I highly recommend it to other survivors! I find myself turning everything into a positive quite often"*

*"I'm glad I took this class because it was a great way to learn how to take back control of my life."*

*"NextSteps teaches in 6 weeks what it took him 6 years to learn on his own."*

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## Implementing TSN in YOUR Trauma Center

- Contact the ATS to obtain full access to materials and help in implementing
- The TSN Implementation Guides
  - Getting Started
  - Making the Most of the TSN Website
  - Customizing the Handbook
  - Promoting the TSN
  - Starting a Peer Visitation Program
  - Running a Peer Support Group
  - Leading a NextSteps Class
- Access to promotional materials
- **Can implement in phases**



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## Kicking it up a notch: Trauma Collaborative Care

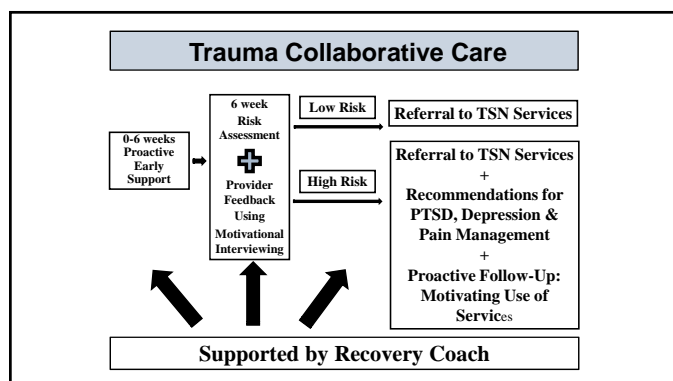


Enhances services provided through the TSN Program by adding:

- 1) **Provider Training & Engagement** to reinforce patient use of TSN programs and referral for mental health services
- 2) **Recovery Coach** to enhance key messages and use of TSN programs

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### Recovery Assessment: 6-8 week Follow-up Visit

- Recovery Assessment completed on iPad in clinic; immediate feedback to patient and provider
- Provider and Recovery Coach review assessment together and develop a 'Prescription for Recovery'
- Recovery Assessment Goal:
  - Provide patient and provider with assessment of risk and protective factors that influence recovery
  - Offer recommendations to reduce risk



Two screenshots of the digital assessment tool are shown. The top one is the 'Patient Health Questionnaire' with a progress bar and several green checkmarks. The bottom one is the 'Recovery Assessment' screen, which displays various data points and a 'Prescription for Recovery' section.

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### The TCCI is being evaluated through METRC



- Implement TCCI in 5 trauma centers and compare outcomes with 5 control centers
- Target evaluation of 1,000 patients (500 TCCI; 500 control)
- Outcomes:
  - Self reported function and quality of life (also self efficacy and patient activation)
  - Patient satisfaction
  - Re-hospitalizations for complications
  - Provider satisfaction and confidence in addressing psychosocial factors
  - Cost-effectiveness

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## TSN/TCCI Benefits Patients and Families

- Improving **SKILLS** and survivor satisfaction
- Networking to **CONNECT AND REBUILD**
  - Social healing via a secure on-line community
  - Engaging a peer visitor as mentor
  - Participating in NextSteps self management classes
- **GIVING BACK** and helping others
  - Joining a peer support group
  - Becoming a peer mentor
  - Creating awareness



Peer Visitors at Vanderbilt

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## TSN/TCCI Benefits Trauma Centers

- Better **CARE** and outcomes for patients and families
- Improved **SATISFACTION** of their patients and families
- Increased **ADVOCACY** for trauma systems and injury prevention, locally and nationally
- Increased opportunities for **PHILANTHROPY**



TSN Team at MetroHealth walking for Wounded Warriors



TSN Team at INOVA Fairfax Presenting to Local EMS Providers

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## Ongoing Challenges

- Demonstrate efficacy
- Determine cost-effectiveness to insure sustainability
- Disseminate collaborative care models
- Assist trauma centers as they become increasingly accountable for good functional outcomes

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The Trauma Survivors Network and Trauma Collaborative Care: Successful Implementation at a Level I Trauma Center

Ronald F. Sing, DO, FACS, FCCM

F. H. Sammy Ross, Jr Trauma Center  
Carolinas Medical Center


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Why?

- Prehospital advances
- Critical Care
- Rehabilitation
- Preparing for the rest of their lives



The natural progression of a mature trauma system




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How did we get started?

- Michael J. Bosse, MD
- METRC
  - Major Extremity Trauma Research Consortium
- "Self management program"
- Research to examine factors such as:
  - ED and hospital readmits
  - PTSD
  - Return to work and function



(Left - right) Stephen Wegener, PhD, of Johns Hopkins University; Eileen Flores, new TSN Coordinator; Anna Bradford, PhD, of INOVA Fairfax Hospital and Dr. Michael Bosse


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How do I get started?

- Like research someone has to take charge.
- Resources
  - Personnel
    - Pastoral Care
    - Social Workers
    - Both have students and residents
- Begin with focus groups

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How do I keep going?

Recruit

- CMC TSN Advisory Council
  - Trauma
  - Orthopedics
  - Rehab
  - Pastoral Care
  - ICU
  - Floor nurses
  - Peer Visitors
  - Clinical Care Management

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How do I keep going?

Why do I keep going?

- Patients love it
- The team loves it
- Families love it
- PR



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**TSN in the News**

- News article printed in *The Charlotte Observer*
- Featured TSN Peer Visitor, Scott Sandusky and interviews with Dr. Bosse, Dr. Green, and Eileen Flores
- <http://www.charlotteobserver.com/2014/09/19/5185977/trauma-survivors-network-helps.html>



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**NextSteps In-Person Class**

- 5 trauma patients completed 6 week NextSteps
- 3 Co-Leaders: Eileen Flores, Hannah Smith (MSW Intern) and Jonathan Mariano (TSN Peer Visitor)
- Patients learned new self management techniques focused on emotional responses to trauma, detours in life journey after trauma, regaining independence, communication with family, friends, medical providers



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**TSN Team Rounding**

- TSN staff and MSW Interns Round on trauma patients/families from the Trauma Service List and Orthopaedic Trauma List **every Monday and Tuesday**
- Rounding on patients and families **generates Peer Visits** and family involvement in **Snack and Chat**
- TSN staff and/or MSW Intern complete a "lighter" round on **Thursdays** to generate Friday peer visits

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**TSN Peer Visitation**

- Facilitated every Tuesday and Friday
- Offered to patients and families
- Available in person for inpatient survivors
- Available over the phone for survivors after discharge

August, September, October Stats:

110 peer visits provided by 13 TSN Peer Visitors

(19 of the 110 were for patients after discharge)



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**TSN New Peer Visitor Training: November 11th**

- 5 Trauma Survivors have completed their Initial Interview and are scheduled to attend TSN Peer Visitor Training
- Eileen Flores, Hannah Smith (MSW Intern), and Stephen Shope and Chris James (both TSN Peer Visitors) will co-lead the training
- After TSN Training, they must complete all Hospital Volunteer requirements as well



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**TSN Peer Visitor Additional Involvement**

- Each month: Peer Visitors come to Survivors Group and Family and Friends Group to support new and returning group members
- Each quarter: 3 Peer Visitors participate on TSN Advisory Council
- September: 3 Peer Visitors were part of METRC research video
- September: 1 Peer Visitor shared his story with *The Charlotte Observer*
- October: 1 Peer Visitor shared his story and spoke along with Eileen Flores at the Project STAR TBI 12 step Meeting
- September-November: 1 Peer Visitor helped to co-lead NextSteps
- November: 2 Peer Visitors help co-lead New Peer Visitor Training
- November: 1 Peer Visitor coming to help assemble TSN brochures



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TSN Holiday Reception: December 9th

- An opportunity to honor the TSN Peer Visitors for ALL they do!
- Special Presentation by Dr. Bosse



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Trauma Family and Friends Snack and Chat

- Every Tuesday, 11:00 am-Noon
- Coffee, Snacks, Peer Visitors, and TSN team available for support
- TSN Patient and Family Handbook and TSN Pens provided
- Construction on 11A has focused Snack and Chat on STICU families
- Additional Peer Visitation available to families on other units

August, September, October Stats:

117 family and friends representing 43 patients attended



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Survivors Group

- "Survivors Only" Group launched May 27
- Meets once a month, except December

August, September, October Stats:

- 22 different people attended at least one group. Several attended multiple groups.
- 1 TSN Coordinator, 1 MSW Intern, and 2 CHS staff volunteers co-led groups.



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Survivors Group

Patient Story from TSN Peer Visitor, Stephen Shope



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Family and Friends Group

- Family and Friends Group launched May 27
- Meets at same time and similar location as Survivors Group

August, September, October Stats:

- 12 different people attended at least one group. Several attended multiple groups.
- 1 OCR staff member and 2 CHS staff volunteers co-led groups.



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trauma survivors


network


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TSN Collaboration in North Carolina

- NC American Trauma Society Meeting with Ian Weston, Executive Director of ATS at High Point Regional
- TSN Coordinators: Danielle Drye (Wake Forest), Jenn Haynes (UNC Chapel Hill) and Eileen Flores (CMC)
- New TSN site in NC:  
-Rev. MaryAnn Poythress (WakeMed)
- Only CMC and Wake Forest offer ALL TSN services due to METRC research





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Update on METRC Trauma Collaborative Care Study (TCCS)

- CMC enrolled 106 TCCS patients
- Of these 106 patients, Eileen Flores is still providing Recovery Assessments in Orthopaedic Clinics to 4 remaining patients
- Of these 106 patients, Jillian Wilkes (MSW Intern) is still providing recovery coaching to 40 remaining patients
- METRC funding for TCCS and TSN has been extended through September 2015



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**Thanks to:**

**Michael J. Bosse, MD**  
Co-PI and Clinical Chair METRC  
Orthopedic Trauma  
Carolinan Medical Center



"One of the greatest obstacles of the patient was unmet psychosocial needs."

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**Thanks to:**

**Eileen Flores, MSW, LCSWA**  
TSN Coordinator  
Carolinan Medical Center  
1320 Scott Avenue  
Charlotte, NC 28204  
Office: 704-355-6694  
Cell: 704-351-7882  
[www.traumasurvivorsnetwork.org](http://www.traumasurvivorsnetwork.org)



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