

# Commit to Sit in Radiology

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## EXECUTIVE SUMMARY

- At Houston Methodist Hospital, Commit to Sit is a program that encourages radiology professionals to communicate with patients in a way that demonstrates compassion, respect, empathy, and competence in order to foster a trusting relationship.
- Using active and empathic listening, dialogue is received and understood in the way it was intended, creating a patient centric environment resulting in high quality, safe patient care with improved outcomes.
- The implicit understanding derived from results and outcomes confirms the fact that patients prefer the radiology staff to sit while communicating with them. This understanding allows the voice of the patient to be heard and should be a consistent practice among all staff.

**Healthcare is** experiencing multiple changes that require organizational priorities to focus on patient safety, satisfaction, and improved outcomes. The mission at Houston Methodist Hospital in Houston, Texas, consists of providing high quality, cost effective healthcare that delivers the best value to the people served in a spiritual environment of caring in association with internationally recognized teaching and research. As the radiology department delivers care to patients, it is essential to integrate initiatives that align with the mission of the organization by promoting high quality, safe patient care with superior outcomes.

The Houston Methodist Hospital Patient and Family Care Delivery System guides nursing practice and an important element of this practice is effective communication. Commit to Sit at Houston Methodist Hospital is a nursing initiative that is accomplished through nursing presence which entails uninterrupted time, sitting at the bedside, establishing open dialogue, and getting to know the patient on a personal level. Through the collaboration between a nurse and MRI technologist, the idea of transferring the bedside Commit to Sit strategy to an imaging environment to enhance patient safety and satisfaction was established. The hospital was awarded the AHRA & Toshiba Putting Patients First grant to implement a best practice program for improving patient safety and care. The funds were used to develop the Commit to Sit program in radiology. Commit to Sit encourages radiology professionals to communicate with patients in a way that demonstrates compassion, respect,

empathy, and competence in order to foster a trusting relationship. The primary objective surrounding the Commit to Sit program was to establish patient safety and satisfaction through effective communication. This communication between patients and healthcare providers is essential in establishing a therapeutic relationship and results in improved quality of information obtained during the medical interview, which ultimately enhances patient care.

Effective communication in patient and family centered care is associated with improved outcomes, increased compliance with therapy, improved patient satisfaction, and greater efficiency of care.<sup>1,2</sup> By sitting eye-to-eye with patients at the initial contact, engaging in open dialogue, and actively listening, patients will communicate critical information which is essential in providing safe and effective patient care—eg, allergies, radiology experiences, feelings of anxiety, fear, claustrophobia, medical history, pacemaker placement, and difficulty lying flat.

Active listening is an important aspect of effective communication. In order to successfully achieve active listening, staff must focus on the patient. This can be achieved through verbal and non-verbal actions. Active listening skills consist of: eliminating distractions, facing the patient, maintaining eye contact, body posturing, head nodding, resisting interjections, reflecting, paraphrasing, and encouraging open ended questions.<sup>3</sup> Empathic listening is another critical step in the communication process that demonstrates attention to the emotional aspects of the patient's story, not just the

facts of the matter. Empathic listening actively acknowledges and accepts that the concerns, feelings, and attitudes of the patient are real and important.<sup>1</sup> Through effective communication, dialogue is received and understood in the way it was intended, creating a patient centric environment resulting in high quality, safe patient care with improved outcomes.

For example, the radiology staff has many responsibilities pulling them in different directions, which can compromise the exchange of information between the patient and radiology staff. By incorporating Commit to Sit in radiology, staff could better implement the steps needed to provide not only competent, but compassionate care. The implementation of the program enabled the staff to recognize the purpose and importance of the initiative.

As patient safety and satisfaction is the priority of the department, the Radiology Shared Governance Committee recognized the value of Commit to Sit as a vehicle for propelling this initiative. Several steps were necessary to adequately address the overall goal, such as team dynamics, educational needs and challenges, execution, and sustainability of the program.

## Team Dynamics

Prior to the initiation of the Commit to Sit program, an Interprofessional Planning Committee was convened consisting of directors, managers, nurses, and technologists from radiology modalities and nursing. During the developmental phase, the committee was pivotal in establishing an implementation plan, the educational approaches, and long term sustainability strategies. This committee was uniquely equipped by the clinical diversity of its members to facilitate the unique challenges related to the radiology department. Each member was instrumental in providing key elements from their professional practices to adapt the Commit to Sit model to specific processes within each radiology modality including inpatient and outpatient services. Based on unique unit layout, workflow and other constraints, the staff adapted Commit to

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Sit in radiology while maintaining patient confidentiality. This proved to be significant as staff concerns were addressed allowing autonomy for each employee to incorporate Commit to Sit into their daily practices while ensuring program objectives were met. Following the educational in-service, the staff was less apprehensive and could then visualize how Commit to Sit would be beneficial in providing not only competent, but compassionate care to patients.

## Educational Needs and Challenges

Through brainstorming sessions and feedback from staff, challenges were identified related to the radiology department such as workflow, time constraints, customer needs, and safety concerns. In the development of the educational activity, strategies to overcome these challenges were addressed through various interactive teaching methods.

The Commit to Sit in-service for radiology was centered on training the staff from all modalities. Over 200 interprofessional radiology employees, including nurses, technologists, ancillary, and leadership were educated. The one hour training included an overview of the Commit to Sit program, goals, and application strategies. Highlights of the training sessions focused on role playing (patient scenarios), verbal and nonverbal behavior, and unique departmental workflow approaches which varied depending on the transition path of the patient through the testing process. The staff was encouraged to practice facilitating effective communication such as sitting down in a chair next to the patient, maintaining eye contact, asking open ended questions, listening attentively without interruptions, etc. This activity

allowed the staff to understand the benefits and provided tools for incorporating the program in their daily routines reinforcing the overall concept of patient/family centered care.

## Execution

Baseline data on patient satisfaction, safety, and staff/patient interaction was collected using several metrics such as Press Ganey, Patient Falls, and direct observation. To gain the data to assess the patient and staff interaction, observers used an evaluation tool based on a 5-point Likert scale. The questionnaire was distributed randomly for a four week period in each of the five inpatient radiology areas (MRI, CT, ultrasound, nuclear medicine, and diagnostic imaging). The Commit to Sit team noted the total time spent talking with patients from the initial encounter to movement through the radiology testing area. The exact time in minutes was noted on the questionnaire and the results were aggregated. Results from the questionnaire facilitated some of the key elements that needed to be addressed in the staff training such as eliminating distractions, facing the patient, maintaining eye contact, body posturing, head nodding, resisting interjections, reflecting, paraphrasing, and encouraging open ended questions.<sup>3</sup>

## Outcomes

Compared to baseline data, the overall results indicated the patients wanted staff to sit with them and communicate using the Commit to Sit tools. This indication was derived from data that showed an overall increase in survey scores compared to pre-implementation data. For example, data indicated the diagnostic

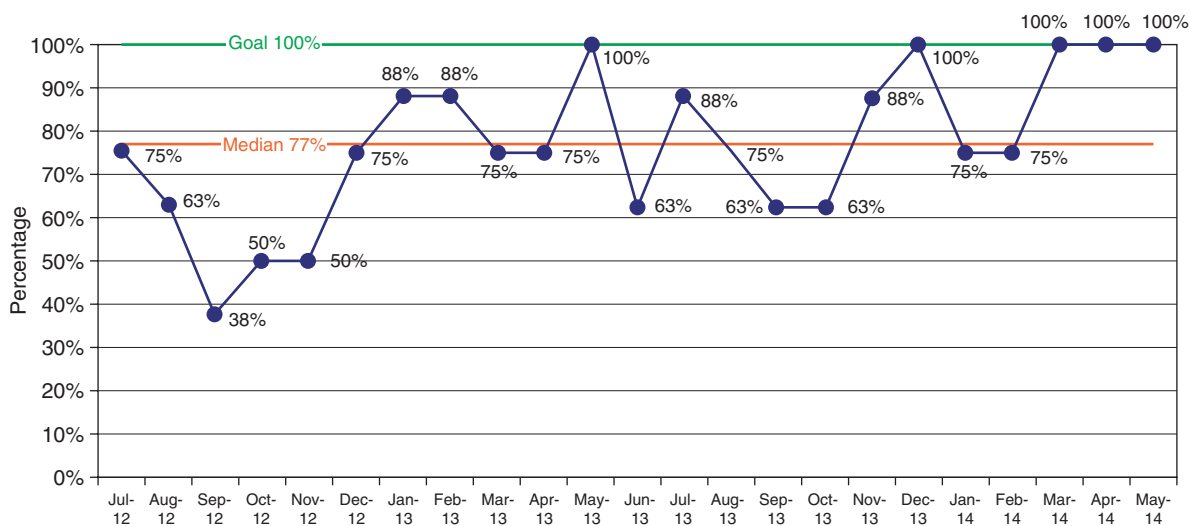


Figure 1 • Percentage of Radiology Modalities Who Met or Outperformed the Patient Satisfaction Benchmark

x-ray department improved from 2 to 7.2 minutes communicating with patients, which correlates with an overall increase in quality time spent and understanding the tests about to be performed. This also further correlates with an overall indication that patients would prefer Commit to Sit be implemented in radiology. As with any change in process, time and efficiency are almost always impacted until the new process becomes routine. This was also the case with Commit to Sit in radiology until the staff adapted to the new workflow. At the beginning, patient turnaround times and staff time management were challenges. Once staff in each modality became fully acclimated and more comfortable with Commit to Sit, a 25% improvement was sustained for three consecutive periods within the patient satisfaction benchmark (see Figure 1). We believe, and the literature supports, that better communication improves quality outcomes such as patient safety and satisfaction.

## Sustainability

The Commit to Sit sub-council partnered with the service pillar of the Radiology Shared Governance Council to ensure ongoing education for new

employees, students, and staff as needed. A badge buddy, patient information cards, and department posters were also developed as a resource for both patients and staff. This committee continues to monitor results and report outcomes at the monthly shared governance meetings, highlighting Houston Methodist Hospital's commitment to patient safety, satisfaction, and high quality of care.

The implicit understanding derived from these results confirms the fact that patients prefer the radiology staff to sit while communicating with them. This understanding allows the voice of the patient to be heard and should be a consistent practice among all staff. Moving forward, the Houston Methodist Commit to Sit program within radiology should be instituted system-wide as a best practice. 🌱

## References

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