

## Visual Tools to Increase Patient Satisfaction: Just Decorative or Actually Effective?

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Patient satisfaction and the ability to effectively communicate with hospitalized patients has become a core tenet to providing high-quality healthcare. Over the past few decades, medicine has gradually moved away from many paternalistic practices, and the profession has sought to engage patients as true partners in their own care. It is in this setting that effective communication has risen to be a key factor in the patient and provider relationship. It has also become a closely monitored quality metric tied to financial incentives and penalties. Most importantly, it has been well documented that failures in communication are a frequent cause of adverse events that compromise the ability of healthcare providers to provide safe and effective care.<sup>1</sup> It is in this climate that healthcare systems have worked to implement solutions designed to engage patients and their families to improve their healthcare experience. These solutions vary from low to high tech and include patient whiteboards, provider face cards, and web-based patient portals. Despite the numerous innovative solutions being implemented by hospitalists, studies supporting their effectiveness are few. There continues to be limited evidence on the value of these practices and whether they positively impact the desired outcomes of patient satisfaction and engagement.

In this issue of the *Journal of Hospital Medicine*, Goyal et al.<sup>2</sup> performed a systematic review to evaluate whether the use of bedside visual tools for hospitalized medical patients impacts patient satisfaction, patient-provider communication, and provider identification and understanding of roles. The authors were able to identify 16 studies that evaluated the use of these tools, which included provider face cards and whiteboards. The majority of the studies reviewed showed a positive effect on provider identification, understanding providers' role, and patient satisfaction. The authors found that of the tools evaluated, whiteboards and picture-based techniques were the most effective visually based interventions. However, the authors also highlighted the difficulty in identifying 1 optimal approach to the use of these tools as a result of variations in content, format, and outcome measurement.

Variation in the use of visual tools to improve communication and patient satisfaction limits the ability to identify and evaluate the most effective approaches to their use. Without a streamlined approach, these tools may not produce the desired effect of improving patient and provider communication, which is essential in providing high-quality inpatient care and ensuring patient satisfaction. It has been documented that many patients cannot even identify their providers in the hospital setting, which limits the ability of the patient to be fully engaged in decisions made about their care.<sup>3</sup> In addition, substantial portions of hospitalized patients do not understand their plan of care.<sup>4</sup> Patients' understanding of their plan of care is essential for patients to provide informed consent for hospital treatments and better prepare them to assume their own care after discharge, with a full understanding of their diagnosis.<sup>5</sup> It has become increasingly clear that healthcare providers must incorporate effective approaches in their daily workflow to address these findings.

Aside from patient satisfaction and engagement, the effect communications failures have on patient safety have been evaluated and recognized. From the National Academy of Medicine's report emphasizing patient-centered care to the addition of patients' active engagement in their care as a National Patient Safety Goal by The Joint Commission, the medical field has committed to a continued focus in this area.<sup>5,6</sup>

The business case can also be made for identifying effective tools that improve patient satisfaction and patient-provider communication. Private and public health insurance providers have incentivized high performance in these areas and have now begun to levy penalties for underperformers. As patients' level of satisfaction and engagement continue to be assessed via patient surveys, healthcare systems continue to search for effective practices to improve performance in patient-perceived provider communication. Patients' reporting of their assessment of nurse and physician communication through questions such as "How often did nurses/doctors explain things in a way you could understand?" will continue to be a moving target requiring future studies of effective interventions.

Are visual aids the effective tools that hospitals need to improve communication and patient satisfaction, or are they merely decorations? The whiteboard provides an excellent example of the effectiveness that can be seen with the use of these tools. Used to improve patient-provider communication

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in medicine, the whiteboard has become almost ubiquitous in patient hospital rooms.<sup>7</sup> It is now an expected aspect of hospital design and has inspired the development of higher tech solutions, including patient tablets and media walls. It is known to enhance the interaction for both the provider and patient and facilitate the exchange of complicated medical information within an anxiety prone environment in a simple manner by using short phrases or drawings.<sup>6</sup> Yet, there is a scarcity of strong evidence to support the most effective approach to the use of whiteboards in improving patient satisfaction and communication. Standardizing how the whiteboard is used during the patient interaction will allow for the effectiveness of this tool to be realized and evaluated and prevent it from becoming another ornamental fixture on our hospital walls.

The systematic review by Goyal et al.<sup>2</sup> is a necessary step in the evaluation of common communication tools for their effectiveness and ability to improve patient satisfaction. This exhaustive review of key studies in this area is an excellent addition to the current literature, which has a paucity of extensive evaluations of these approaches. It provides an important signal that visual tools are more than decorative and can be effective when a streamlined approach is utilized. It highlights the importance of identifying effective best practices for the use of these tools that can be studied empirically and subsequently disseminated for widespread use. Continued work is necessary to fill this void and to enable healthcare professionals to provide the highest level of safe, effective, and engaging care that our patients deserve.

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