

## *Improving Physician-Patient Communication: GNITE Rounds and the GNITE Checklist* *Edward Telzak and Anita Soni for the Hospitalist Team, Department of Medicine*

### Background

Improving the patient experience is a major institutional goal and is, in part, dependent on improving physician communication with patients. There is great variability in physician communication competency and commitment, and checklists have been shown to enhance standardization of message. We developed a new workflow to utilize a checklist that emphasized physician communication metrics, i.e. GNITE, specifying a dedicated time and shared responsibility for completion. This, we hypothesized, would improve physician-patient communication.

On PDSA #1, completed 6 months after obtaining control data for the GNITE metrics and done before COVID, each of the 5 communication metrics improved compared with controls by  $\geq 5\%$ . Our aim for PDSA #2 was to assess the durability of improved physician-patient communication metrics and, additionally, to shift 3% of the “usually” response (always/usually) to “always” for each of the 5 metrics.

### Plan

We designed, re-implemented and educated the Hospitalists and medical residents on the intervention, i.e. the GNITE checklist, and developed a workflow so that the GNITE script would be done daily (Mon-Friday) in the afternoon. In addition to a dedicated time there was a shared responsibility as determined by the Hospitalist on the service for completion of the intervention for all capable patients and their family members, if available.

We subsequently developed an administered questionnaire to measure the impact on physician-patient communication metrics.

### Do

The GNITE checklist was formulated based on the medical literature and each letter of GNITE emphasized a specific physician communication behavior as follows:

Greeting: “Hello, my name is/remember me, I am....”

New Treatments: “I’d like to review the new treatments/medications with you, what they are for and their possible side effects....”

Information: I have the following test results/blood tests to review. The consults thought and recommended....”

Tomorrow: This is what is planned for tomorrow....You are being discharged tomorrow - is there anything you need (clothes, keys, etc.) and anyone who can pick you up in the morning?”

Expectations: “What else can I do for you, what other questions do you have for me...?”

### Study

In total, on all 4 medical floors, 88 patients were surveyed in the control group and 69 patients were surveyed in the PDSA #2 group – see graphs. Compared with the control, those who experienced the GNITE intervention in the summer and early fall of 2022 continued to show significant improvement ( $\geq 5\%$  increase in “always/usually”) in all 5 of the metrics for physician-patient communication. Following the re-introduction of the GNITE intervention, 80% vs. 57% always or usually knew who their physician was; 84% vs 73% always or usually were well informed about their medical condition; 89% vs. 79% always or usually felt their doctors explained medication and treatments in a way they could understand; 85% vs 59% always or usually had a good idea of planned tests while hospitalized and 91% vs. 86% always or usually had an opportunity to ask questions and discuss concerns with their physicians. The first 4 metrics also showed between a 10% -21% improvement in “always” compared with PDSA #1.

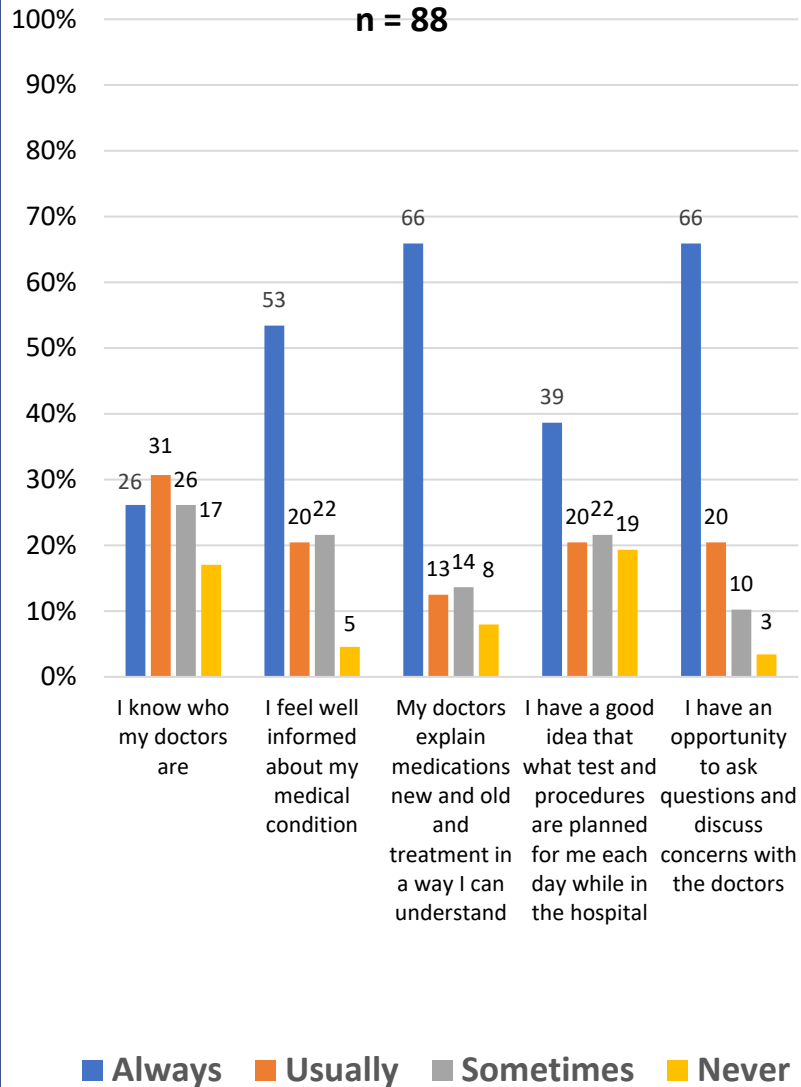
### Act

GNITE rounding on a daily basis with a flexible script remains highly effective in enhancing physician-patient communication. Our goal of shifting  $\geq 3\%$  of the relatively high proportion of “usually” (9%-32%) to “always” in PDSA #2 c/w PDSA #1 was accomplished. Another PDSA survey will occur in early 2023.

# Control & 2 PDSA Surveys Assessing Physician Communication after GNITE Rounding on General Medical Patients

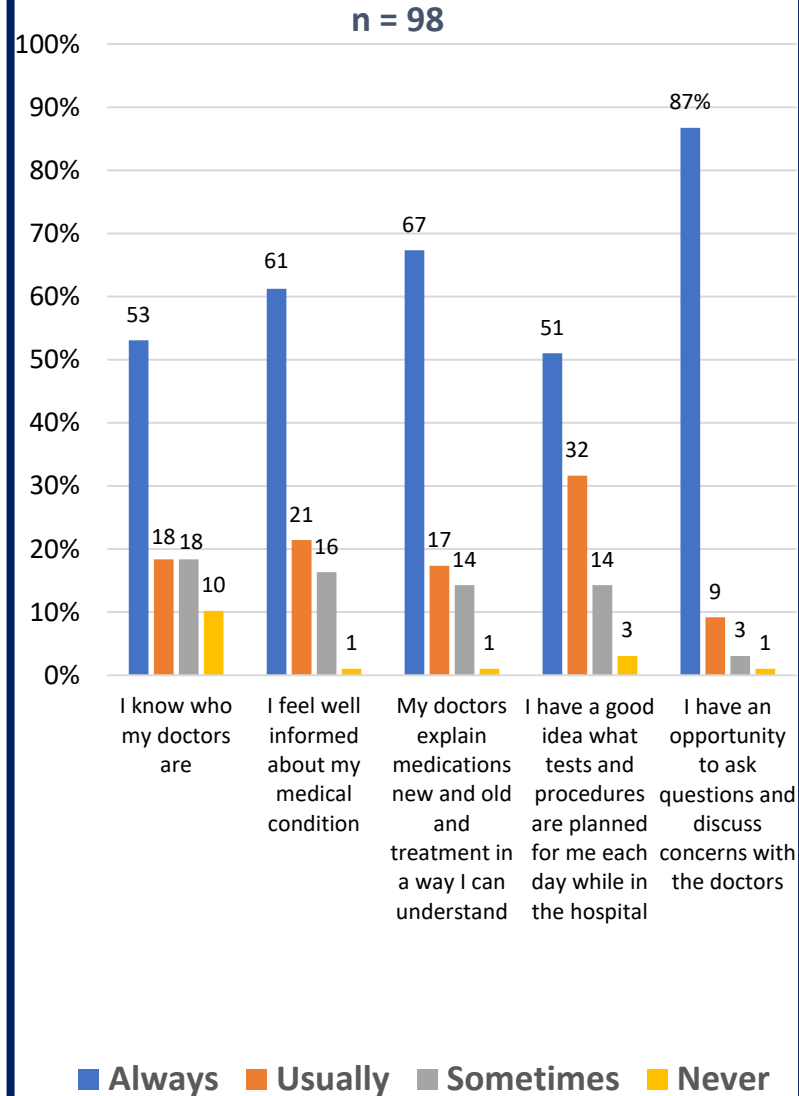
## Control - 2N/3N/6N/7N

n = 88



## PDSA # 1 – 2N/3N/6N/7N

n = 98



## PDSA # 2 2N/3N/6N/7N

n = 69

