

# Study asks patients' input to improve the hospital experience

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American hospitals engage in continuous quality and safety improvement, but information remains scarce on what patients, families and caregivers themselves most want to change about their hospital experiences.

The i-HOPE Study, led by Luci Leykum, M.D., M.B.A., M.Sc., of UT Health San Antonio, sought to give [patients](#), families and other stakeholders a voice in setting priorities for improving [hospital](#) care. Eight hospitalist researchers and their patient partners conducted the study, in which 499 patients, caregivers, [health care providers](#) and researchers stated their priority unanswered questions to improve [hospital care](#). Respondents included 244 patients and caregivers. Forty-seven organizations partnered with the Society of Hospital Medicine to conduct the study.

Out of nearly 800 submitted questions, 11 were identified as top priorities. Topics included shared [decision-making](#), patient-provider communication, care transitions, telemedicine and confusion about medications. "If answered, these questions could lead to significant improvements in hospitalization," Dr. Leykum said.

## Two-way communication

The top-ranked question is, "What interventions ensure that patients share in decision making regarding their goals and plans of care?"

Studies before i-HOPE showed that while physicians were skilled at providing [health information](#), they were less skillful at seeking feedback from patients, assessing patients' level of understanding, or meaningfully incorporating patient preferences into treatment plans.

Communication between physician and patient is crucial throughout a patient's hospital stay, from discussing [treatment options](#) to making joint decisions to knowing who to call after discharge, the study authors wrote. "Relationships between patients, caregivers and providers are critical for effective solutions and represent an important area for improvement," Dr. Leykum said. "i-HOPE showed this."

## **Committed team of diverse voices**

The study has limitations. For example, although patients, caregivers and patient and family advisory councils were included from across the country, they may not be representative of all patients because the i-HOPE group of investigators is already engaged in improving health care delivery.

The study also has strengths. Questions were identified and prioritized by "a diverse group of voices and perspectives that typically are not included when prioritizing hospital research and improvement efforts," the authors wrote. The innovative partnership between researchers, patients, caregivers and stakeholders ensures the relevance of the results.

## **Driving the national conversation**

"We hope that patients and caregivers will use our results to advocate for research and improvement in areas that matter the most to them," the authors noted. They also hope the results will drive a national conversation about how best to address the priority areas. "We invite

patients and caregivers to have their seat at the table," Dr. Leykum said.

**More information:** Details on how the study was conducted are available at [i-HOPE Study](#).

Provided by University of Texas Health Science Center at San Antonio

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