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STEVE ADUBATO, host:

Hospitals with a human side, next on CAUCUS: NEW JERSEY.

(Announcements)

Unidentified Reporter:

It's 8 AM and the cappuccinos and lattes are flying out the door. Just outside, in the spacious atrium, things are picking up at the front desk, too.

You might guess that this was the lobby of a top-of-a-line hotel, but folks in Bergen County know that this is the front door to Hackensack University Medical Center.

Ms. NANCY R. CORCORAN (Vice President, Operations, HUMC): When we looked at our patient surveys, many times you'd see comments from patients that they knew they were sick, knew they had to have clinical care, but did it have to be so clinical?

Unidentified Man: Drawstring pajamas. There's no caboose hanging out the back.

Unidentified Reporter: The designer threads and lattes are part of HUMC's strategy to not only deliver quality medical care but to do it in a consumer-conscious way.

Ms. CORCORAN: And, in fact, Disney has consulted with us on the project for the Center for Ambulatory Surgery because we wanted to be sure that we had really met all the requirements of our patients. Health care doesn't always do that as well, you know, in terms of service.

Unidentified Reporter: The hospital and its hotel approach doesn't just include the structural and sartorial. It's rather a top down retooling that's revolutionizing health-care delivery.

Ms. CORCORAN: We also did a lot of restructuring in terms of how we operationally handle patients. If they need blood drawn, a technician comes in to draw their blood, to do an EKG. We have X-ray right there in the suites and we have a throughput time of the total visit of an hour and a half to an hour and 45 minutes.

Unidentified Reporter: According to Nancy Corcoran, patient satisfaction has gone through the roof.

Ms. CORCORAN: They just loved it.

Unidentified Reporter: No one could feel more vindicated with the new approach than Dr. Arnold P. Gold, who, with his wife Dr. Sandra Gold, set up the Arnold P. Gold Foundation in 1989. Their mission is to foster humanism in medicine...

Unidentified Doctor #1: You know what's so good about this book?

Unidentified Reporter: ...beginning with compassionate doctors but extending to caring hospitals as well.

Dr. SANDRA O. GOLD (EDD, The Arnold P. Gold Foundation): We have found many, many hospitals that are very welcoming and patient-centered, but this system is not open to time for listening, or teaching social histories the way they used to.

Dr. ARNOLD P. GOLD (MD, The Arnold P. Gold Foundation): We feel that, with the development of truly relationship-centered care, if we can improve this, this will improve the quality of care.

Unidentified Doctor #2: Should we put your tummy on TV?

Unidentified Reporter: Relationship-centered care is not a new medical concept. In fact, that was pretty much all doctors once had to offer. But as science and technology progressed through the 20th century, the doctor-patient relationship seemed to be overlooked, if not just plain rejected.

Dr. A. GOLD: There was more interest in the science and less in humanism on the part of medical students and residents.

Unidentified Reporter: Medicine in the 21st century is being challenged to move away from the old model of solo specialized practitioners and move toward the team approach, which takes into account the whole person.

Dr. S. GOLD: There's a lot of people who believe that the relationship of the doctor and the patient lends itself to a healing mode of a feeling of being cared about. Of course, it also leads to wanting to be compliant, partnering with your doctor.

Unidentified Reporter: The hospital staff is an essential component of this approach.

Dr. A. GOLD: Whether it comes from the person in the parking lot, the individual who supplies maintenance in the hospital, the nurse and the physician. All must work as a team to enhance the quality of care given to the patient.

Ms. CORCORAN: Beginning to talk to clinical people about customer service. They were offended by it. Patients were not customers.

Patients were patients. But they are consumers who have a choice.

Ms. BARBARA FARRELL (RN, Nurse Manager): We have the nicest patients. It's a beautiful place to work and the staff is very happy.

Dr. A. GOLD: And we realized that unless these--this team feeled--feel cared for, it's difficult to th--for them to supply care.

Ms. CORCORAN: We put a very high value on our employees, what they think. When we started our strategy, we had focus groups with them. We met with them. What do we need to do? How can we do things better?

Ms. FARRELL: When the--an employee does a wonderful job, they're recognized and rewarded. I just love it here and I think my staff does as well.

Unidentified Reporter: Managers can also reward a job well done with other incentives, like passes to the HCMU spa, tokens for the cafe or a choice parking spot.

Dr. A. GOLD: We must galvanize the public, because we can empower the public to make a strong case for relationship-centered care.

Unidentified Reporter: This case has been made at hospitals like Hackensack University Medical Center.

Ms. CORCORAN: I think that we are leading an environment of total wellness. We want patients to come here, to have a positive service experience and to obtain that kind of patient loyalty that will keep them coming back to us and have them recommend us to other patients.

ADUBATO: Welcome to Breaking Down Barriers, a special CAUCUS: NEW JERSEY series looking at the ways to improve communication between physicians and their patients. I'm Steve Aduato.

Joining me to talk more about how hospitals or the hospital environment can improve things are Marie Kassai, a registered nurse and manager of customer satisfaction at the General Hospital Center at Passaic; Edward Choi, who is a chief resident in the department of medicine at UMDNJ, Robert Wood Johnson Medical School; John McCarthy, an MS patient who is currently being treated by physicians at UMDNJ; you saw her in the taped piece, Nancy Corcoran, vice president of operations at Hackensack University Medical Center; and finally, Dr. Arnold Gold, a pediatric neurologist and professor at Columbia University. He's also one of the founders and president of the Arnold P. Gold Foundation for Humanism in Medicine.

Well, first, let's just say that we all want to be over at your place. I mean, I--that's got to be atypical. It--it--I can't--you're shaking your head.

Dr. EDWARD CHOI (MD, Resident, UMDNJ-RWJ Medical School): It makes me want to be a patient.

ADUBATO: Why?

Mr. JOHN McCARTHY (MS Patient): That's what I was thinking.

Dr. CHOI: Because you--you have everything that you'd want as far as, like, the experience of going through any kind of place. You get taken care of by everyone. You're the center of everything. Everyone takes care of all your needs. They think of everything, it seems like. Congratulations. That's fantastic.

Ms. CORCORAN: Thank you. Thank you.

ADUBATO: Not by accident, though.

Ms. CORCORAN: No. Not at all by accident. Our president, John Ferguson, has been our president for over 15 years and really has set the vision for our institution. We did not get there yesterday. We have been strategizing over the last 15 years to build what you see today at Hackensack University Medical Center.

ADUBATO: Let me say, I should also tell you that it also is not by accident that we have a free-of-charge resource guide. You like that transition, that segue?

Ms. CORCORAN: Yes.

ADUBATO: See it right there, the--Breaking Down Barriers: Improving Doctor-Patient Communication resource guide. We have great material in here. The Arnold P. Gold Foundation newsletter, great material, resource material for patients. Dr. Gold said that patients can drive a lot of what's going on. Well, you can only do that if you have more information. By the way, I want to give you a chance, Marie. Your hospital, real quick, what are some of the things you're doing to promote the kind of doctor-patient communication, the relationship we all know is needed?

Ms. MARIE KASSAI (RN, General Hospital Center at Passaic): We've taken a corporate approach and we have--our entire corporation, which is Atlantic Health System, has dedicated time and energy to customer satisfaction. And we have teams at each hospital as well as corporate teams. We have an employee satisfaction program which is rewarding the employees for going above and beyond for their patients at various different times and in various different ways. And...

ADUBATO: Marie, excuse me.

Ms. KASSAI: Sure.

ADUBATO: What do most patients really want?

Ms. KASSAI: They want to be...

ADUBATO: It's not a hotel.

Ms. KASSAI: No.

ADUBATO: They're there for medical health.

Ms. KASSAI: They want to be heard and they want people to be sensitive to the fact that coming to the hospital is difficult for them and that they want people to be aware that it's--of the inconveniences, the wait times, the--the fact that people just take that time to listen or to show them from one place to another, to recognize that they may have children at home or other things going on at home and that, when they come to the hospital, they don't leave all these issues at home and to be sensitive to that.

ADUBATO: John, let me ask you, you recognize what you saw here as similar or comparable to your experience?

Mr. McCARTHY: Comparable as far as overall care and the--the level of care that I've received down at UMDNJ. They don't have the fireplace or the--the other amenities down there. But I echo what you said. I think that patients--patients want to--maybe it's--feel like they're human, want to feel like someone when they're--when they're there, they're there for a reason. They're nervous. They've got a problem. But they want to feel like there's someone on the other side that cares; that they're not just a number. And that there's somebody that's going to understand that they're--they're people.

ADUBATO: Arnold, let me ask you, you've been contributing to this series. You helped create it two years ago. We haven't talked about the hospital part of it a whole lot. The Hackensack experience that we saw here, typical, atypical?

Dr. A. GOLD: It's atypical. I think patients--what patients really want is, number one, they want clinical excellence. They want to receive the best possible care. Technology has just exploded and they want to be the recipients of that technology by excellent--by an ex--what we call relationship-centered care.

ADUBATO: What does that mean?

Dr. A. GOLD: In that they want, on one hand, a health team that are very competent in supplying the need for--for the patient as well as for the person, but this should be coupled then with a relationship-centered care in which there's involvement of the health-care providers, the physicians, the nurses, the technicians, the patient and the family all working together. So on one hand, they want medical excellence and, on the other hand, they want and should receive compassionate, humanistic care.

ADUBATO: You know, and I--shifting gears here and, if you just tuned in, you see the telephone number up on your screen, Breaking Down Barriers, telephone number. We will send you a--free-of-charge resource material, very valuable for you to become empowered and do some of the things you need to do to push your hospital, your physician, the medical--the health community to be more responsive to you. And in that light, let me ask you, Nancy, the concept of customer service. Some people are like, 'What are you talking about? We're a hospital. Why are you talking about customer service? Maybe in a bakery, customer service.' Where is it now?

Ms. CORCORAN: Well, I have to--I have to agree with what everyone has said here in terms of the--the things that you see in the environment, the gowns, the--the fireplace, the doormen--those things are what I would say--are the icing on the cake. Patients absolutely want clinical care and they want communication and relationships. Those are--those are a given. I think that's what patients expect and--and need when they come into a hospital. But they--they also need to be taken care of, the whole person. And you'll hear, time and time again from them, that their time is valuable. And they have anxiety and worries when they're ill, and waiting for long periods of time is not conducive to their--to lowering their anxiety and helping to--them to recover, to deal with their illness. So I think when we talk about customer service, we talk about the experience that the patient has. That is not--that is a--not a new concept in health care now but certainly when we started to talk about customer service in health care, there was an opposition. Patients were patients. They weren't customers. And they are patients. There's no doubt about that, but they are patients that have choices. They can choose other hospitals. They can choose other physicians. So I think that it's a combination of making sure that--of clinical excellence...

ADUBATO: Right.

Ms. CORCORAN: ...of nursing care and physician care, that's an absolute. But these other things are important to patients, too, and you'll see that in their satisfaction level and in their loyalty to your institution.

ADUBATO: But the other part of this is--and we've mentioned this on every single program, Arnold, the managed care part of it. How much is managed care a barrier--now in the last program we did talking about residents as part of our series, Arnold, I think you said, 'Listen, let's acknowledge that managed care is a problem. We can try to do some things to change it. Patients can drive some things but the fact is it's here for now and we have to do the best we can.' Is that a fair assessment?

Dr. A. GOLD: That's fair.

ADUBATO: How does managed care get in the way of the kind of customer

service and patient-centered care that we all know we need and want? Doctor?

Dr. CHOI: I think it's interesting, because I think if the managed care industry actually shares the same vision that ev--everyone else in this room actually shares, I think it shouldn't be a problem. I think if the managed care industry thinks from the perspective of the patient's needs, empowering the patient for what they should get, it shouldn't be a problem. And I think the managed care industry in the last probably several years has been finding that out--that--they're actually finding that if you ignore what the patients want, you--you are going to have a backlash, because a managed care product is still a product and your customers are still your patients.

ADUBATO: And customers--excuse me--still have some choice.

Dr. CHOI: Exactly. And I think the important thing to keep in mind is that patients should be empowered. And I think that's a change and shift in the paradigm as far as what people believe. Patients should be empowered because they should be customers in that respect.

Dr. A. GOLD: They should be empowered to demand excellent medical care.

ADUBATO: What should they be asking for, Arnold?

Dr. A. GOLD: Well, what we've done in the foundation, we've--have on our Web site, Caring Hospital Communities, which has been partnered with the Healthcare Foundation of New Jersey. And, for example, in New Jersey, we identified hospitals--Hackensack University Medical Center, Valley Hospital, Englewood Hospital, Robert Wood Johnson Hospital--as examples of clinical excellence and humanistic and compassionate care. That's one thing with the identification. The second thing, we've requested of the institutions that they would be willing to share their expertise with other hospitals. We're not naming hospitals that are number one or number two. These are featured hospitals that render excellent care.

ADUBATO: And they should be helping their colleagues to ... (unintelligible).

Dr. A. GOLD: They should be helping other hospitals.

ADUBATO: Let me play devil's advocate here, Dr. Gold.

Dr. A. GOLD: And this is living with managed care.

ADUBATO: But why would--why would a--why would a hospital share their secret to being more humanistic, to providing better quality--excuse me, better customer service, treating patients better, to their competitors?

Dr. A. GOLD: Well, if they're professional and hopefully humanistic, this would be very natural, in that they would be willing to share. Physicians traditionally, from Hippocrates to the present time, have shared their skills with other patients. You can say this--why do we have medical journals?

ADUBATO: To share...

Dr. A. GOLD: To share.

ADUBATO: ...information. But in that spirit, let me ask you, as--as more and more hospitals experience greater and greater financial struggles, does it become harder and harder to do the kinds of things that we're all saying, 'Hey, that's what we need to create the best possible environment and culture'?

Ms. CORCORAN: I don't--I don't believe so, certainly not in the clinical arena. I think that clinically, as you say, they're professionals and they want the best care to be provided to patients. Hackensack is involved with Robert Wood Johnson Foundation in a Pursuing Excellence gr--grant. And--and that is in response to concerns about medical errors and safety for patients. And part of that grant is sharing and being able to substantiate different programs in the hospital and then be able to export those programs to other hospitals.

ADUBATO: Yeah.

Ms. CORCORAN: So, I mean, that, clinically, I think is part of medicine and is well accepted. I think the--the parts that are service and patient centered are--again, go back to the humanistic care. And I think that people that go into the industry also think about their family, their friends, their neighbors, their community and they want to get that kind of care when they come to a hospital.

ADUBATO: You mentioned family. OK, let's go through a couple things. Any keys to dealing with family of a patient in a hospital. What are some of the keys to doing it right? You've had some experience here?

Mr. McCARTHY: Well, I think the--the number one key is sharing of information and honesty with the family members, to make sure that they--they understand that they are part of the overall process. And probably the most frustrating thing, when you're in a medical situation, because, again, it is a--it is a tense time, is the lack of information. And you mentioned before about getting the--the comment about getting back to people or getting--getting them information. I think that is so important that they--they are part of it. I know in my own situation, my wife goes with me all the time when I'm--when I go into the hospital.

ADUBATO: Excuse me, she's a key part of your experience.

Mr. McCARTHY: Absolutely. Absolutely. She is--she's the one that keeps me on the straight and narrow, as it were, and definitely is one that has been part of my care and--and--'cause she lives with it. I mean, she has to live with it like I have to live with the MS. And she has helped me tremendously, but, again, she feels just as comfortable going down to UMDNJ with me and talking to the doctors and the--the nurses and the other people as I do.

ADUBATO: But it requires the hospital being in tune with her needs as a family member. I remember, my dad went for surgery one time and the hospital was great about getting us a place for our family to be in private while he was being operated on. And I thought, if we weren't in that situation, you just--Am I making too much of that?

Ms. KASSAI: No. No, you're not. And, in fact, people look--one of the things they evaluate us on is how comfortable we make the families feel and how much we involve them in the care, and that is critical to--especially in this day and age where we have families that are taking care of elderly people at home, 24 hours a day, seven days a week. And when they come into the hospital, they want to continue to be part of that care. And we can't sever that relationship just because they're in our facility. And that's something we work very hard at doing. And then the communication, I think, is--is very, very important and constantly reinforcing what's happening, what's coming next, what's time--what are the time frames for--and then discharge planning is key.

ADUBATO: Wow. It's just--this is a lot of communication, a lot of--not--it's--I'm saying a lot, but sometimes it's the right information.

Ms. KASSAI: Correct.

ADUBATO: Sometimes you can inundate people with information...

Ms. KASSAI: Right.

ADUBATO: ...which is communication...

Ms. KASSAI: Right.

ADUBATO: ...but not the right information...

Ms. KASSAI: Right.

ADUBATO: ...not the information they're really looking for. Again, shifting gears here, one of the things I picked up on the taped piece was the aesthetics--I mean, how nice things looked: the natural light, the pictures on the wall. The environment matters a lot here?

Dr. CHOI: If you're asking me...

ADUBATO: Yeah.

Dr. CHOI: ...I would say so.

ADUBATO: You know, to a physician?

Dr. CHOI: To a physician. I would s--no, because I think the important thing is that, when you're a patient, coming into a hospital is a major inconvenience in your life. I mean, you're basically taking somebody out from their day-to-day activity, whatever they normally do, and they're asking them to stay in an environment. Now it could be two days, it could be a week. There's no reason why the environment should be not comfortable for the patient. It's such an important thing.

ADUBATO: It costs money. It costs money to put pictures on the wall. It costs money to--to--to--to paint.

Dr. CHOI: Well, but there's aspects of it as well, too.

Ms. CORCORAN: I guess I would say that, you know, the--the environment adds to the patient's overall well-being, making them feel better, just like the gowns you saw on the video add to the patient's feeling about themselves, feeling more private...

ADUBATO: Recovery?

Ms. CORCORAN: ...not having an opening down the back. It helps with their recovery. But it doesn't replace. If you have that kind of environment but you don't have clinical excellence and you don't have communication and you don't involve the family, then you--you're not going to succeed, because that's going to come back and people are going to say, 'Well, take the pictures off the wall and give me the clinical care that I want.' So you have to have a balance of both.

ADUBATO: They're not mutually exclusive? It's not like I have this, but--we have great clinical care but you're not going to like being here because there are no pictures on the wall, the lighting is terrible. It's dimmed. There's no reason why you have to have that trade-off, right, Doctor?

Dr. A. GOLD: It's very interesting. The University of Iowa, at the University Hospital, when the patient registers, they're asked what are their--who do they like as artists? What is their favorite artist? And they will customize the room for the patient. And they're--and this--they believe, and the state has supplied the funds for this, so in one room you'll see Picasso. In another room you might see a Pollock or so on.

ADUBATO: Therapeutic?

Dr. A. GOLD: It's--I believe it's therapeutic and I believe your

outcome improves. If the patient feels that he is going to get better, there's a study from Washington University in St. Louis in which they took two groups of individual--of patients, one who felt cared for, received the aesthetics and the care and the gowns and--and the--and the--and above all relationship between doctors, nurses, staff, families and patients. And they had the other sample which did not receive the same care. They found the outcome was much superior in those who received this type of care.

ADUBATO: That's powerful stuff. Real quick, two things. One, you see the information up on your screen for our Breaking Down Barriers resource guide. Now I also want to tell you something else. If you log onto our Web site, we are linked to the Arnold P. Gold Foundation Web site. We're also linked to the Healthcare Foundation of New Jersey Web site. Powerful Web site, valuable information but, as I'm thinking, our stuff is free of charge here on PBS but here's the other thing. Someone watching might say, Dr. Gold, 'Boy, that's beautiful. That's great. You've got Picasso on the wall. You've got the great room and it looks great, but that's only for rich people.' Accurate or not?

Ms. KASSAI: No, I don't think so. I--I--we--we--I think in today's world, it's open to everybody and I think that the--the primary focus of health care today is that everybody is treated the same. And that's what everybody tries to do, regardless of what their wealth situation is, where they come from, what their status is. And I don't think anyone, in my knowledge, will keep anyone from access to those types of facilities.

Ms. CORCORAN: I mean, at Hackensack University Medical Center, all patients come in and are registered and are taken care of; the same level of care, the same environment. It doesn't--it's not based on whether you are insured or uninsured or whether, you know, you're a self-pay. That--that has really nothing to do with it. It's a level of care and the environment is consistent.

ADUBATO: I just wanted to make sure we took that on so people knew that.

Ms. CORCORAN: Sure.

ADUBATO: The other piece is children. Arnold, I'm sure you remember last year when we did part of our Breaking Down Barriers series, we had a mom here who--you cared for her little boy, Joey I think his name was.

Dr. A. GOLD: Joey.

ADUBATO: A little boy who--who passed away. And I was thinking--we saw a little girl on the taped piece here, special care for children, right? Some things we need to do for children in a--in a hospital environment such as--we have two minutes left. I'm sorry to raise it

right now but what can we do for our children?

Dr. A. GOLD: Well, at the Children's Hospital of New York at Columbia, there's the Big Apple Circus that these clowns come in every day and they go from room to room and play with the children, amuse the children and enhance their quality of life. These are tangible things that can be done with children. We'll bring in sports celebrities to meet with...

ADUBATO: It matters?

Dr. A. GOLD: It matters.

Ms. CORCORAN: We have pet therapy. We have a whole host of dogs that are volunteers at our hospital that come in and--and visit our children weekly. It's very important. You know, I think that all of those things help the children to--to heal and to feel that they're going to get well.

ADUBATO: I remember in the movie "Patch Adams" when Robin Williams would go into the room...

Ms. KASSAI: Right.

ADUBATO: ...and he had the--the red, you know, thing on his nose like a clown. And I just--I thought, 'It's a movie, but I want to believe part of it's real.' You're shaking your head.

Ms. CORCORAN: Absolutely.

Ms. KASSAI: Yes.

ADUBATO: By the way, when you get out there, a full-blown physician, do--will you be wearing that red thing on your nose?

Dr. CHOI: I love that movie, personally. You know, it's very...

ADUBATO: It can be like that, can't it?

Dr. CHOI: It's very inspirational. In fact, I watched that movie with my father and, you know, my father...

ADUBATO: What's the message?

Dr. CHOI: The message was, you know, there really is something to be said about being a physician which is very special. And there is something special about taking care of patients, because it--it's a very unique relationship. And to be a Patch Adams is not unreasonable.

ADUBATO: It's not. By the way, I cut you off. We have 30 seconds. You were talking--you were watching it with your dad. Powerful

impact?

Dr. CHOI: Oh, yeah. I mean, we watched it together. We're like, 'Oh, God, this is fantastic.'

Dr. A. GOLD: Humor is therapeutic.

Dr. CHOI: Absolutely. No question.

ADUBATO: Say that again.

Dr. A. GOLD: Humor is therapeutic.

ADUBATO: And--and I'll tell you what else is therapeutic is--is being with a group of people who are so candid about what needs to be done and--and hopefully you've made a difference and I want to thank all of you for being part of the Breaking Down Barriers series. And hopefully we'll continue in years to come.