Case Study: University of Chicago Medicine

Background

University of Chicago (UChicago) Medicine is a nonprofit academic medical system based on the South Side of Chicago with hospitals, outpatient clinics and clinical practices throughout Chicago and its suburbs. The health system, made up of five organizations including Pritzker School of Medicine, Biological Sciences Division, Medical Center, Community Health and Hospital Division, and UChicago Medicine Physicians, has a three-part mission to provide medical education, conduct research and to care for patients.

Problem

The importance of trust in health care has had a renewed focus over the last few years. Hospitals are complex and frontline clinicians may not always have the support they need to practice in a way that provides the best possible care for the patient. UChicago researchers who have studied trust have data that shows that individual physicians and nurses remain well trusted by their patients, but like all health care systems, UChicago wants to be attentive to and address the erosion of trust in the overall health care system and any effects it may have on patient care at UChicago. According to Micah Prochaska, MD, Assistant Professor of Medicine at UChicago Medicine, their data suggests that the staff who work with patients also know how to build trust with patients. "To really make a change, we need to start from the ground up. The number of people that submitted to this trust challenge shows me that providers are also saying, 'something's not right here and we need to fix it.'"

Solution

In preparation for a call for trust practices for the challenge and to better define the trust issues at UChicago, the group first crowdsourced pain points that would make the most impact at UChicago. The identified priorities included:

- Patient Care in Post-Pandemic "the New Normal"
- Advance Care Planning
- Patient Care Coordination
- Patient Education
- Optimizing Telemedicine

And in October 2021, UChicago Medicine's Center for Healthcare Delivery Science and Innovation (HDSI) conducted a Choosing Wisely & Trust in Practice Challenge, providing a unique opportunity for faculty, staff and trainees to propose health system improvements to generate improved health outcomes and promote trust in health care. For many years the Center had a Choosing Wisely challenge and this year added a trust practice challenge.

Practically, to run the challenge, HDSI set up a dedicated [webpage](#) that explained the reasons for holding the challenge, described the prioritized themes for intervention and provided information on the COST Framework for High-Value Care Interventions. Notice of the challenge was also disseminated through system wide emails and a focused effort of HDSI staff to encourage individuals to apply and submit their ideas to the challenge. HDSI staff attended section and department meetings to promote the challenge, and HDSI holds a safety and quality symposium every year where the previous year's Choosing Wisely winners and this year's Trust challenge were highlighted. Staff, students, residents and fellows throughout the system were invited to enter their trust building suggestion by writing 500 words or less on the topic and how it builds trust. To help participants develop their ideas, the web page offered [this worksheet](#) on the COST Framework. The COST Framework focuses on using culture, oversight, systems change and training to implement change for better care. A selection committee of health system leaders then chose three ideas to operationalize at UChicago.

Winning Proposed Practice Innovations:

- **Streamlining Health Care Power of Attorney.** While establishing a health care power of attorney is an essential first step in the advance care planning process, completion rate for these documents among UChicago Medicine patients is currently 2.3%. The low completion rate is likely due to logistical hurdles, lack of knowledge, and time constraints.

  This project will create a streamlined process to integrate health care Power of Attorney (HC-POA) document completion into the workflow of an ambulatory appointment. If patients state that they have not completed HC-POA paperwork on their intake form, documents will be provided along with the steps needed to complete it.

- **Implementing The Pause.** The death of a patient is difficult even for those who regularly deal with life and death. Many clinicians or trainees who may be responsible for responding to cardiac arrest are young adults who are still maturing and developing their ability to respond to losing a patient. Some may cope with a patient death by moving on without acknowledgement for self-preservation reasons. The Pause, a shared silence practiced after the death of a patient, was born out of critical care practice. It is an act of respect that seeks to improve the family experience by recognizing the life and death of the patient while also fostering resilience in the health care team. This project aims to promote The Pause at UChicago Medicine.

- **Improving direct admissions coordination.** Direct admissions can improve coordination of care, reduce repeated diagnostic studies, improve patient satisfaction, and reduce emergency room

volume. Non-optimized direct admissions, however, can lead to communications gaps, unclear coordination of care, and delays in patient assessment and treatment. The current process at UChicago Medicine does not optimize communication of care plans between staff members.

This project will optimize the direct admissions process to improve communication care plans among team members in order to improve patient safety, enhance the patient and clinician experience, and ensure the appropriate utilization of resources.

Results

Both the power of attorney project and direct admissions coordination have been implemented and launched in UChicago Medicine's electronic medical records system. A pre-survey to assess clinicians' experience with the projects has also been disseminated, and a post-survey is planned for later in 2022.

In order to collect information to implement The Pause, Institutional Review Board exemption was needed. This permission was recently secured and The Pause has recently begun system-wide. A pilot "telephone Pause" was tested (without data collection) for use when COVID-19 safety precautions limit visitors. One family of a departed patient wrote a letter saying how appreciative they were that the staff took The Pause and how much it meant to them.

Trust Building

> ### How does this build trust?

The Challenge builds trust in two ways. First, each winning project builds trust in the area being addressed. Additionally, holding the Challenge and prioritizing trust work demonstrates the importance of trust in the culture of UChicago Medicine. As Dr. Prochaska explains it, "Building trust takes a long time, and although our challenge winners have fantastic projects, we may not see huge measurable gains in trust after just one year. But, working on the little things to promote trust builds up over time, and that's how you change and create a culture of trust. So we expect our winning projects to affect change and improve trust within their sphere of influence, but slowly over time bigger and bigger spheres of influence will be impacted by continually improving trust in the smaller spheres of influence and at the daily level where patients participate in our health care system."

Challenges

Defining Trust and Providing Context. UChicago Medicine purposefully approached its trust challenge with a broad understanding of trust. The leaders of the challenge recognized that they didn't want to say, "Solve X." However, defining and understanding trust can be nebulous. Before the challenge began, the

group put a call out for pressure points that people believed were fixable. They then used those as priority areas but did not limit participants from entering ideas on other areas.

Feasibility. According to Dr. Prochaska, many of the winners have not had significant exposure to operations, quality improvement or research. They have a great idea but they may not know what is feasible or the steps to turn the idea into action.

Keys to Success

Support of Leadership. The challenge is facilitated by the Healthcare Delivery Science and Innovation Group. This group is supported by the system's Chief Medical Officer and the Dean. While these leaders are not directly involved in the challenge, the support of the office provides a higher profile for the event.

Accountability Paired with Recognition. UChicago Medicine updates the organization on winners of the challenge and on the progress of the projects. At the end of the year, there is a poster presentation on the winning projects. The winners are also asked to give presentations at conferences on campus. This increased visibility acts both as a way of recognizing winners and holding them accountable for making progress on their winning initiative.

Mentorship and Investment. Each winner is assigned a faculty member to help guide them through the process. The mentors meet with the winners at least monthly and provide guidance and support for the initiatives. Challenge winners receive up to $20,000 worth of mentorship, project management and staff time.

References
1. Interview with Micah Prochaska, MD, February 28, 2022
2. Trust in Practice & Choosing Wisely Challenge landing page: https://hdsi.uchicago.edu/trust-cw-challenge/

Building Trust is an initiative of the ABIM Foundation.