

## Case Study: Dell Seton Medical Center

### Background

Dell Seton Medical Center at the University of Texas (DSMC-UT) is a 210-bed urban, safety-net, academic hospital and Level-1 trauma center in downtown Austin, Texas. It serves as the primary teaching hospital for Dell Medical School at The University of Texas at Austin. DSMC-UT is part of the national Ascension health system.



### Problem

Public trust is a key asset for clinicians and medical centers, contributing to positive health outcomes and sustainable work environments.<sup>1,2</sup> Nationally, trust in health care institutions and health care leaders has declined substantially over the past few decades, a trend that worsened even further during the COVID-19 pandemic.<sup>3,4</sup>

Over the past couple years, a number of initiatives at DSMC-UT, such as the B-Team (buprenorphine team) for people with opioid use disorder, has focused attention locally on building trust with patients.<sup>5,6</sup> However, there had not been a concerted effort to specifically design initiatives that would aim to increase trusting relationships throughout the medical center, between clinicians and patients, as well as between team members.

In 2022, physician leaders at DSMC-UT, including Dr. Beth Schulwolf, Chief Medical Officer; Dr. Read Pierce, Chief of the Division of Hospital Medicine and Associate Chair for Faculty Development and Well-Being; and Dr. Chris Moriates, Associate Chair for Quality & Safety, teamed up with the ABIM Foundation for a Building Trust Challenge at DSMC, as part of ABIM Foundation's national Building Trust Initiative. The goal was to raise awareness about the importance of cultivating trusting relationships, and to surface ideas from frontline clinicians that could be supported and advanced by hospital leadership.

### Solution

DSMC-UT coordinated a number of overlapping activities in April 2022 to address the overall goal of cultivating trusting relationships. These activities were designed around a visit by Daniel Wolfson, EVP and COO of the ABIM Foundation, intended to launch the Building Trust Challenge, and included:

- A special rounds presentation for physicians and health care providers including small-group discussions;
- A rapid crowd-sourcing exercise and discussion at a RN-Resident Council Meeting; and
- An open call for ideas of trust practices submissions from physicians and health professionals via an online submission form.

In addition, the visit included Mr. Wolfson joining the Department of Internal Medicine’s regularly-scheduled Leadership Rounds, where members of the leadership team from the hospital, medical school, and the department of internal medicine join different medical wards teams for one hour of patient rounds at least twice per month. While leadership rounds are not a new concept, the DSMC-UT Leadership Rounds approach is unique in how it is explicitly designed to foster bidirectional learning: providing situational awareness for leaders regarding the experiences of residents and faculty, as well as visible leadership, presence, and support in clinical learning environments.<sup>7</sup> Following rounds, the team debriefed with reflections on the challenges the team and patients faced and a conversation around how to support building trusting relationships, despite the many concerning national trends that can erode trust.

### ***Special Rounds Presentation and Small Group Discussions***

Mr. Wolfson facilitated a Special Rounds presentation on “Building Trust, improving health outcomes” during a noon lunch conference at DSMC-UT. All physicians and health care providers at DSMC-UT were invited to attend. The session included resident and attending physicians, nurses and nurse managers, advanced practice providers, case managers, social workers, and a chaplain. The room was split into small groups to discuss areas where efforts could be focused to build trusting relationships.



Many themes emerged from these conversations, including:

- Enhancing communication with patients, particularly through the use of more robust interpretative services, as well as via more coordinated engagement of the entire care team to ensure aligned communication of care plans and expectations;
- Advancing efforts to integrate community health workers, and to provide community resources to support health-related social needs for patients;<sup>8,9</sup>
- Centering the patient voice in educational efforts focused on improving health equity; and
- Advocating for larger system and policy changes that would support patients, such as those related to providing regular dialysis access to all those who need it.<sup>10</sup>

### ***RN-Resident Council Rapid Crowdsourcing***

In November 2018, DSMC-UT created the first RN-Resident Council as part of its pursuing excellence initiative.<sup>11</sup> The goal of the Council is to improve communications and enhance the relationships between nurses (RNs) and medical residents, to ultimately improve patient care. The RN-Resident Council is co-led

by a nurse and resident physician, and is widely recognized as a trust-building structure as it “opens the lines of communications and helps nurses and medical residents identify challenges and work together to develop possible solutions.” Some of the topics that have been discussed to date include strategies to round effectively with assigned RNs, having note cards outside the patient’s room so the MD can reach the RN quickly, and preferred methods of communication.

As part of the Building Trust Challenge, Mr. Wolfson facilitated a special RN-Resident Council meeting to crowd-source specific ideas for continuing to build trust between nurses and resident physicians. The meeting time had been moved to a different day and time from their normal monthly standing meeting for this special activity, which resulted in fewer attendees than normal, but following a brief introduction by Mr. Wolfson, the participants were split into two groups to brainstorm ideas. After the brainstorming session, each group shared their ideas and then participants were asked to vote for the most promising ideas.

Four ideas received the most votes:

- **Afternoon Check-Ins:** establishing a protocol for interns to easily check-in with bedside nurses for their patients in the late afternoon prior to signing out for the day, to ensure clear communication and alignment of care plans, as well as to foster relationships through more communication.
- **Morning Introductions:** some of the nurse members shared positive examples of resident physicians who make it a habit of introducing themselves in the morning and ensuring that the bedside nurse knew how to contact them for their patient. This prompted discussion of similar practices by some bedside nurses who sent a morning text to the primary physician via the secure texting platform. The team discussed how to support and encourage these habits. The upcoming system-wide implementation of a new secure-messaging communication platform may help facilitate this practice.
- **Team Rounds:** reintroducing efforts to facilitate bedside rounds that incorporate the nurse in the discussion and care plan. There had been some progress on this effort previously at DSMC-UT, but this was largely lost during COVID-19 pandemic and workflows now included much fewer bedside round interactions.
- **Expanding the RN-Resident Shadowing Program:** Currently, interns shadow bedside nurses during their orientation week. This practice is felt to be effective at increasing understanding about different roles and processes, increasing insights and empathy. The team suggested that this shadowing program could be further expanded to include opportunities for residents after their intern year, as well as introducing a reciprocal program for bedside nurses to shadow physician rounds, and then to share their experience and insights with other nurses from their unit(s).

### ***Open call for ideas***

Throughout the week, flyers were shared to invite participants to submit trust practice ideas over the course of the month via a simple online submission form. The most impactful ideas would be publicly recognized and shared broadly. Despite multiple calls for submissions, the online platform only received three additional idea submissions, which centered on:

- Creating a “culture change” around physician and nurse team rounding at the bedside, with setting “an expectation that can be monitored” and a “form of accountability.”
- Providing funding to support community members, health advocates and people with lived experience to co-create curriculum as “teachers and facilitators in [the] Internal Medicine Health Equity curriculum.”
- Facilitating more patient and family care conferences for complex patients so that “everyone comes to the table and patients’ families feel listened to and a plan of care is established.”

## Results

Hospital leaders reviewed the output from all of the Building Trust Challenge activities described above, and identified key themes and potential next steps.

Key themes and identified next steps centered on:

- Strengthening nurse-physician communication, through:
  - Emphasizing this topic during the Summer Safety Series program, which is an annual weekly educational program aimed at supporting a culture of safety. The Summer Safety Series is delivered by interprofessional presenters for all internal medicine residents, faculty, and rotating medical students as well as clinical staff at DSMC-UT.
  - Piloting a series of effective workflows on a medicine teaching team dedicated to health systems science and quality improvement in the coming academic year, to accomplish the goals of connection and communication, such as “morning introductions” and “afternoon check-ins.”
  - Having a resident and attending physician bring this focus area back to the larger internal medicine residency and Division of Hospital Medicine meetings.
- Enhancing understanding of the patient journey, especially for the most vulnerable, through:
  - Incorporating community health worker and community advocate speakers into the health equity curriculum to share what they do after discharge, what they discover, and how they address social contributors to health; and
  - Reinvigorating efforts to standardize routine health-related social needs screening for inpatient teams.

## Keys to Success

A key insight from the Building Trust Challenge activities was the importance of recognizing, supporting and sharing trust building structures that have been developed and are already in place at DSMC-UT including the RN-Resident Council,<sup>11</sup> Leadership Rounds,<sup>7</sup> the B-Team,<sup>5</sup> and the integration of community health workers and health-related social need screening.<sup>8,9</sup>

In addition, DSMC-UT had already started a health equity curriculum, so specific efforts and changes can be worked into an existing structure and with the support already gained from faculty and leadership.

## References

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