

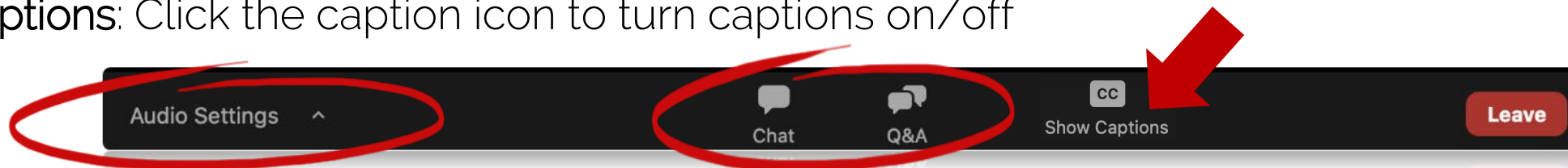
Survivor Support Programs Strengthen Patient Experience

March 19, 2024



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- All participants are muted.
- **Audio Settings:** ability to select your speakers and adjust your volume.
- **Chat:** for sharing of ideas, interacting with speakers and attendees; not for promoting services and products. Make sure you choose '**Everyone**' in the dropdown in the chat box.
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- **Captions:** Click the caption icon to turn captions on/off



- Receive follow up email tomorrow with webinar slides, recording and link to survey.

Comments shared in chats do not reflect the opinion or position of The Beryl Institute, but those of individual participants. People found misusing the chat function or engaging in uncivil or disruptive ways via chat may be removed from the session at our discretion.

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- This webinar is approved for 1 PXE.
- To obtain patient experience continuing education credit, participants must attend the webinar in its entirety and complete the webinar survey within 30 days.
- The speakers do not have a relevant financial, professional, or personal relationship with a commercial interest producing health care goods/services related to this educational activity.
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Our Speaker

Andrew Cowart-Oberle, PhD(c), MHA, MA, CPXP

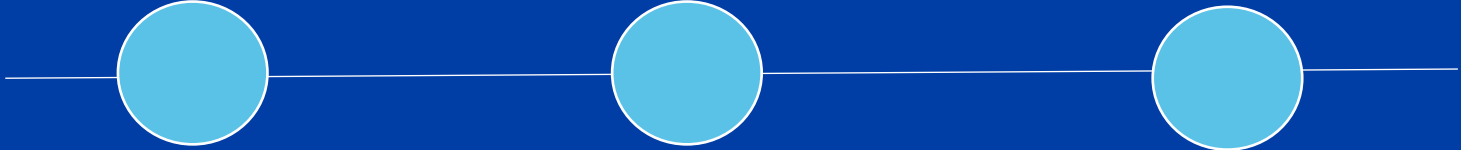
Patient Experience Partner
Barnes Jewish West County Hospital

Director-at-Large,
Board of Directors/Legislative and Policy Chair
American Trauma Society



Survivor Support Programs Strengthen Patient Experience

Beryl Institute
March 19,
2024



Andrew Cowart-
Oberle
PhD(c), MHA, MA,
CPXP

Ph.D.
Public Health
Studies

Patient Experience
Partner,
BJC HealthCare

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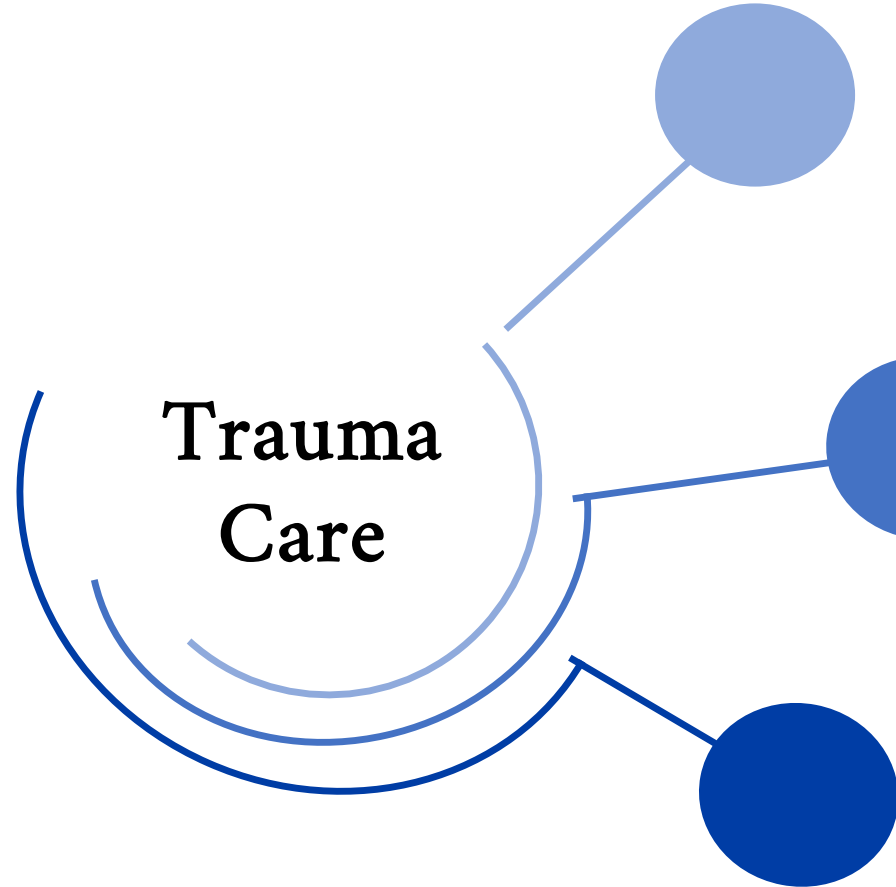
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Introduction



Introduction



Traumatic Injury (TI)

A crisis for public health, individuals, & the health care system

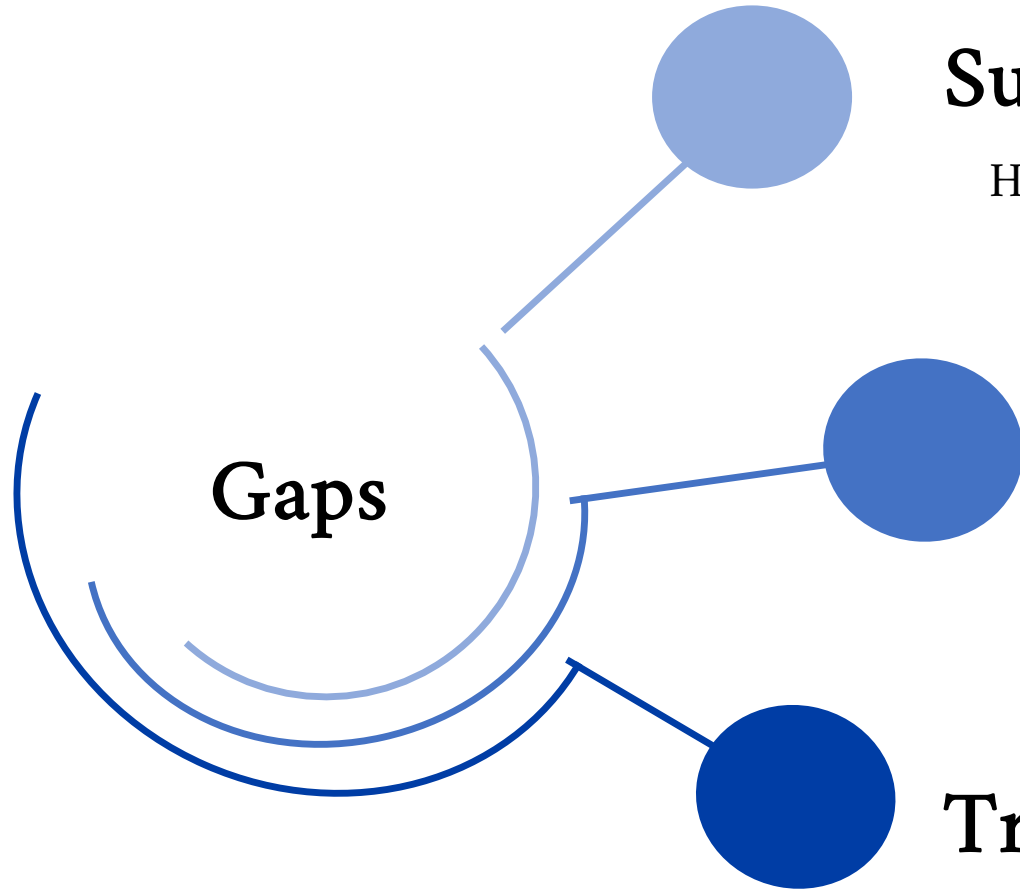
Patient Experience (PX)

Focusing on the needs of human in health care is the true meaning of and improves PX

Survivor Support & Compassion

Trauma survivor support programs (TSSPs) are ideal for enhancing PX because they represent the fundamental human need of compassionate connection

Introduction



Support Program Extent

How ubiquitous are trauma survivor support programs (TSSPs)?

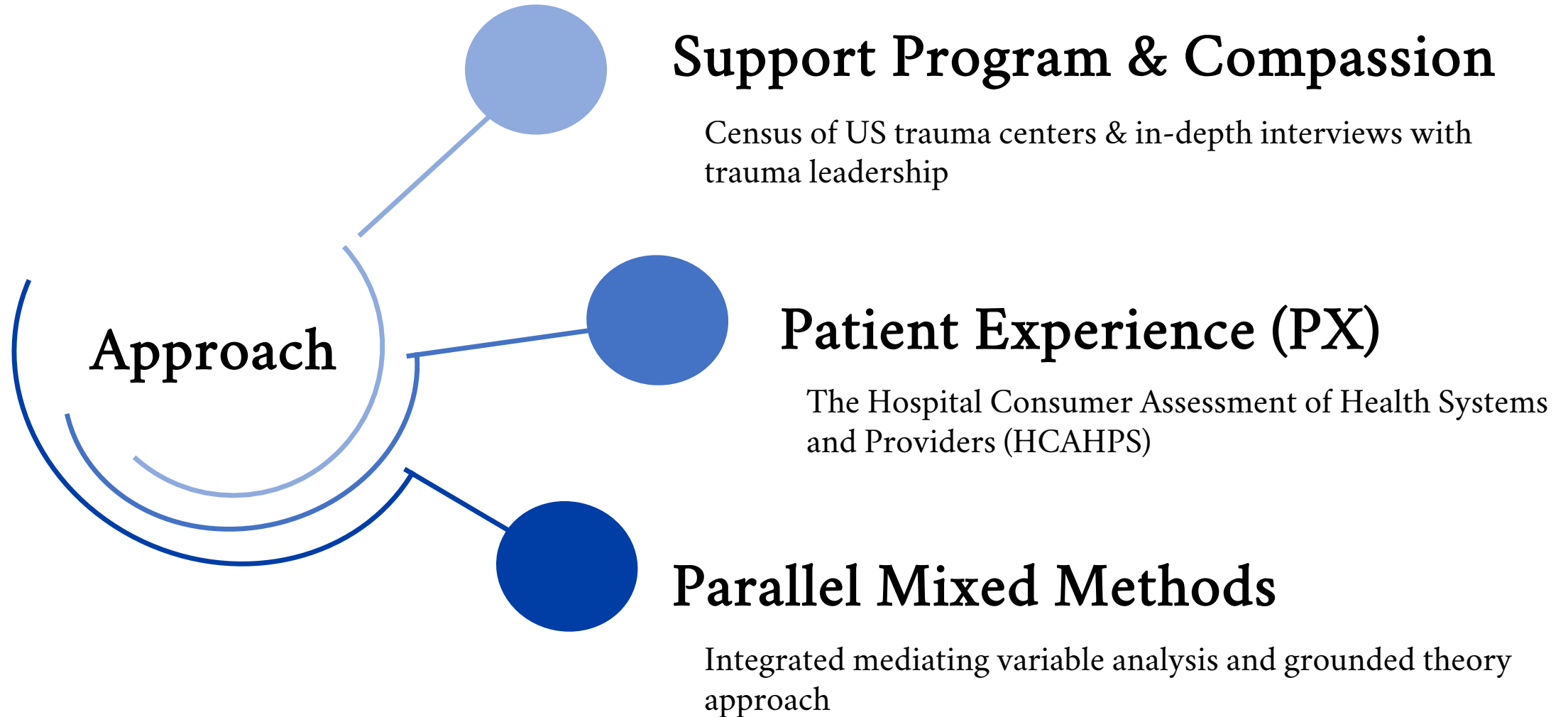
Patient Experience (PX) Cultures of Compassion

Do TSSPs influence PX? What role do cultures of compassion play in the relationship between TSSPs and PX?

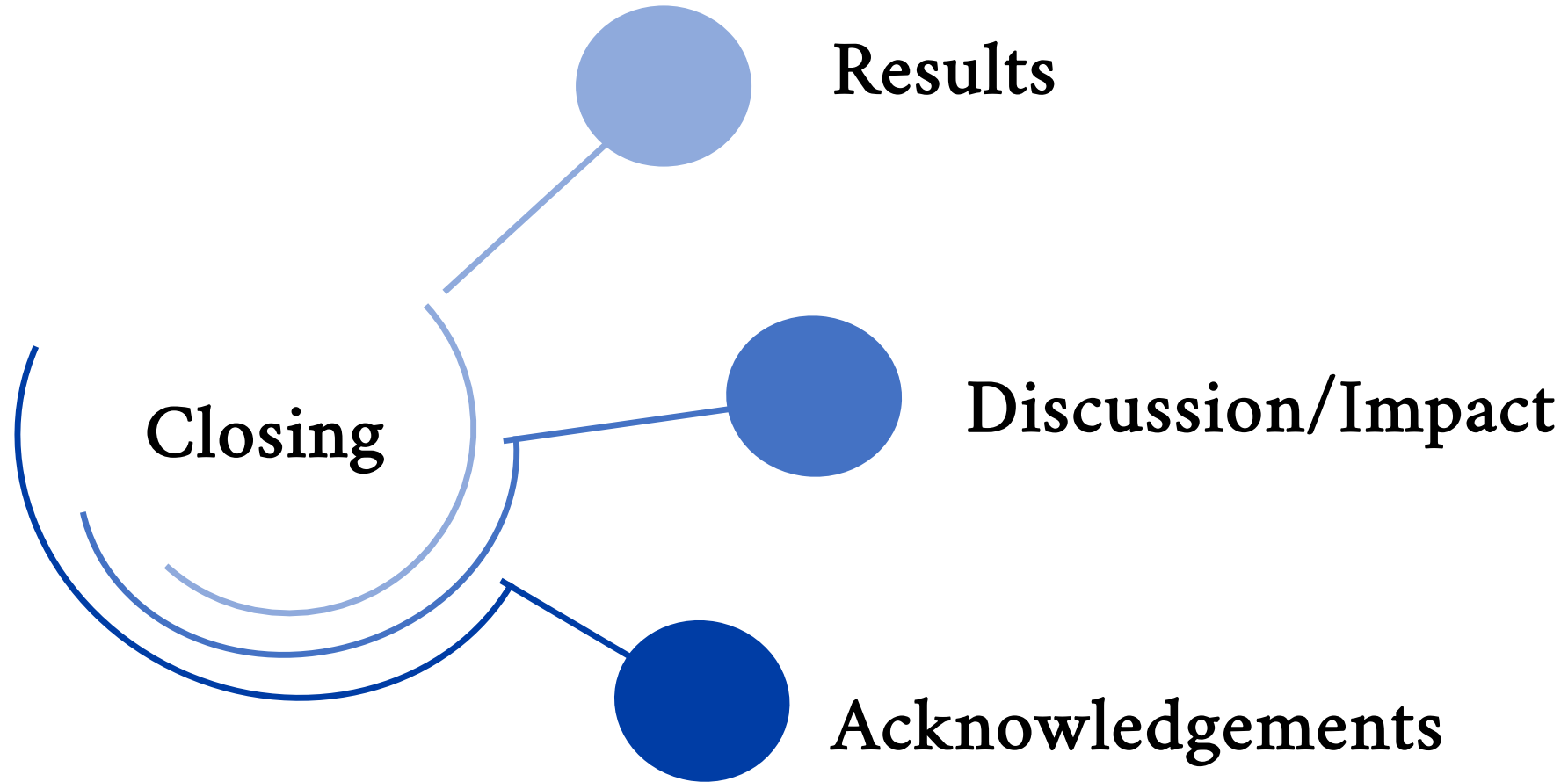
Trauma Leadership Perspectives

What do trauma center leaders think about TSSPs regarding their benefits? Facilitators and barriers?

Introduction



Introduction





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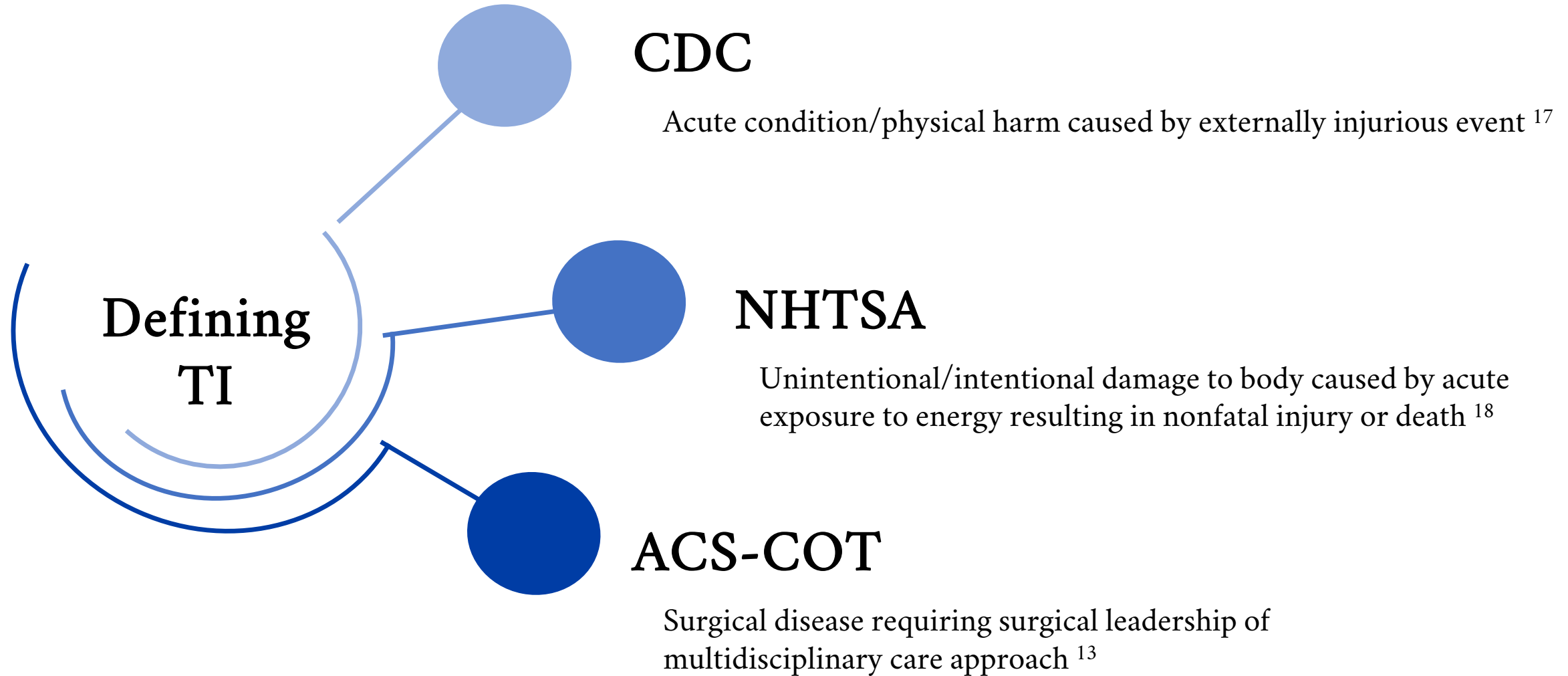
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Background



Background



Background



The Big Picture

Annually

- 30 – 35 million need emergency care ^{4,5,20}
- ~ 3 million hospitalized ^{4,9,21}

Poor Long-Term Health

- After 7 years, 75% report pain
- 50% disability/inability to return to work ^{3,23}
- After 1 year, 21% have PTSD
- 7% have depression ²¹

High Costs

- Large catchments, expensive treatments, underfunding ^{2,24}
- \$400 billion annual spending (12% of total, 2nd highest) ^{2,11,25}
- \$271 billion annual lost productivity ²

Background




Blunt vs. Penetrating



Mechanisms ²⁶

Self-Inflicted
1.5%





CHIMP ATTACK

AMERICAN FIGHTING FOR HIS LIFE

MAULED BY CHIMP, DRAGGED HALF A MILE

JUNE 28, 2012



Amadeus

Nikki

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Student from St. Louis remains in critical condition after chimp attack

Recommend 96 Tweet 0 G+ 0 Share 20 Print Email

June 30, 2012 12:45 am • BY TERRY HILLIG • thillig@post-dispatch.com > 618-659-2075

thillig@post-dispatch.com > 618-659-2075);> **UPDATED** at 10:45 a.m. Saturday.

American student has surgery after savage attack by chimps

By the CNN Wire Staff
Updated 10:09 AM ET, Thu July 5, 2012



More from CNN

- VMAs in 2 minutes (Miley wore WHAT???)
- Waitress responds to LOL cheapskate
- Footage shows Israeli soldier aggressively handling boy
- The irony of Obama's Arctic voyage

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HOW DO YOU FIT 600 MILLION TONS OF CARGO IN A 216 MILLION TON BAG? IT'S SIMPLE. THE ANSWER IS SAP HANA. **SAP** Run Simple **LEARN MORE**

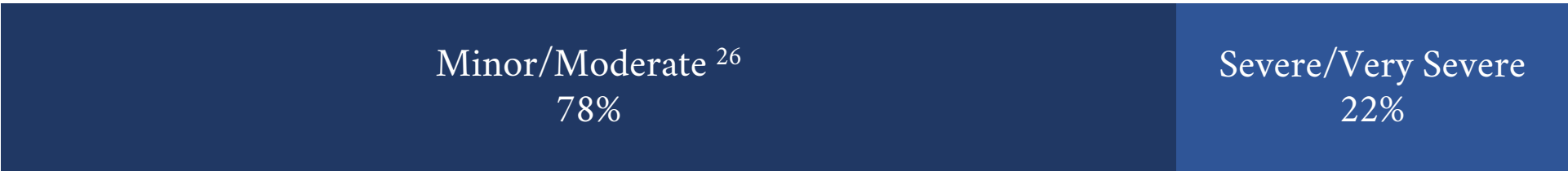
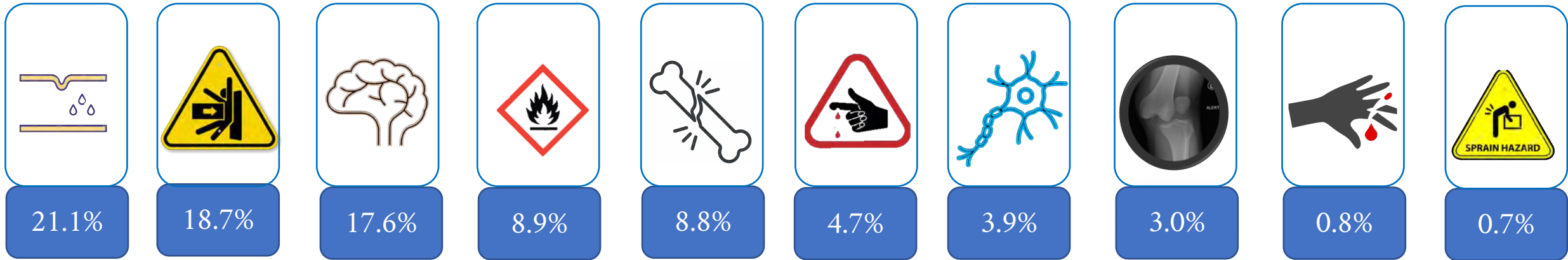
World Home U.N. Conflicts Terrorism Disasters Global Economy Environment Religion Scandals Region

Doctors lauded after chimp attack in S. Africa

Published July 06, 2012 - Associated Press

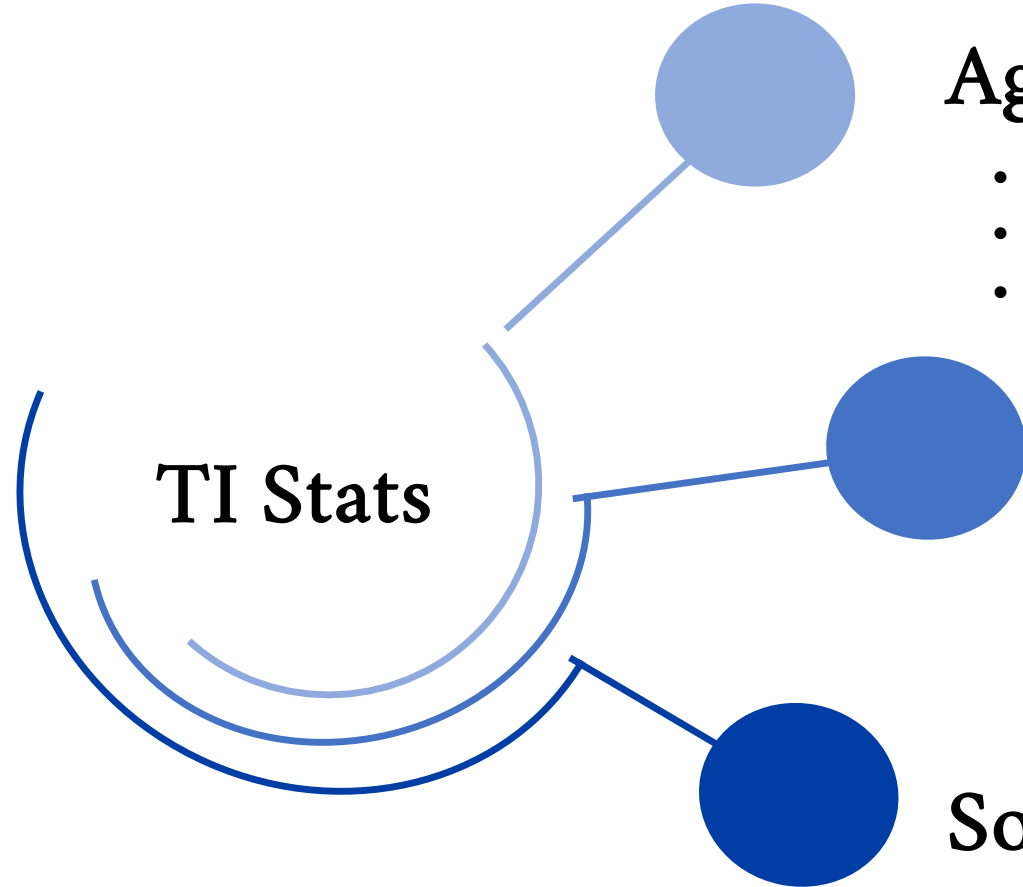
JOHANNESBURG – The parents of the American student mauled by two chimps in South Africa last week called their son's survival a "miracle" and

Background



Types¹

Background



Age/Gender

- Median age = 54 ¹
- Evenly distributed age groups 20-34, 35-54, 55-74, 75+ (~20%) ²⁶
- ≤ 70 years males = 70% of TI ²⁶

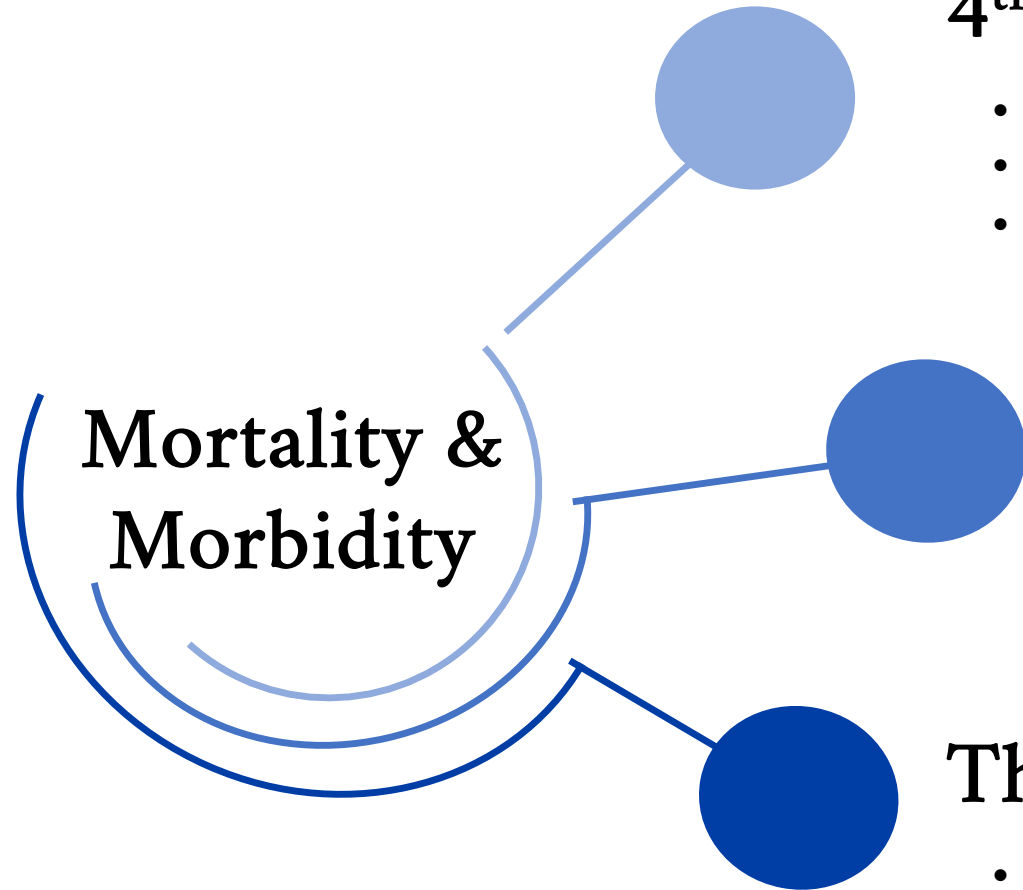
Race/Ethnicity

- White: 62% of TIs, 73% of all blunt TIs
- Black: 16% of TIs, 39% of all penetrating TIs ³¹
- Black males: Highest death rate (165/100,000) ²⁶

Socioeconomic/Insurance Status

- 11.3% uninsured, 16.3% Medicaid, 27% Medicare, 35.1% Private ²⁶
- Uninsured less likely: ED to hospital, hospital to post-acute ^{29,36,37}
- Uninsured more likely: in-hospital mortality, poor health/QoL ^{10,28,29,35,37}

Background



4th Leading Cause of Death

- 1.2% die of TI ⁵; #1 cause ages 1-44 ⁴⁰
- Firearms: 4.2% of TIs, 15.3 case fatality rate
- Falls + MVC: 70% of TIs, 4.5 case fatality rate ²⁶

86% of Survivors Hospitalized

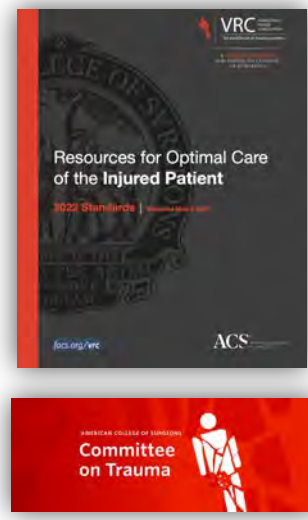
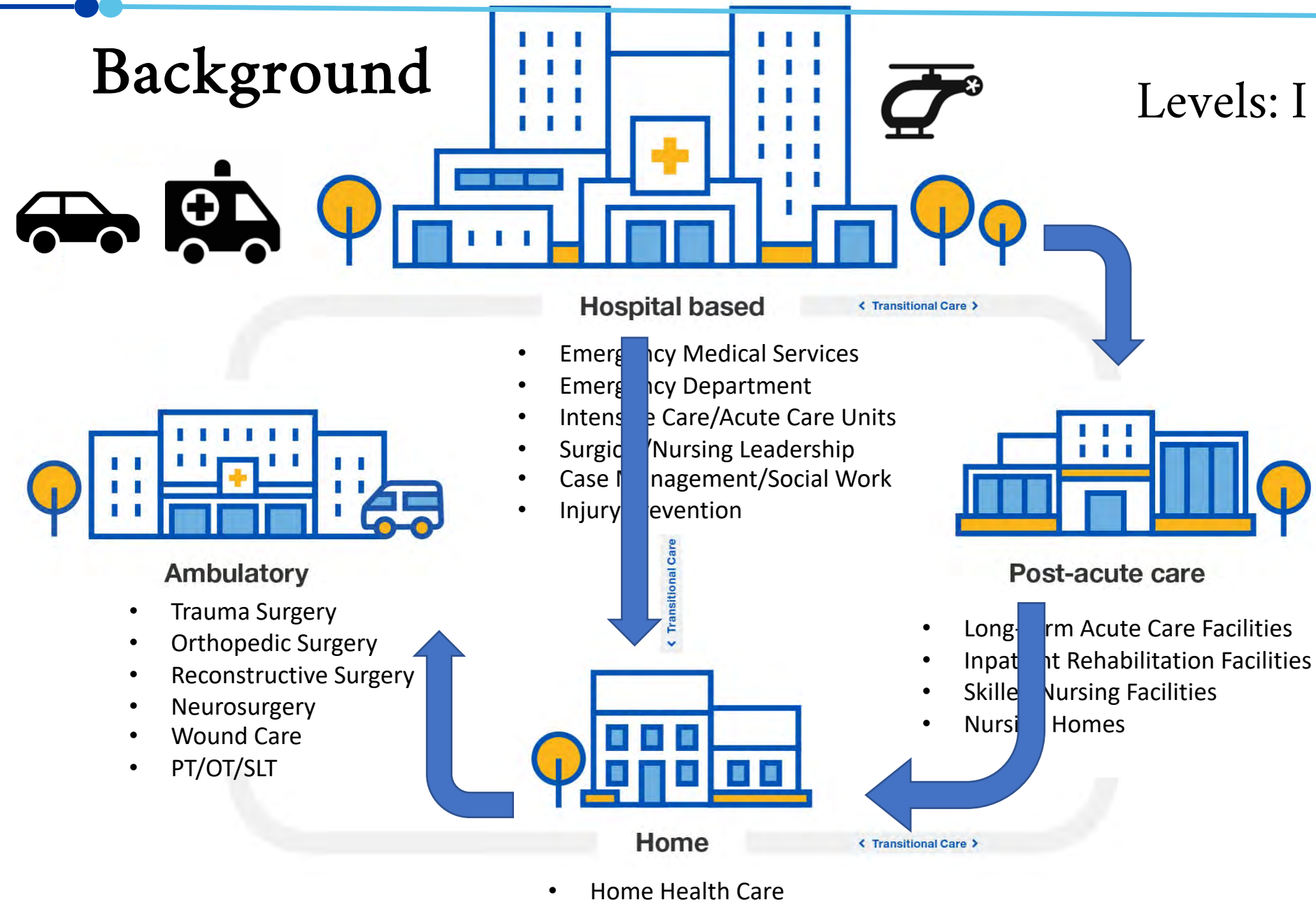
- 2.5 million admissions/year ²⁶
- 4% die in-hospital ²²
- After ED, 18% to ICU, 50% to ACU
- After hospital, 57% to home, 20% to post-acute care ²⁶

The Invisible Epidemic ²⁹²

- 62% physical limitations ²², 32%-66% chronic pain ^{52,54,55}
- 26% ASD ⁵⁹, 20% PTSD, 7% depression ²¹
- 20% no return-to-work ²¹, more likely to socially withdraw/report loneliness ⁷¹

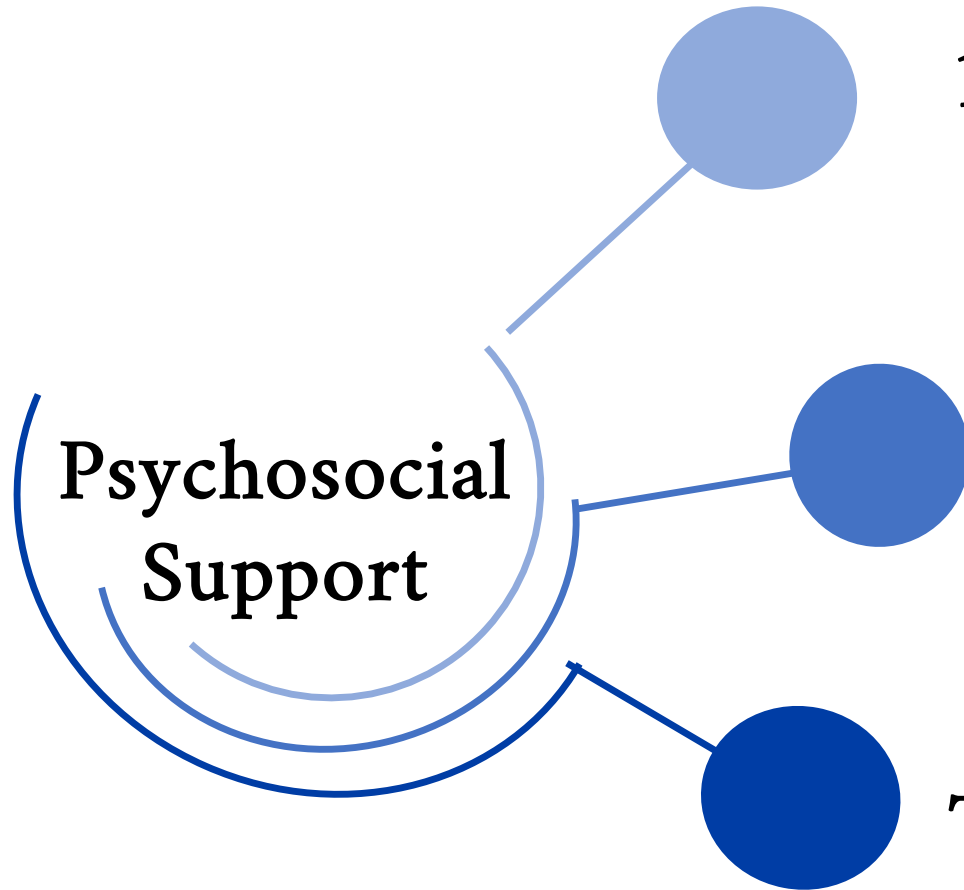
Background

Levels: I - V





Background



1/3 seek mental health ⁶³

- 28% of trauma centers screen for PTSD ⁸

Identification/intervention crucial

- Early and continuously ^{21,24,57,62}

Trauma Center's Role?

- Not always adequately informed or equipped ^{9,10}



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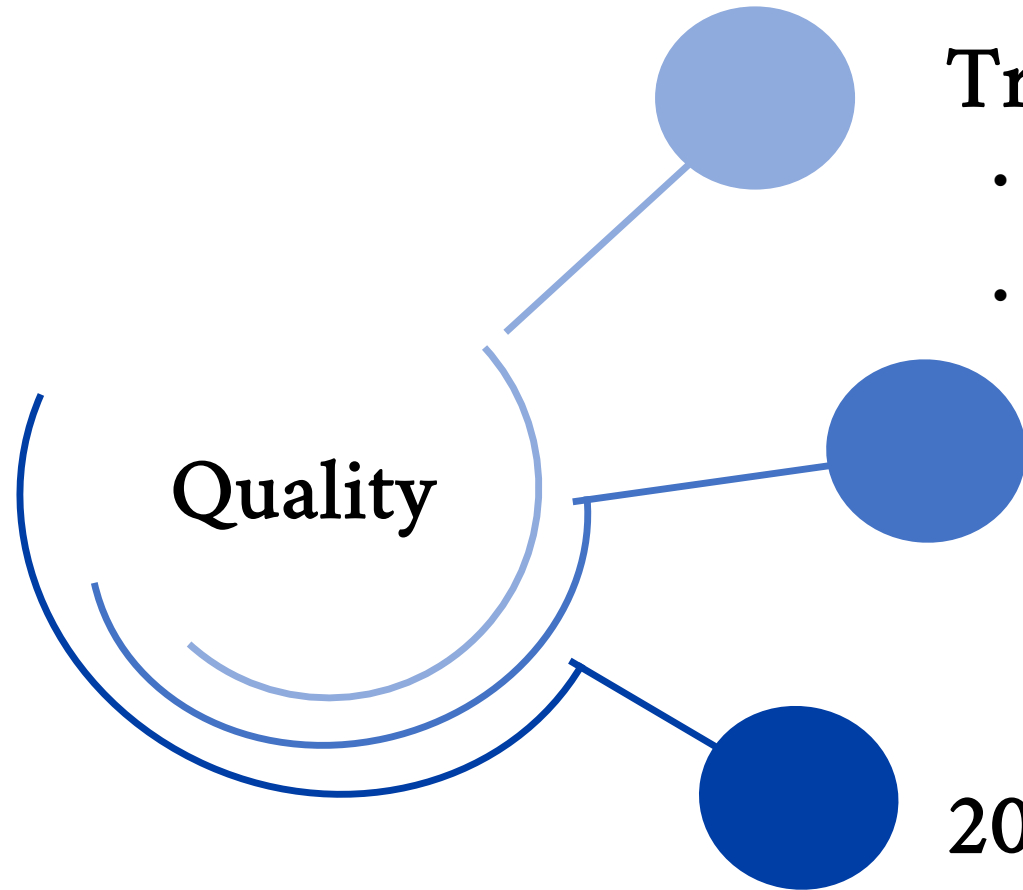
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Background



Trauma Quality Indicator Benchmarks

- Evidence-based best practices (structures and processes) to achieve TQI outcomes ¹³
- Higher TQI scores = better outcomes ⁸³

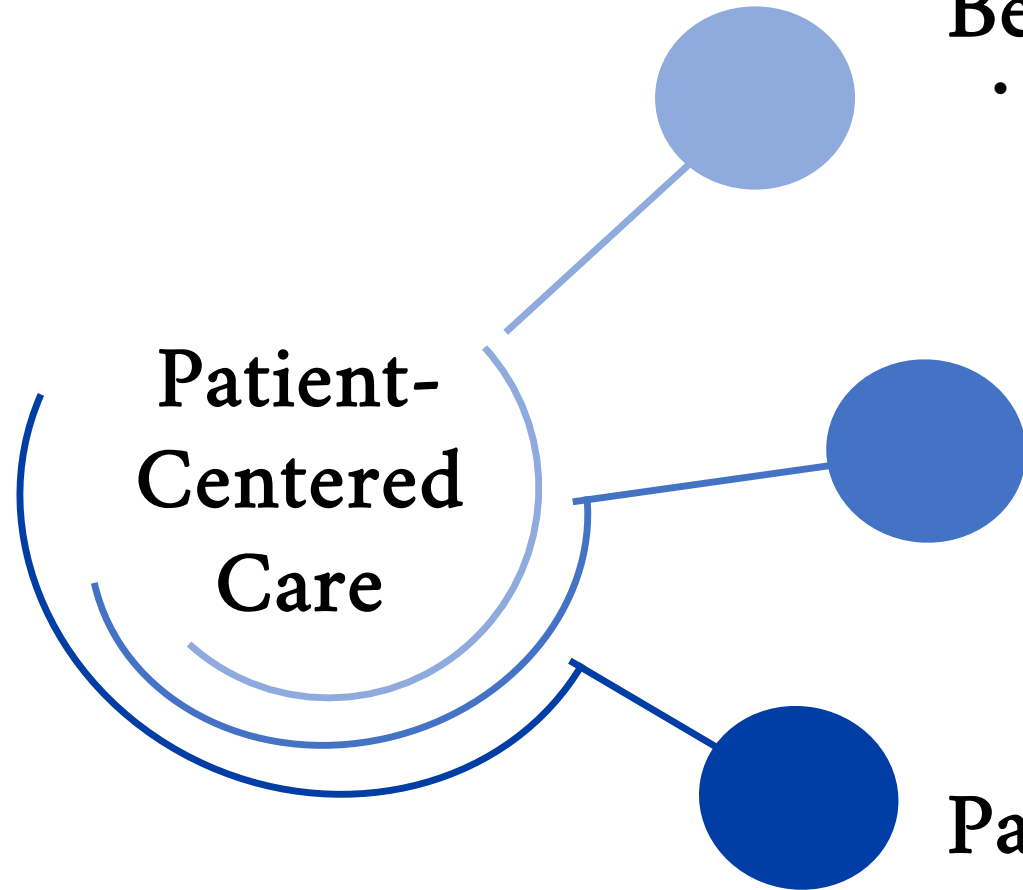
2014: ACS-COT Recommends PTSD Screen & Treatment ⁹

- 2019: 12.5% of trauma centers screen for ASD, 25% for PTSD, 12% provide mental health treatment ⁵⁶
- 2022: 28% for PTSD ⁸

2022: ACS-COT Recommends Patient-Centered Approach

- A need to collaborate with patients, incorporate their perspectives
- Address psychosocial needs with support programs ^{13,79 25}

Background



Berwick defines PCC

- The experience (to the extent the informed, individual patient desires it) of transparency, individualization, recognition, respect, dignity, and choice in all matters, without exception, related to one's person, circumstances, and relationships in health care" ⁸⁵, p.560

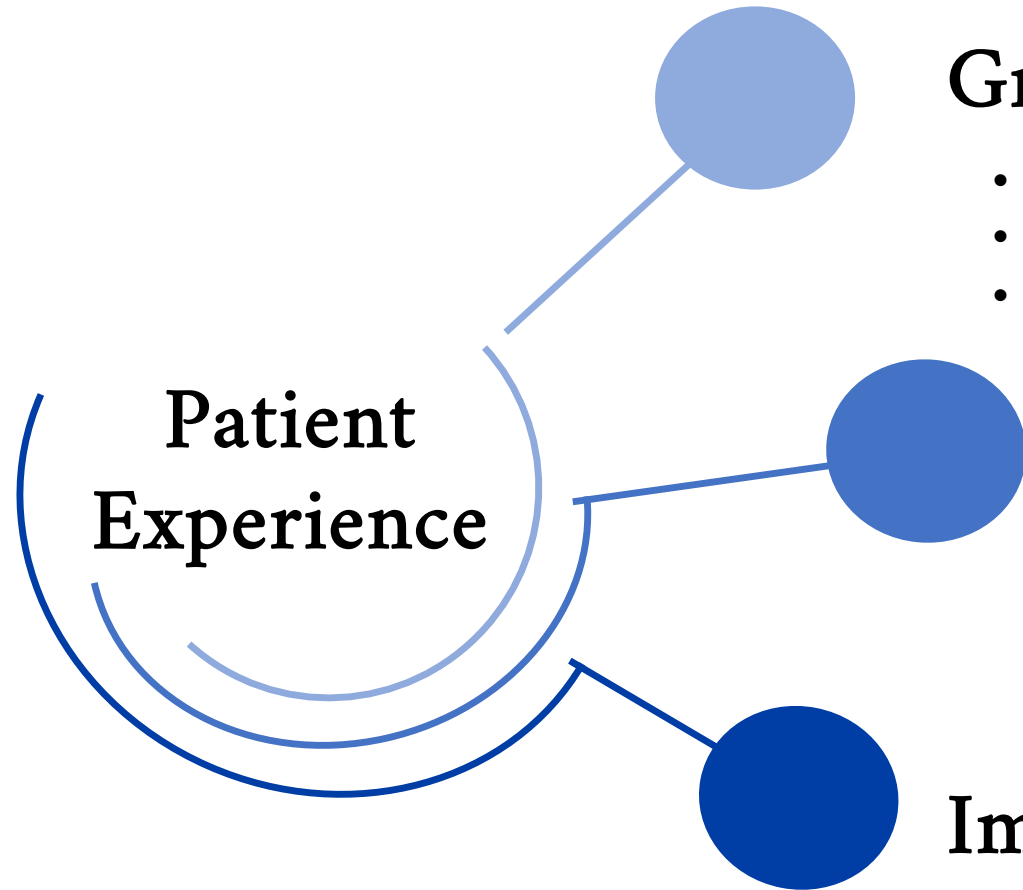
Redefining Quality

- How well is care meeting the many needs of the individual patient? ⁸⁷
- PCC improves outcomes ^{90,91}

Patient-Centered Trauma Care

- Traditionally, far from PCC
- 2022 Standards move in right direction

Background



Growing Importance

- Patient perspectives are critical ⁹⁴
- Drives business decisions ^{11,12} VPX, PX managers, & PX Partners ⁹³
- Totality of all clinical, operational, cultural, behavioral components and interpersonal interactions ^{12,95,96}

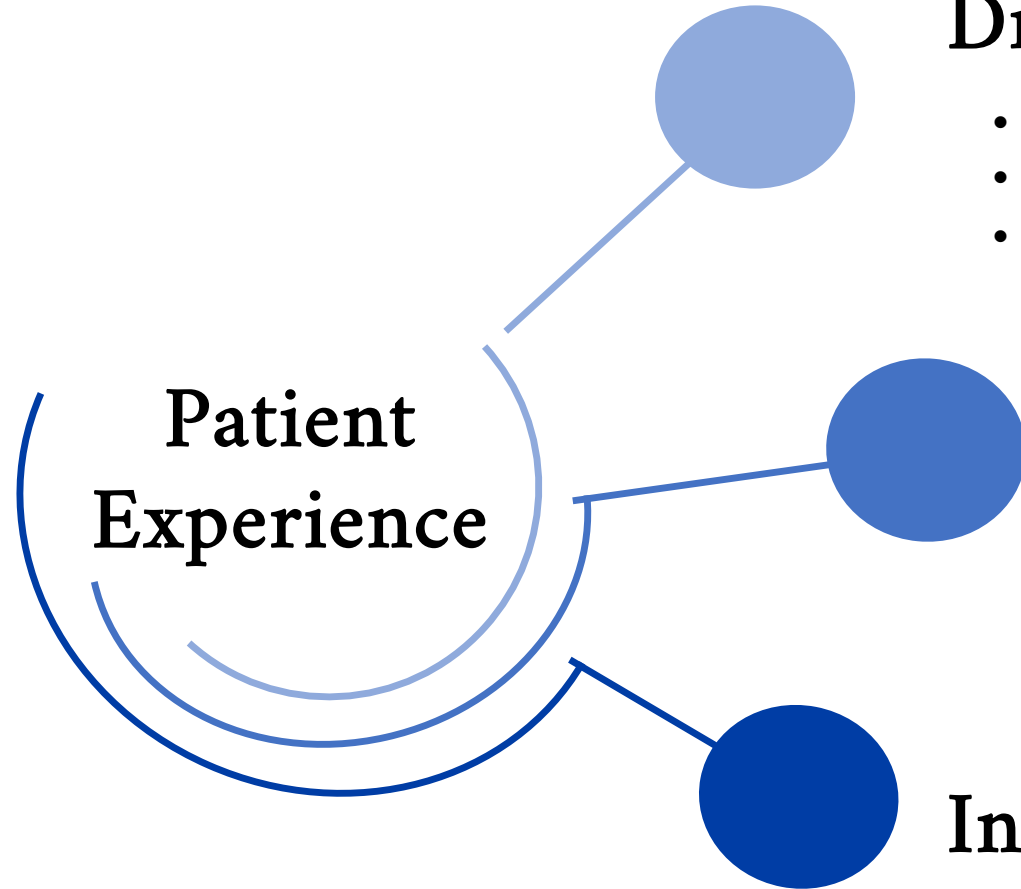
Patient-Reported Experience Measures

- OECD: Countries should measure and address ¹⁰⁹
- US: Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) ¹⁰¹

Impact on Finances

- Crucial for financial performance & competitive ability ^{15,93,94,122,123}
- 30% HVBP Total Performance Score, 1.5% of reimbursement ¹²³
- Highest PX rated earn 127% more, more profitable ¹²²

Background



Drives Reputation & Demand ^{94,122,128}

- 14% of patients switch b/c poor interpersonal communication
- 11% b/c no respect ¹²⁹
- 90% consider switching if lack of kindness ¹³⁰

Organization-Level Determinants

- Key Organizational Factors explain 73% of variation ¹⁴⁰
- Bed size ^{138,141,149,152}, staffing intensity ^{138,149,153}, patient mix ¹³⁸, nonprofit status ^{138,145}, location ^{138,149,154,155,156}, teaching status ^{138,157}, magnet status ²⁷⁸, religious affiliation ²⁷⁹

Interpersonal Dynamics Determinants

- Competency, interaction, collaboration, compassion ^{11,86,128,158}
- Compassionate interaction: 65% of variation in satisfaction ⁹⁸
- Perception of compassion: 0.93 correlation ⁹⁷

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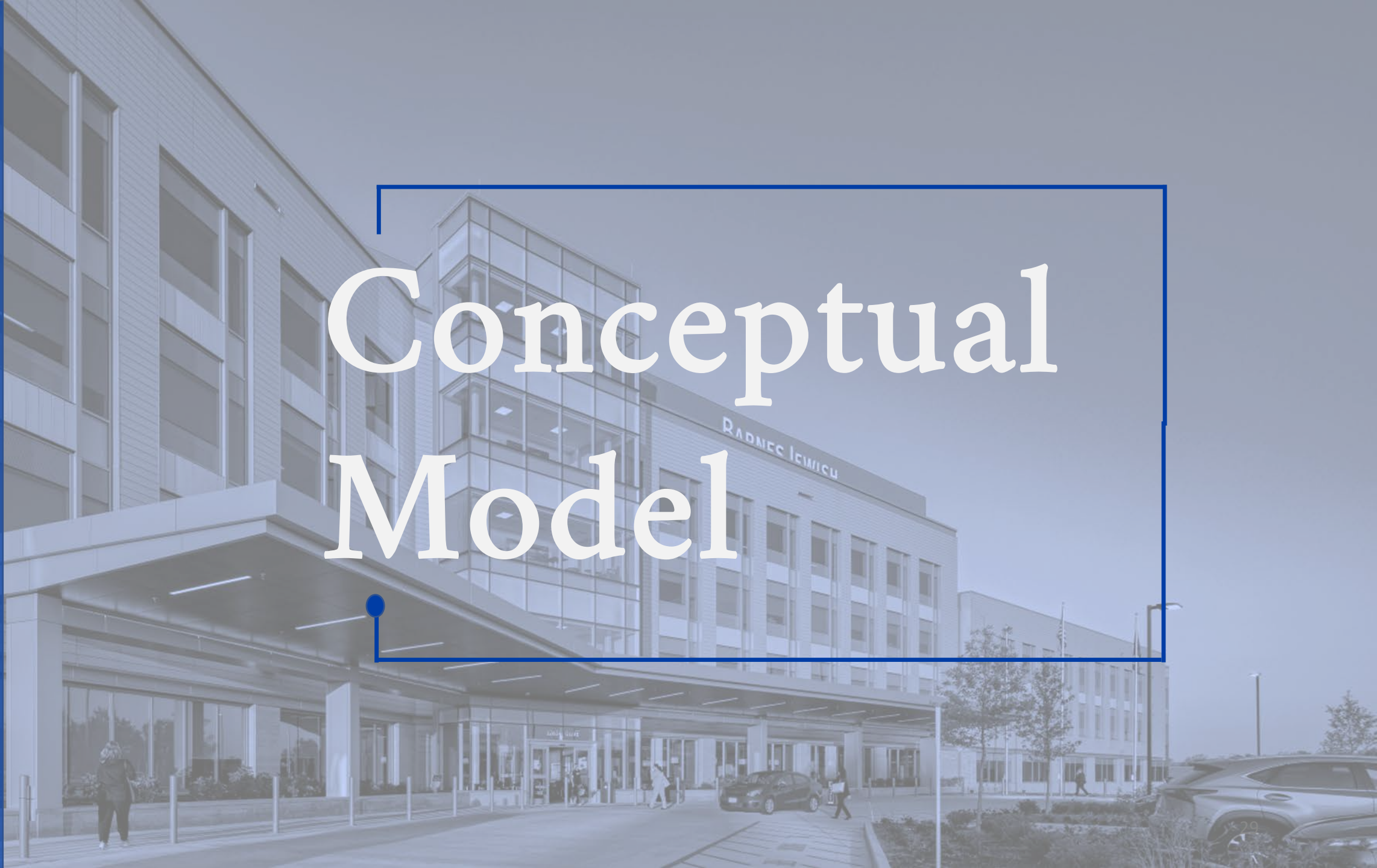
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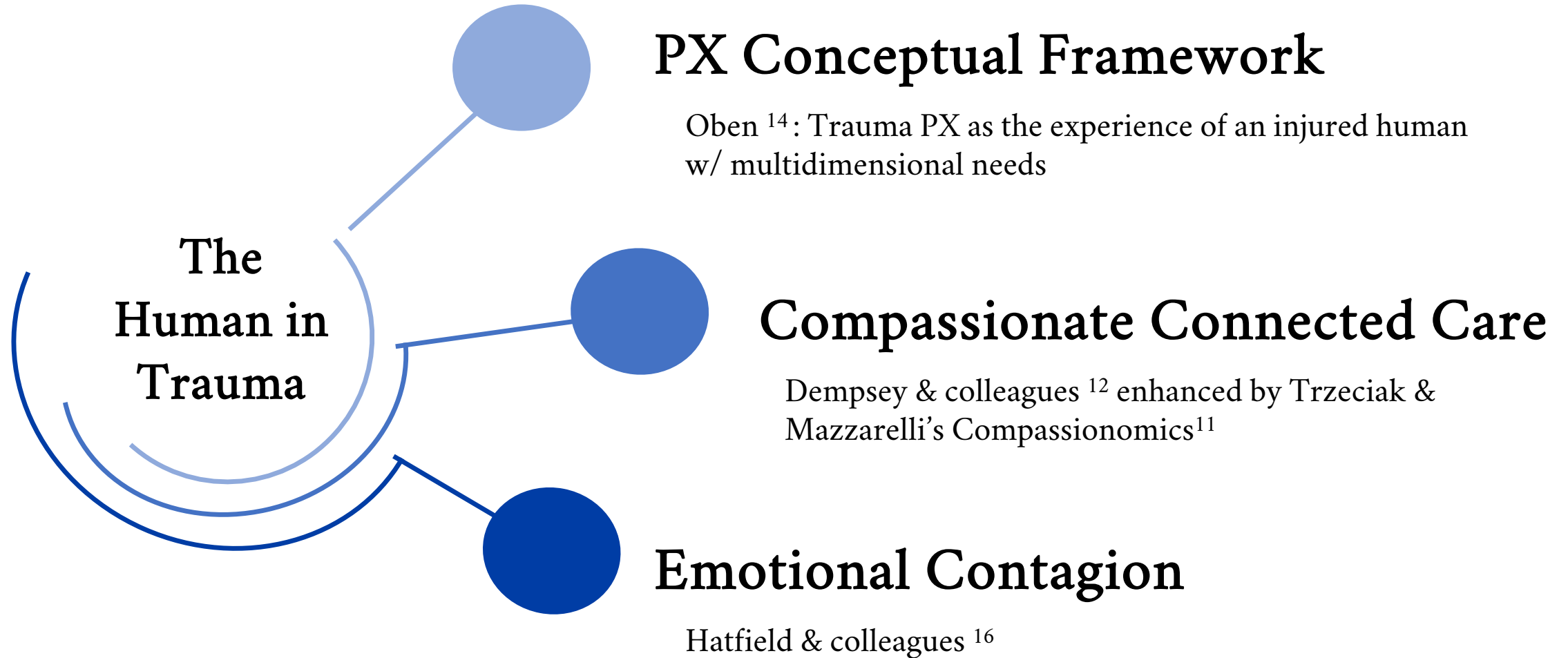
Conceptual Model



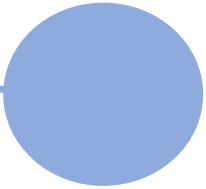
Conceptual Model

**How can we improve
PX for trauma
survivors?**

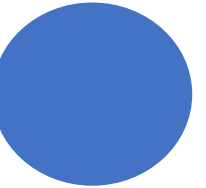
Conceptual Model



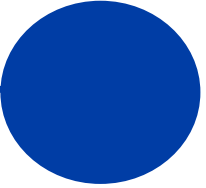
Conceptual Model



PX influenced by 4 domains: physical comfort, emotional support, information & communication, access & convenience



Recognizing humanity in health care: the myriad experiences of a human's journey through complex system as patient and consumer



Addressing multidimensional needs: traditional definition of TI needs to be updated...caring for a person suffering from an illness/injury and seeking help

“The patient is human, and humanity harbors the secret to the elements of care that creates a superior patient experience.” p. 908

Patrick Oben's Patient Experience Conceptual Framework (PECF) ¹⁴

Conceptual Model

**What does the
human trauma
patient need?**

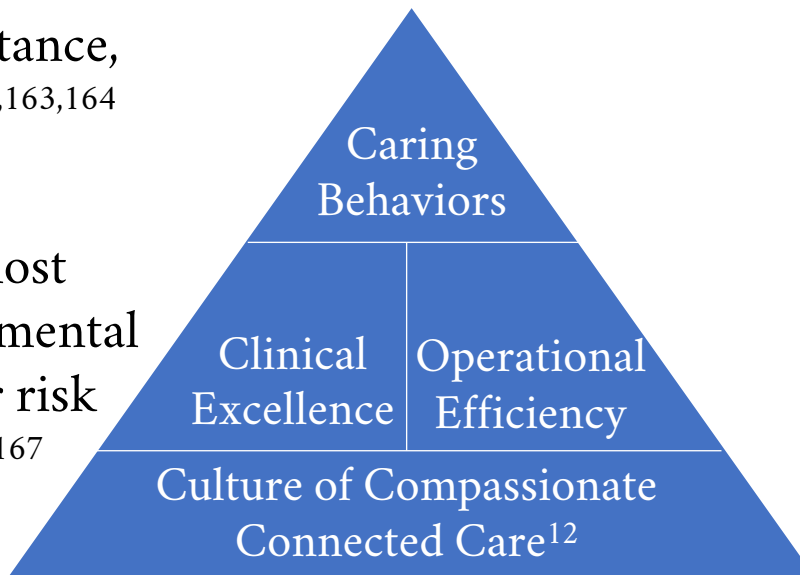


Conceptual Model

Recognized as an individual, treated w/ dignity & respect, listened to ^{11,123,130,159,168,169}

Therapeutic Connections ¹⁵ that foster friendship, trust, intimacy, acceptance, mutual compassion, belonging ^{11,163,164}

Satisfaction w/ relationships = most influential predictor of physical/mental health ¹⁶⁶; social isolation = major risk factor for poor health/mortality ¹⁶⁷



Patient Experience Conceptual Framework¹⁴

Conceptual Model

**How can trauma centers
provide compassionate
connected care?**

Key Organizational Factors

Conceptual Model



Patient Experience Conceptual Framework¹⁴

Key Organizational Factors

Conceptual Model

Trauma Center

Trauma Survivor Support Programs



Research Question # 1

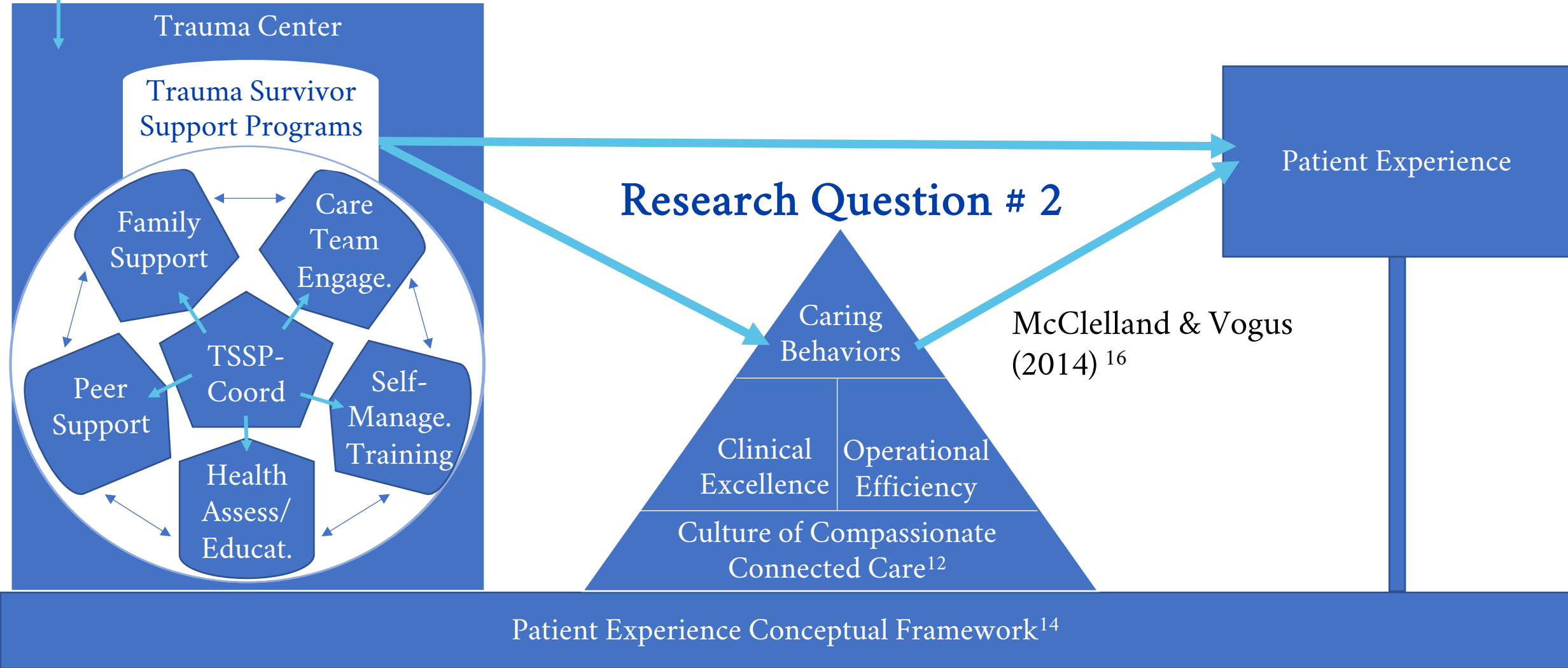
Patient Experience



Patient Experience Conceptual Framework¹⁴

Key Organizational Factors

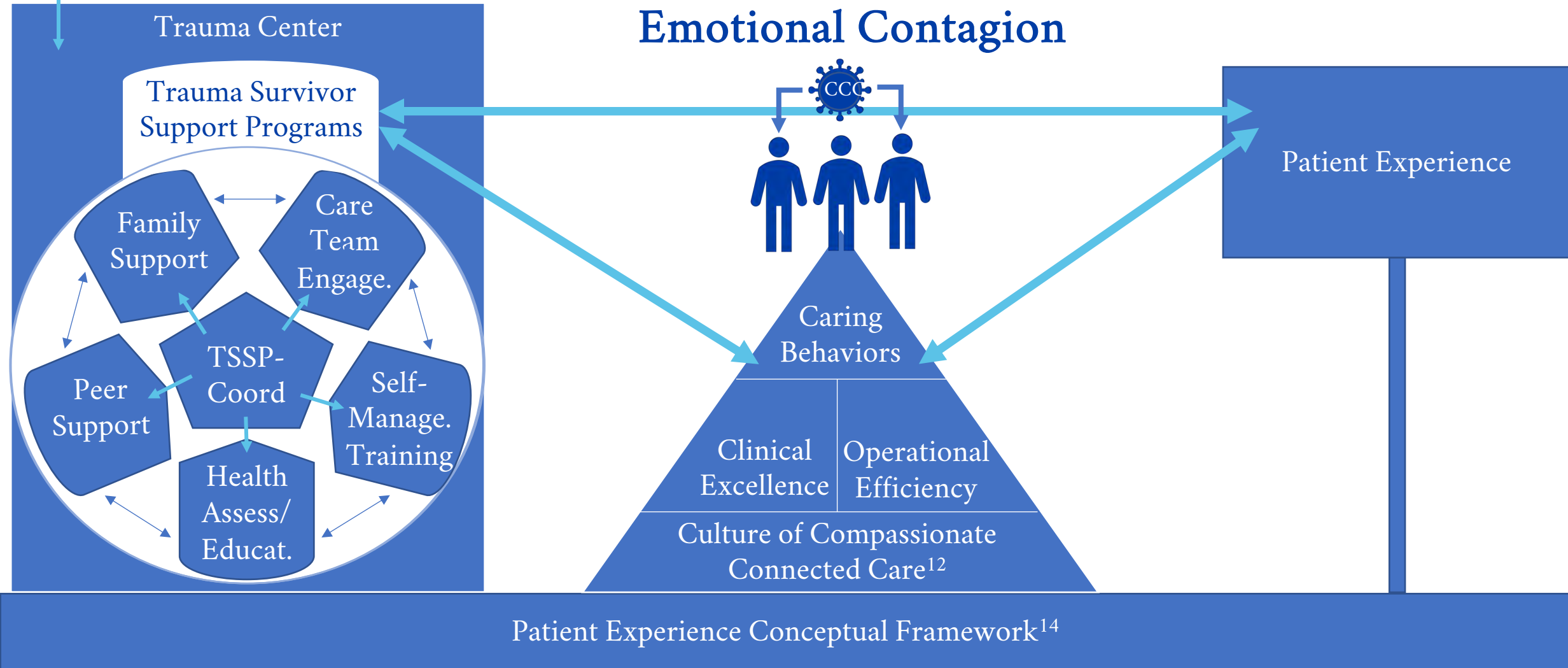
Conceptual Model



Adapted from Castillo et al. (2012) & Dempsey (2021)

Key Organizational Factors

Conceptual Model



Patient Experience Conceptual Framework¹⁴

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Finding Purpose





trauma survivors
network
provided by ATS
 survive. connect. rebuild.

**Virtual Support Group
 For Trauma Survivors**

Thursday, April 13

5:00 - 6:00 p.m. Central

This month's topic:
"Coping With Survivors Guilt"

Virtual Support Groups are all free, 60-minute online groups to support trauma survivors. Groups are led by trauma professionals and TSN peers. Space is limited to 15 survivors.

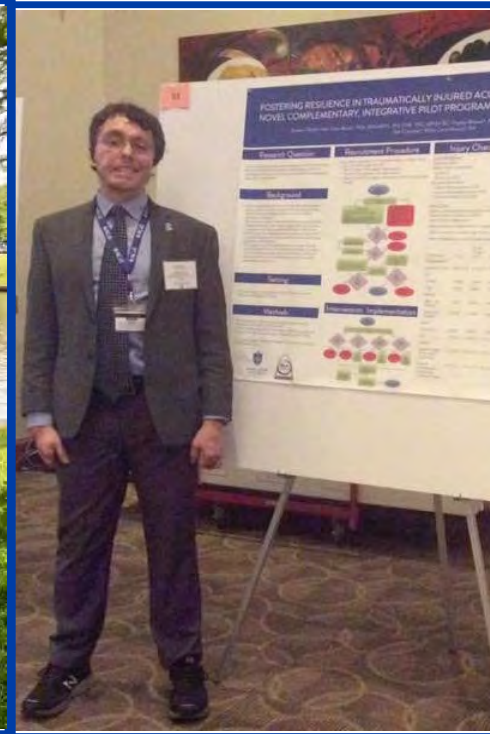
To register: email Andrew Oberle at andrew.oberle@health.slu.edu
 or
 scan this code



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trauma survivors
network
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 survive. connect. rebuild.



COMPASSION

**WE PROMISE TO
 CARE ABOUT YOU**

BARNES JEWISH
West County Hospital

OFFICE OF
 PATIENT
 EXPERIENCE

BJC HealthCare



Policy and Systemic Changes


ATS American Trauma Society @ATSTrauma · 1m
 We are excited to share the appointment of new members to the ATS Board of Directors:

Dr. @theduncmaster, DO, FACS, FICS
 Rudy Flores, MPH, CPHQ, RHIT
 Vito M. Masciopinto, JD
 @AndrewOberle, MHA, MA

Help us welcome them to the ATS Board of Directors! #atstrauma #traumasurvivors

ANDREW OBERLE
 MHA | MA

Oberle Institute Executive Director
 St. Louis University
 Department of Surgery –
 School of Medicine

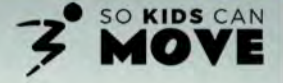




Barnes-Jewish West County Hospital
 BJC HealthCare

We believe MOVEMENT IS MEDICINE

But today, thousands of children and youth with limb loss and limb difference are unable to afford and access life-changing prosthetic and orthotic care that helps them be physically active due to a lack of insurance coverage. So Kids Can Move is working to change this through state-by-state legislative action, expanding access to this medically necessary care.



Want to join this movement for change?

Take a look at the map below to see if your state is involved!

Legislation Enacted

This is now law! Work with our team to submit claims for prosthetic care for physical activity.

- Arkansas – HB 1252 (Enacted 2023)
- Colorado – HB 1136 (Enacted 2023)
- Maine – LD 1003 (Enacted 2022)
- New Mexico – HB 131 (Enacted 2023)

Legislation Introduced in 2023

We need your help for this to become law! If you live in one of these states, reach out to get involved.

- Illinois – SB 2195 (On Governor's Desk!)
- Indiana – HB 1433
- Minnesota – HB 3339/SF 3351
- New Hampshire – SB 177
- New Jersey – HB 3919



Interested States for 2024 and Beyond

Join us as we build a foundation for these states to introduce legislation in 2024 and beyond!

Not on the list? Reach out!

- | | | | |
|---------------|-----------------|----------------|--------------|
| ● Arizona | ● Idaho | ● Ohio | ● Virginia |
| ● California | ● Kentucky | ● Oregon | ● Washington |
| ● Connecticut | ● Maryland | ● Pennsylvania | ● Wisconsin |
| ● Florida | ● Massachusetts | ● Tennessee | |
| ● Georgia | ● Missouri | ● Utah | |

CONTACT

Email **Sam Miller**, AOPA's State and Federal Advocacy Manager, at Advocacy@AOPAnet.org to join existing efforts, learn more, or bring So Kids Can Move to your state!

In Partnership With



Reach out to bring So Kids Can Move to your state!

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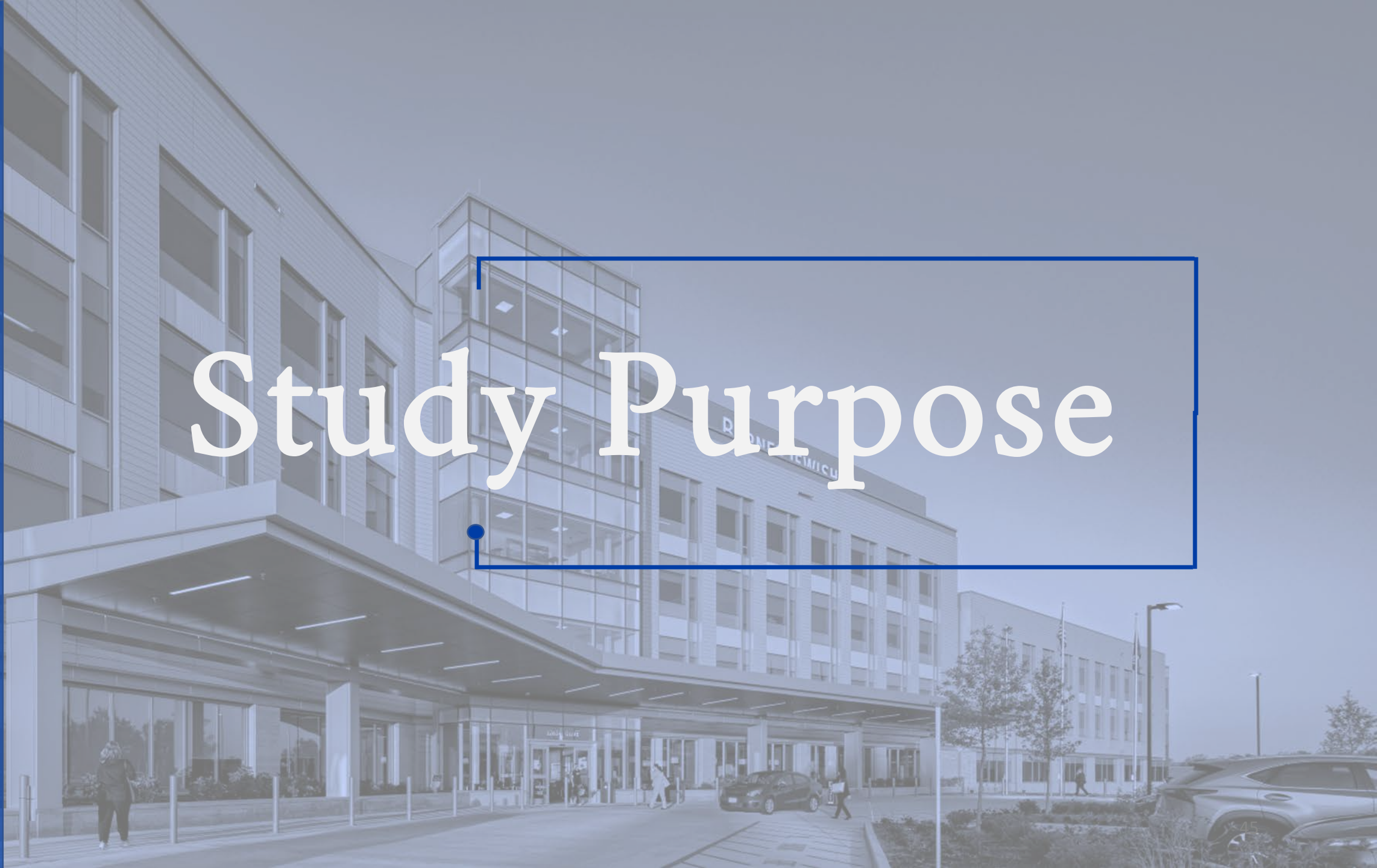
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Study Purpose



Purpose



TSSPs



PX

Mediating
role of
compassion

TSSP
Coordinator
perspective

Aim 1

Aim 2

Aim 3

Determine association
between TSSPs and
hospitals' patient
experience survey scores

Determine the role of
hospitals' culture of
compassion in the
relationship between
TSSPs and PX

Identify common themes
among TSSP
coordinators

- Benefits of these
programs for PX
- Barriers and
facilitators

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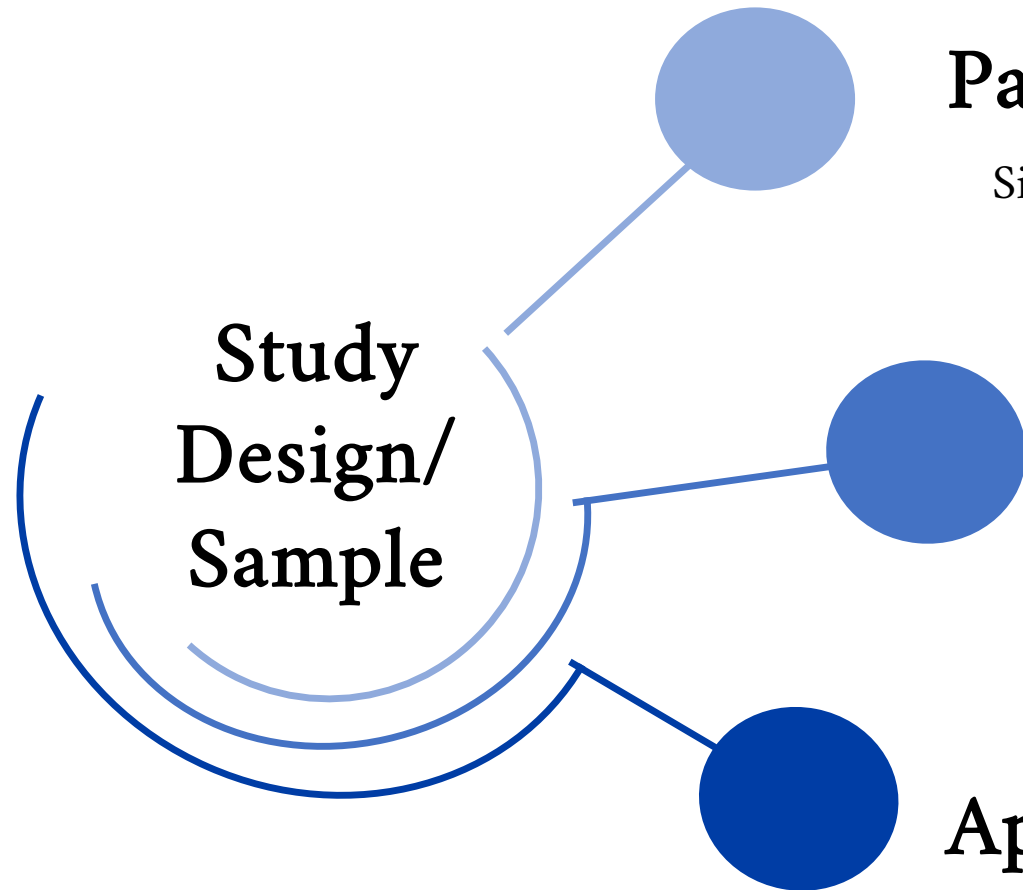
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Methods



Methods



Parallel mixed methods

Simultaneous qualitative & quantitative approach

Unit of analysis = hospital

- Organizational-level approach
- Potential sample size: 2,072 adult civilian hospitals

Approved by SLU IRB

Protocol # 33299

Methods: Data Collection

Retrospective

CMS

HCAHPS ²⁷⁰

- Launched in 2006 ¹⁵
- Designed to focus on patient-centeredness of care from patient perspective ^{113,117,123,235,271}
- Reflects quality of interactions and connection ^{86,88}
- 31,000 surveys daily, 30% response rate = 3 million annual ¹²³
- Adjusted based on patient-mix coefficients & mode of collection ¹⁴¹
- 32 items
 - 6 composite measures
 - 2 individual measures
 - Star Rating
 - 2 global measures

An official website of the United States government Here's how you know

Data.CMS.gov
Centers for Medicare & Medicaid Services

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Patient survey (HCAHPS) - Hospital

A list of hospital ratings for the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS). HCAHPS is a national, standardized survey of hospital patients about their experiences during a recent inpatient hospital stay.

Last updated: Apr 5, 2023 • Released: Apr 26, 2023

Dataset explorer

Viewing 1 - 20 of 450,585 rows Filter dataset Manage columns Display settings Fullscreen

Facility ID	Facility Name	Address	City	State	ZIP Code	Cc
010001	SOUTHEAST H...	1108 ROSS CLA...	DOTHAN	AL	36301	HC
010001	SOUTHEAST H...	1108 ROSS CLA...	DOTHAN	AL	36301	HC
010001	SOUTHEAST H...	1108 ROSS CLA...	DOTHAN	AL	36301	HC
010001	SOUTHEAST H...	1108 ROSS CLA...	DOTHAN	AL	36301	HC
010001	SOUTHEAST H...	1108 ROSS CLA...	DOTHAN	AL	36301	HC

Hospitals
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View archived data >

Downloads

DATASET

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CSV • 1 KB

DATA DICTIONARIES

HOSPITAL_Data_Dictionary
PDF • 1 MB

Tags

CAHPS Patient Survey
Patient Experience of Care
Survey

1. Using any number from 0 - 10...?
2. Would you recommend this hospital...?

Methods: Data Collection

Retrospective

CMS

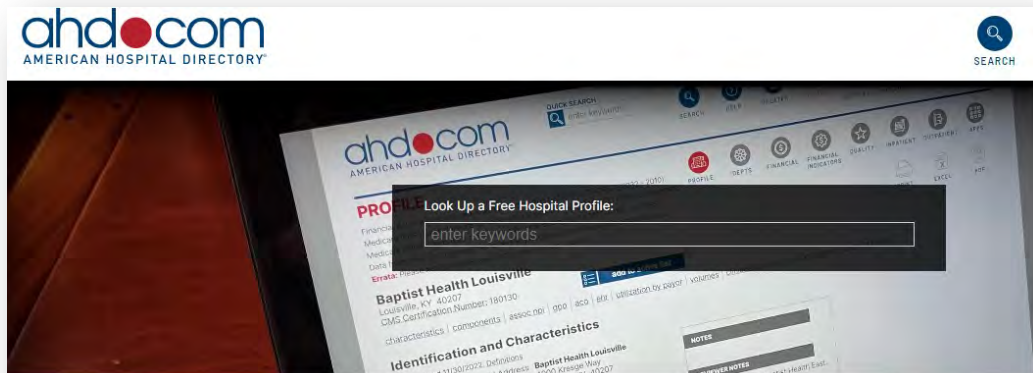
HCAHPS

Retrospective

AHD

Key Organizational Factors

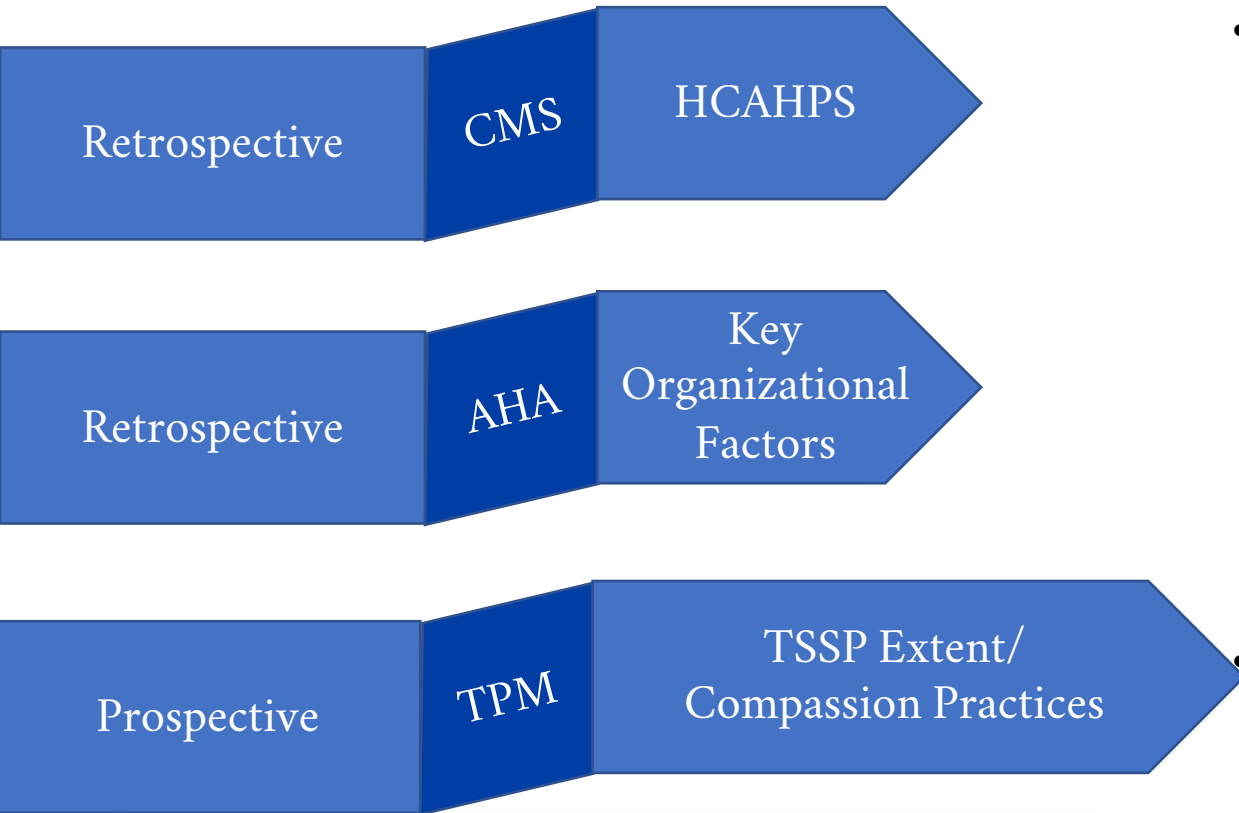
- Hospital size (number of patient beds)^{138,141,149,152}
- Ownership status (1 for for-profit hospitals, 0 for not-for profit hospitals)^{138,145}
- Location
 - Rural Urban Commuting score, 1-10 scale^{138,149,154,155,277}
 - Whether they are in an MSA with more than 2 million people (0 for no, 1 for yes)¹⁵⁶
- Teaching status (1 for hospitals designated as teaching facilities by the Council of Teaching Hospitals, 0 for non-teaching facilities)^{138,157}
- Magnet status (1 for hospitals designated with Magnet status by the American Nurses Credentialing Center, 0 for non-Magnet hospitals)²⁷⁸
- Religiously-affiliated status (1 for religiously affiliated hospitals, 0 for hospitals without religious affiliation)²⁷⁹



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The American Hospital Directory® provides data, statistics, and analytics about more than 7,000 hospitals nationwide. AHD.com® hospital information includes both public and private sources such as Medicare claims data, hospital cost reports, and commercial licensors. AHD® is not affiliated with the American Hospital Association (AHA) and is not a source for AHA Data. Our data are evidence-based and derived from the most definitive sources.

Methods: Data Collection



- TSSP Extent (6-items, 7-point Likert)
 1. TSSPs are promoted to patients and family members
 2. Trauma experience educational material is provided to patients and family members
 3. Family education/support meetings are provided to family members of trauma patients,
 4. Peer visiting is provided to patients,
 5. In-person or virtual support groups are provided
 6. Self-management continuing education course is offered to discharged patients.
 7. TSSP coordinator info
- Compassion Practices Scale ¹⁶⁰ (5-items, 7-point Likert)
 1. Programs that reward employees for caring acts towards patients, families, colleagues
 2. Programs for rewarding helping one another
 3. Compassionate caregiver awards
 4. Pastoral care for employees
 5. Support sessions for employees

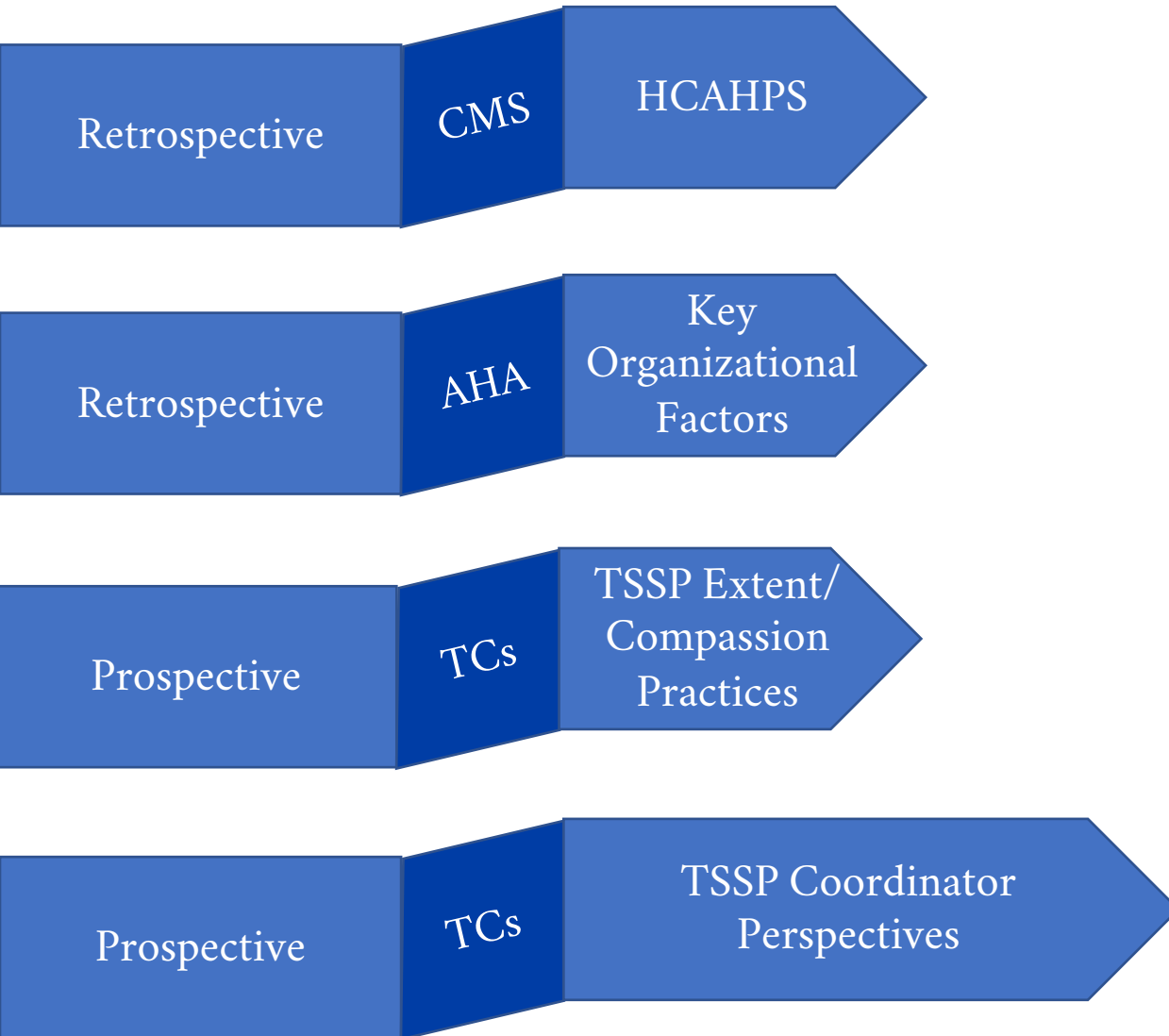
SAINT LOUIS UNIVERSITY.

Trauma Survivor Support Programs

To what extent does your trauma department promote survivor support programs to trauma patients and their family members/loved ones (via word of mouth, brochures, etc.)?

Not at all (we don't promote survivor support programs)

Methods: Data Collection



- MS Teams interviews w/ consenting survey respondents until saturation
- Audio recording/transcript generation
- Guiding questions:
 1. How does traumatic injury impact survivors' mental and emotional health and ability to cope with trauma?
 2. What is the role of resilience in trauma survivors' hospitalization and recovery and how can we support resilience-building?
 3. What types of survivor support programs does your trauma center provide?
 4. Are trauma survivor support programs related to patient experience and is this relationship important?
 5. What is the role of compassionate care in trauma survivors' hospitalization and recovery?
 6. What are barriers/facilitators to TSSP success?

Study Variable Correlations

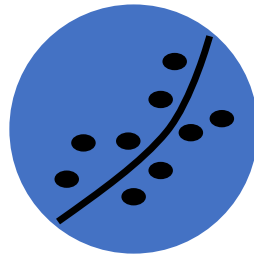
Regression

Significance Testing



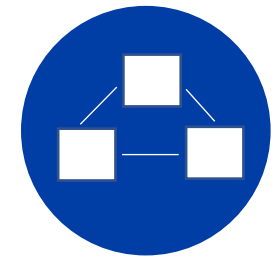
Pearson Correlation

How are my study variables related?



Estimated Least Squares
Regression

Is my model a good fit? How much variation does it explain? What is the effect of predictors?



Sobel test

Is mediation effect significant?

3 Regression Analyses for PX Measure Outcomes

1) 0-10 hospital rank (topbox), 2) Likelihood to recommend (topbox), 3) Star Rating

Methods: Data Analysis

Key Organizational Factors

Trauma Center

Trauma Survivor Support Programs

X

$$PX = \beta_0 + \beta_1 * \text{TSSP Extent} + \beta_i * \text{KOFs...} + \epsilon$$

Y

Patient Experience

Regression #1

M

Caring Behaviors

Clinical Excellence

Operational Efficiency

Culture of Compassionate Connected Care¹²

Patient Experience Conceptual Framework¹⁴

Methods: Data Analysis

Key Organizational Factors



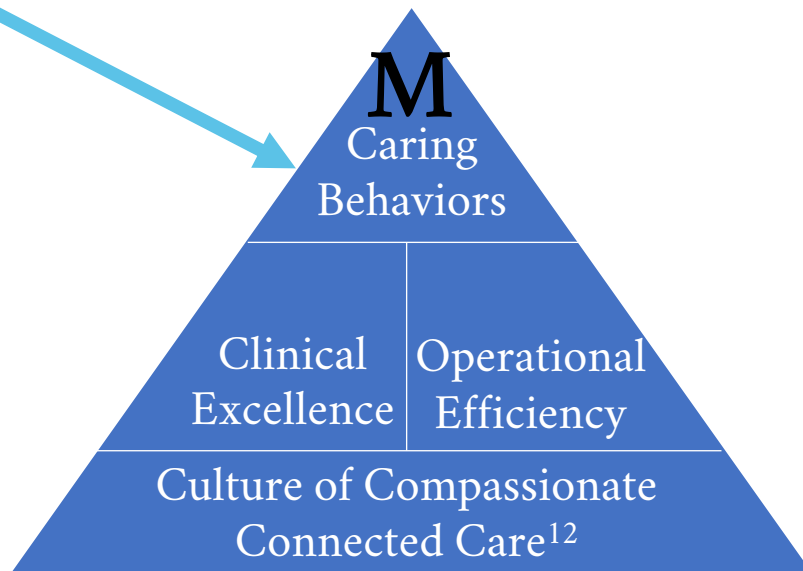
X

Regression #2

Y

$$\text{Compassion} = \beta_0 + \beta_1 * \text{TSSP Extent} + \beta_i * \text{KOFs...} + \epsilon$$

Patient Experience

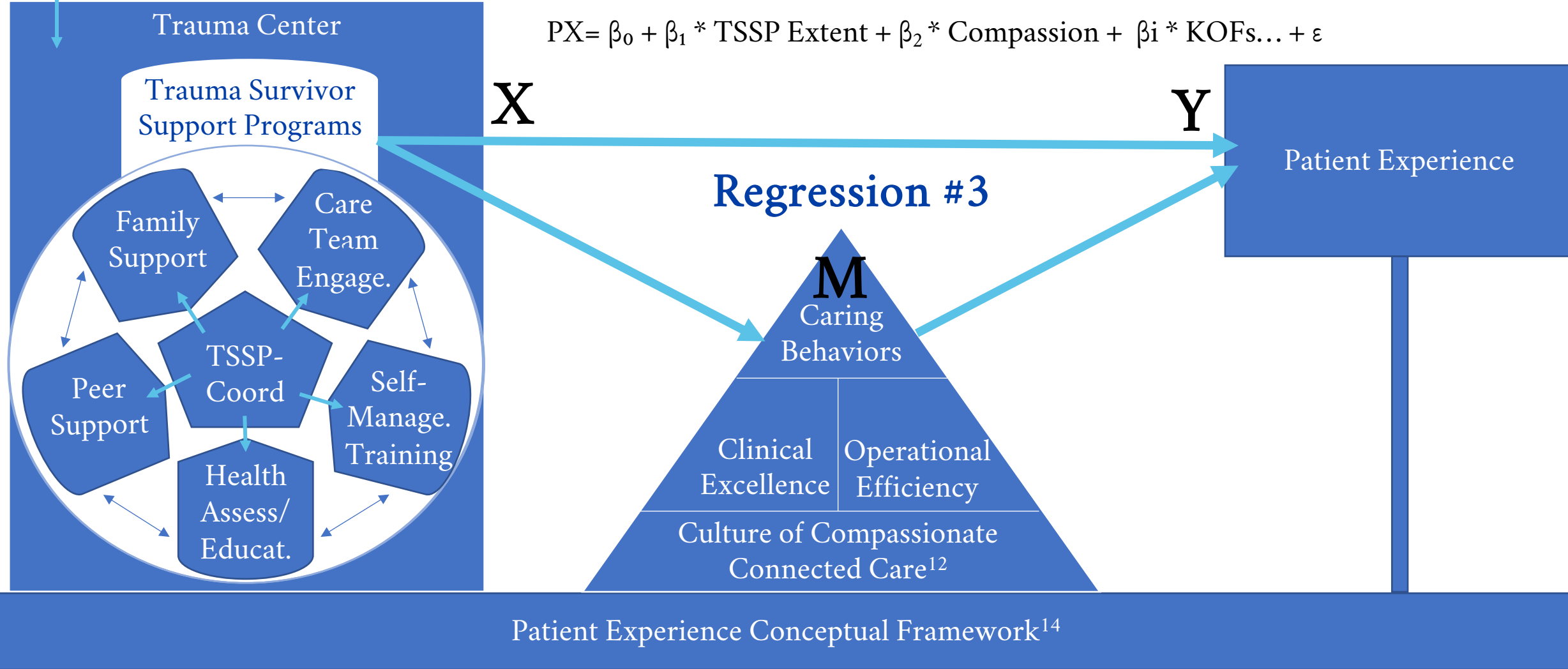


Patient Experience Conceptual Framework¹⁴

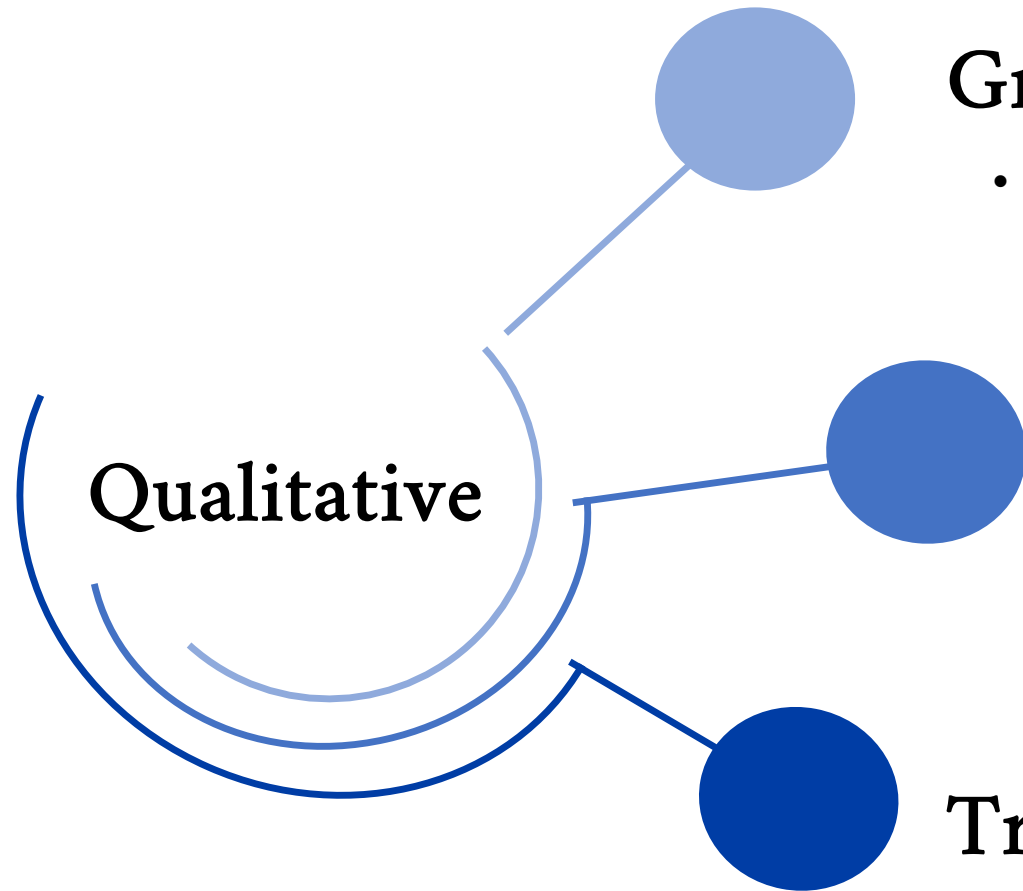
Key Organizational Factors

Methods: Data Analysis

$$PX = \beta_0 + \beta_1 * \text{TSSP Extent} + \beta_2 * \text{Compassion} + \beta_i * \text{KOFs...} + \epsilon$$



Methods: Data Analysis



Grounded theory approach

- Examine patterns & redundancies to develop theoretical understanding ²⁸⁸

Coding

- Open, axial, & selective coding of descriptive statements
- Dedoose ²⁸⁷ for inductive analysis

Triangulation

Integrate quantitative & qualitative data with conceptual model to discover connections, contradictions & describe wider context

01

02

03

04

05

06

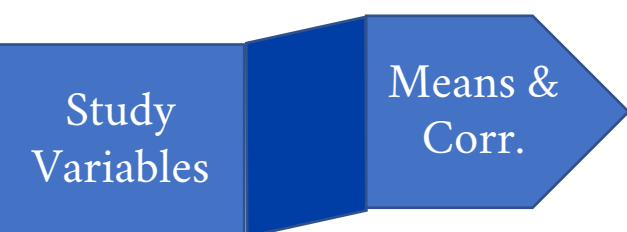
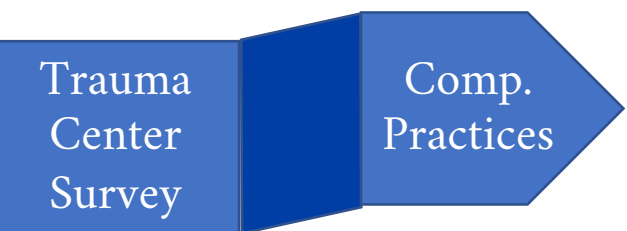
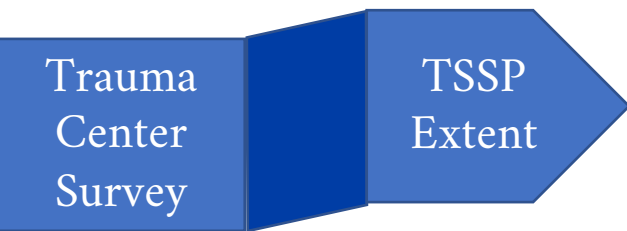
07

08

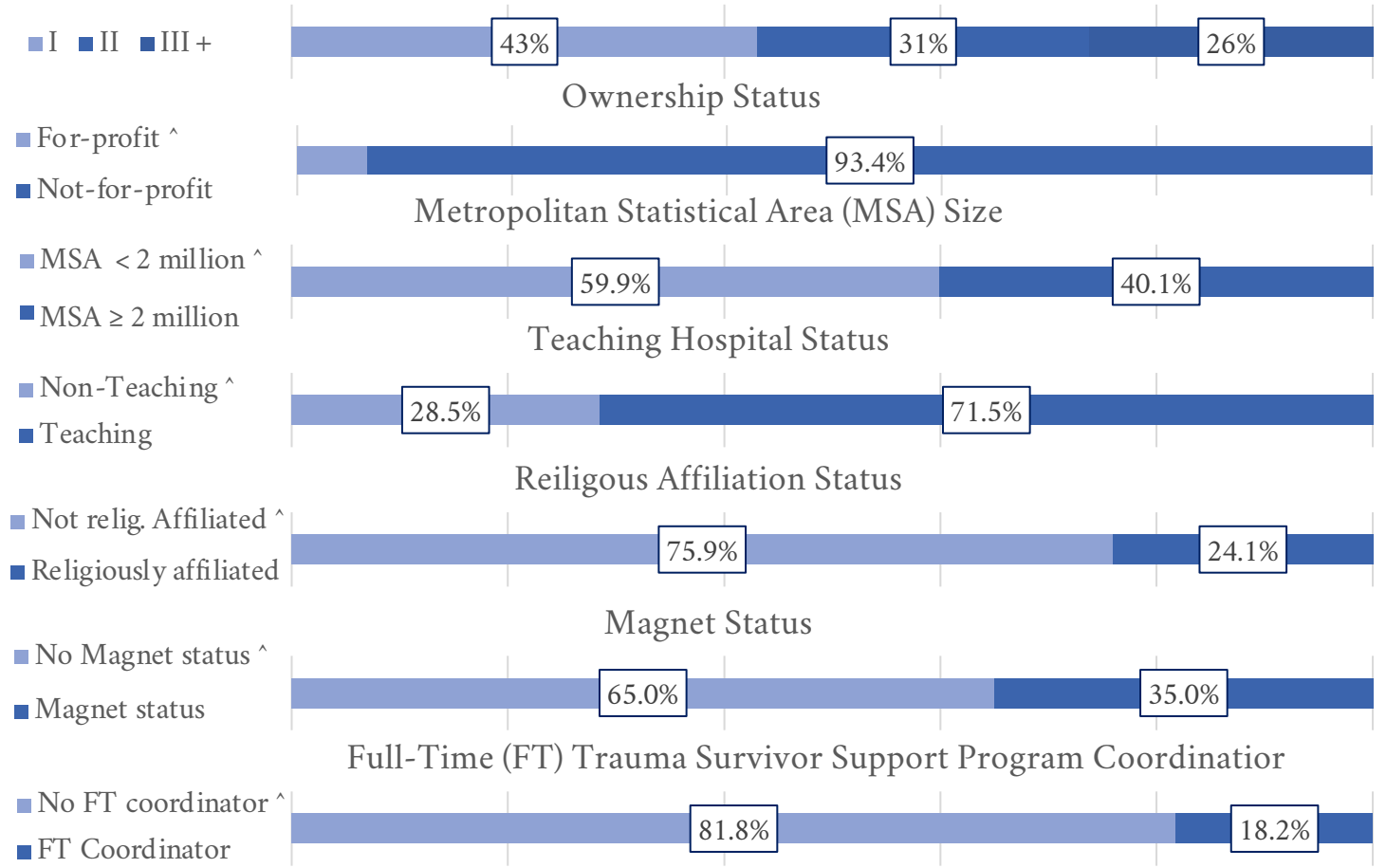
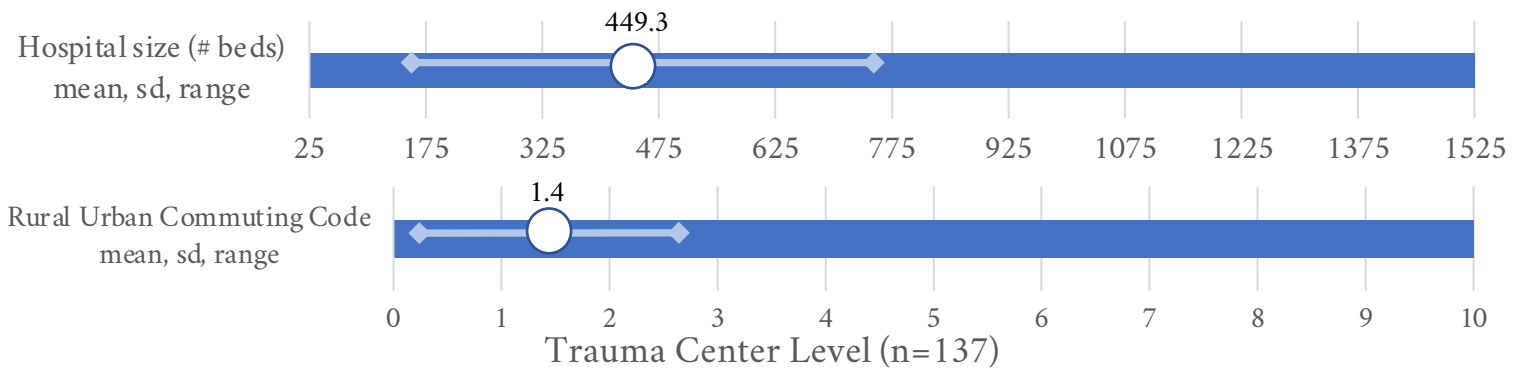
Results



Results

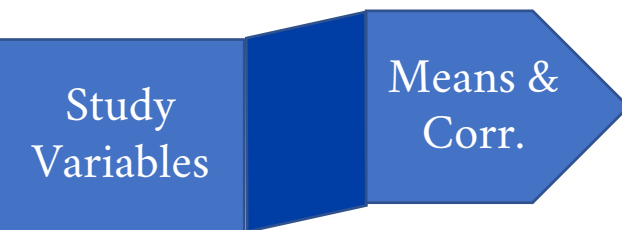
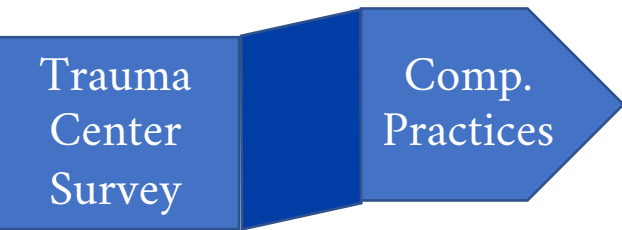
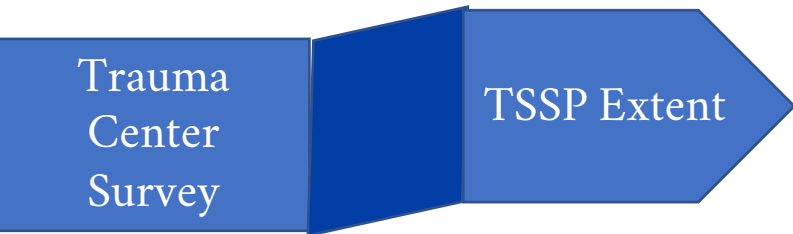
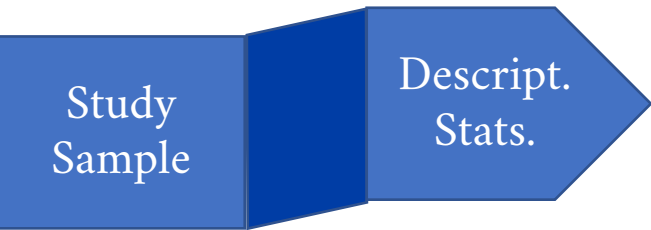


n = 137
^ dummy variable

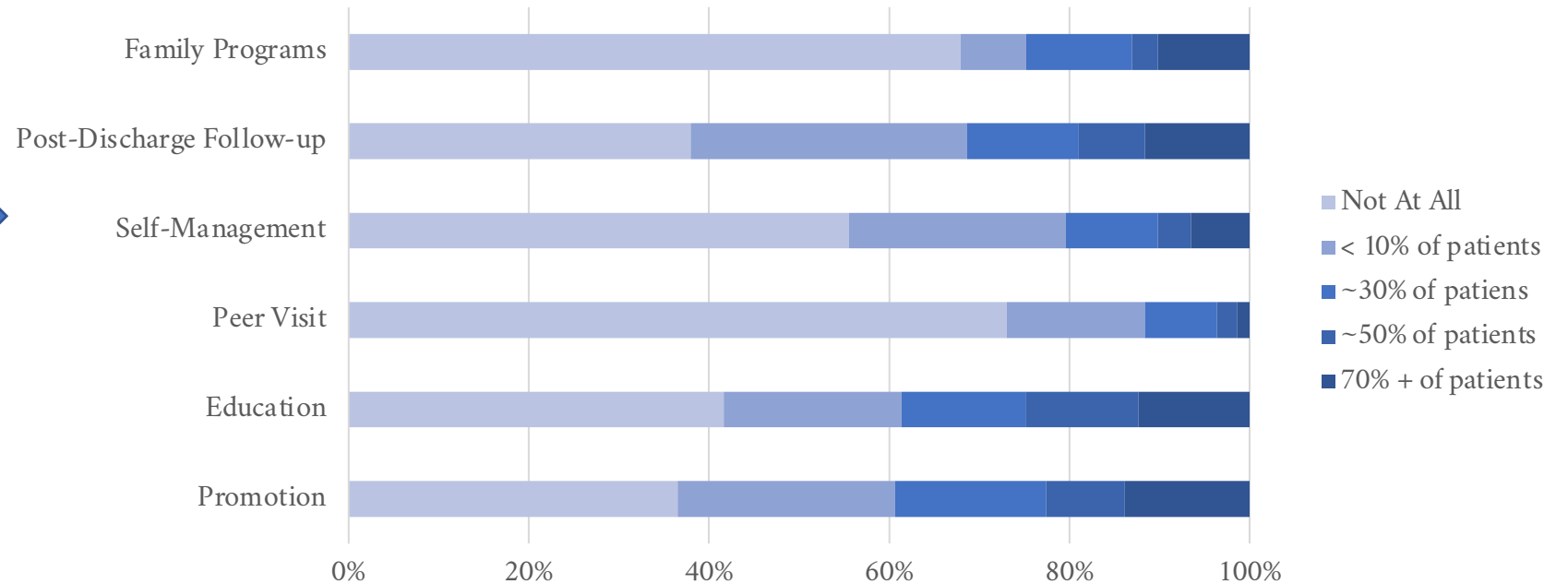


Results

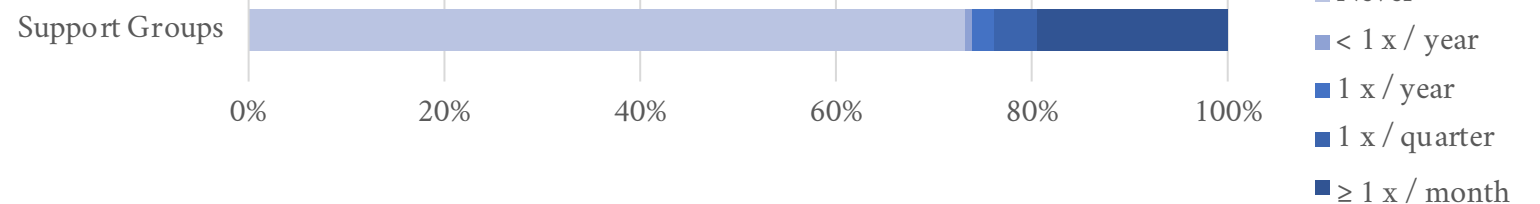
Extent TSSPs Are Provided in US Adult Trauma Centers



Percent of Patients Who Receive Trauma Survivor Support Program (n = 137)

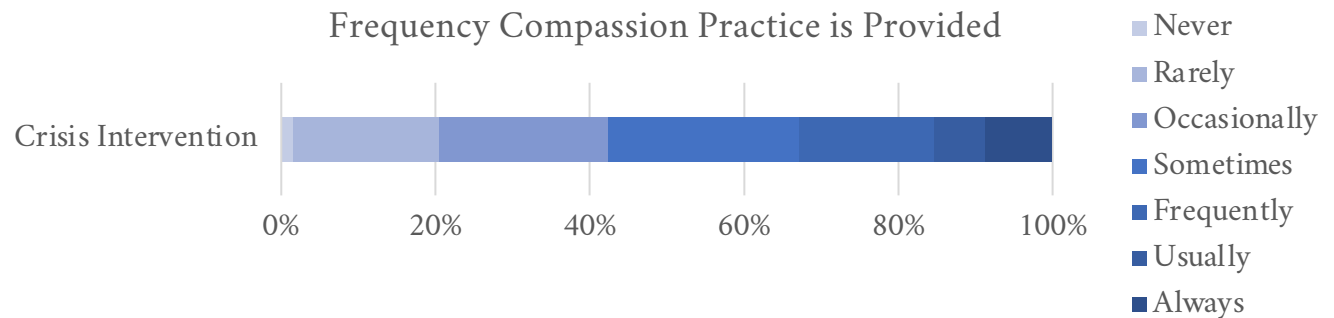
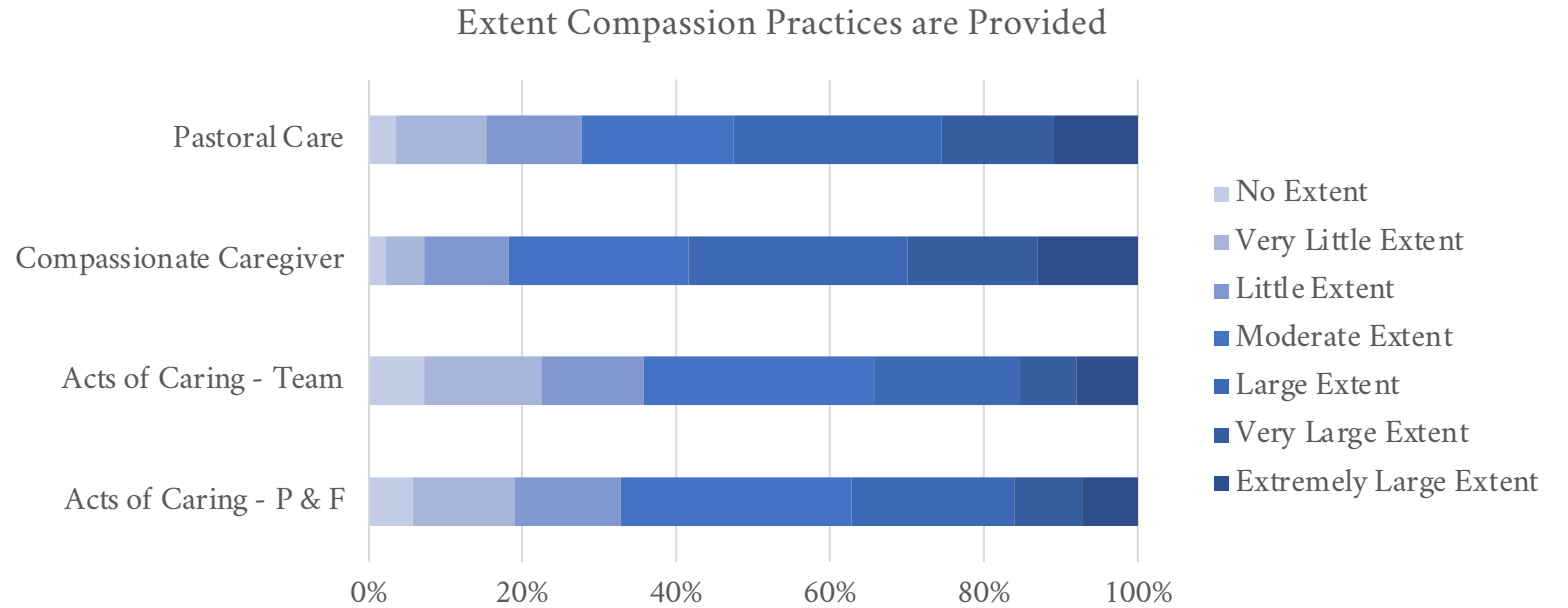
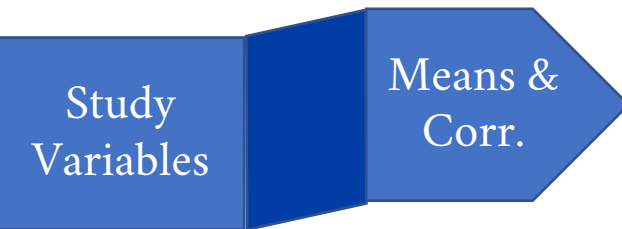
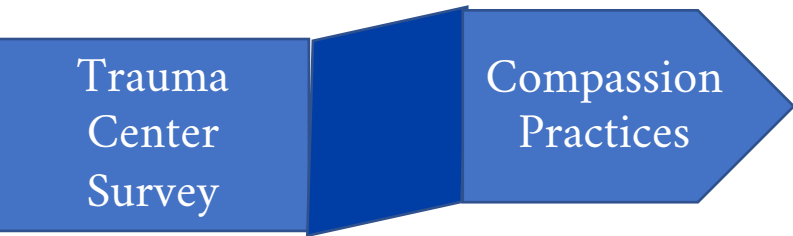
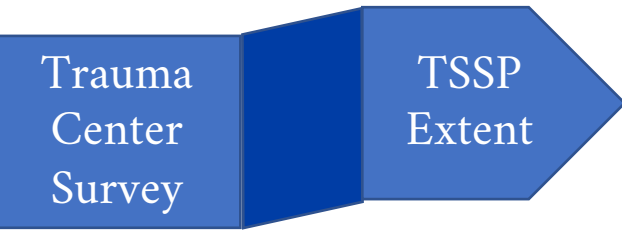
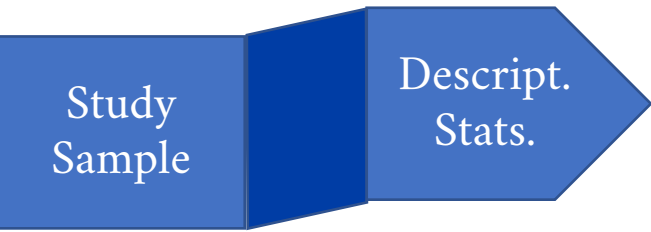


Frequency Trauma Survivor Support Program is Held (n = 137)



Results

Extent of Compassion Practices US Adult Hospitals



Results

Correlations Among Variables in Regression Analyses

Study Sample Descript. Stats.

Trauma Center Survey TSSP Extent

Trauma Center Survey Comp. Practices

Study Variables Means & Correlations

Variable	mean	sd	FTE	Own	MSA > 2 mil	Teaching Hospital	Religious Status	Magnet Status	Hospital Size	RUCC	Star Rating	Def. Rec.	Hospital Rating	TSSP Extent
FTE^	.18	.39	1											
Own^	.93	.25	-.03											
MSA > 2 mil^	.4	.49	.19	-.08										
Teaching Hosp.^	.72	.45	.21	.09	.19									
Relig Status^	.24	.43	-.09	.08	.10	-.10								
Magnet Status^	.35	.48	.29	.01	.09	.16	.19							
Hospital Size	449.31	287.34	.29	-.08	.10	.37	-.04	.23						
RUCC	1.38	1.33	-.13	.08	-.23	-.29	-.08	-.20	-.37					
Star Rating	3.21	.95	-.04	.28	-.13	-.09	.20	.25	-.14	.20				
Def. Rec.	67.36	9.06	.05	.19	-.05	.07	.19	.29	.05	.09	.88			
Hospital Rating	67.02	8.00	-.04	.29	-.05	-.01	.24	.25	-.10	.21	.91	.94		
TSSP Extent	1.95	1.94	.44	-.07	.14	.30	-.13	.10	.34	-.12	.02	.08	.01	
Comp. Prac.	3.20	1.24	.18	.02	-.10	.04	-.04	.13	.15	-.22	<.01	-.01	-.04	.23

Pearson Correlation Coefficients p-value: <.05 <.01 <.001

n=137

^dummy variable; FTE: Full-time TSSP Coordinator; Own: Ownership status; MSA > 2 mil: Metropolitan Statistical Area > 2 million people; RUCC: Rural-Urban Commuting Code; Star Rating: HCAHPS Star Rating; Def. Rec.: Percent of patients that would definitely recommend the hospital; Hospital Rating: percent of patients reporting a topbox score of 9 or 10; TSSP Extent: Hospitals' mean TSSP Extent score; Comp. Prac.: Hospitals' mean compassion practices score.

Results

Key Organizational Factors

Trauma Center

Trauma Survivor Support Programs

X

Regression #1

Y

Patient Experience



M

Caring Behaviors

Clinical Excellence

Operational Efficiency

Culture of Compassionate Connected Care¹²

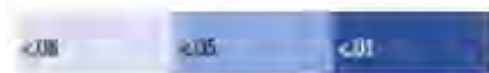
Patient Experience Conceptual Framework¹⁴

Results

Mediating Variable Analysis Step 1. TSSPs --> PX

Outcome Variable: Hospital Star Rating	Step 1 β (std error)
Intercept	2.11 (.36)
TSSP Extent (mean)	.08 (.04)
Full-time TSSP Coordinator+	-.23 (.22)
Not-for-Profit+	.94 (.30)
Metropolitan Statistical Area > 2 million+	-.18 (.16)
Teaching Hospital+	-.14 (.19)
Religiously Affiliated+	.32 (.18)
Magnet Recognized+	.60 (.17)
Hospital Size (# beds)	<-.01 (<.01)
Rural Urban Commuting Code (1-10)	.13 (.07)
F Value (p-value)	4.63 (<.01)
R-squared	.25
Adjusted R-squared	.20
Root Mean Square Error	.85
Degrees of Freedom	9
No. observations	137

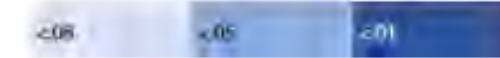
Parameter Estimate Coefficients p-value



+dummy variable

Outcome Variable: Nurse Star Rating	Step 1 β (std error)
Intercept	2.28 (.30)
TSSP Extent (mean)	.08 (.04)
Full-time TSSP Coordinator+	-.36 (.19)
Not-for-Profit+	.51 (.26)
Metropolitan Statistical Area > 2 million+	-.22 (.13)
Teaching Hospital+	.01 (.16)
Religiously Affiliated+	.22 (.15)
Magnet Recognized+	.54 (.14)
Hospital Size (# beds)	<-.00 (<.01)
Rural Urban Commuting Code (0-10)	.21 (.06)
F Value (p-value)	5.46 (<.001)
R-squared	.28
Adjusted R-squared	.23
Root Mean Square Error	.72
Degrees of Freedom	9
No. observations	137

Parameter Estimate Coefficients p-value



+dummy variable

Results

Key Organizational Factors

Trauma Center

Trauma Survivor Support Programs

X

Y

Regression #2

M

Caring Behaviors

Clinical Excellence

Operational Efficiency

Culture of Compassionate Connected Care¹²

Patient Experience

Patient Experience Conceptual Framework¹⁴

Results

Table 6. Mediating Variable Analysis Step 2 Results: Are Trauma Survivor Support Programs (TSSPs) Associated with Hospital Compassion Practices?

Outcome Variable: Compassion Practices	Step 1 β (std error)	Step 2 β (std error)
Intercept	2.11 (.36)	3.3 (.5)
TSSP Extent (mean)	.08 (.04)	.14 (.06)
Full-time TSSP Coordinator+	-.23 (.22)	.29 (.31)
Not-for-Profit+	.94 (.30)	.26 (.42)
Metropolitan Statistical Area > 2 million+	-.18 (.16)	-.46 (.22)
Teaching Hospital+	-.14 (.19)	-.28 (.26)
Religiously Affiliated+	.32 (.18)*	-.10 (.25)
Magnet Recognized+	.60 (.17)	.18 (.23)
Hospital Size (# beds)	< .01 (< .01)	< .01 (< .01)
Rural Urban Commuting Code (1-10)	.13 (.07)	-.23 (.09)
F Value (p-value)	4.63 (< .01)	2.36 (.02)
R-squared	.25	.14
Adjusted R-squared	.19	.08
Root Mean Square Error	.85	1.19
Degrees of Freedom	9	9
No. observations	137	137

Parameter Estimate Coefficients p-value



+dummy variable

Mediating Variable Analysis Step 2.
TSSPs --> Compassion Practices



Results

Key Organizational Factors

Trauma Center

Trauma Survivor Support Programs

X

Y

Patient Experience

Regression #3

M

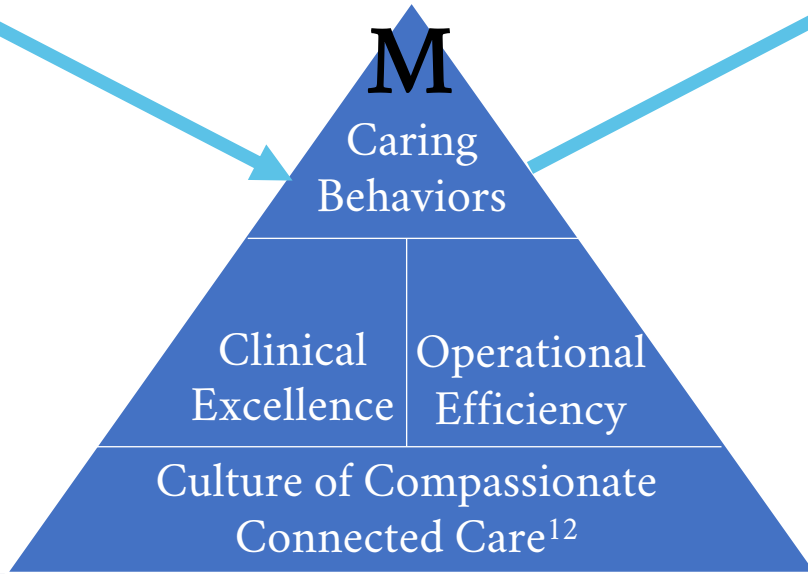
Caring Behaviors

Clinical Excellence

Operational Efficiency

Culture of Compassionate Connected Care¹²

Patient Experience Conceptual Framework¹⁴



Results

Table 7.1. Mediating Variable Analysis Step 3: Do Compassion Practices Mediate the Relationship Between Trauma Survivor Support Programs (TSSPs) and Hospital Patient Experience Star Rating

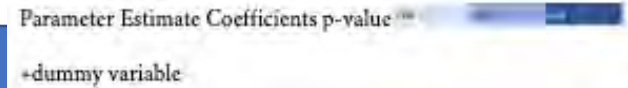
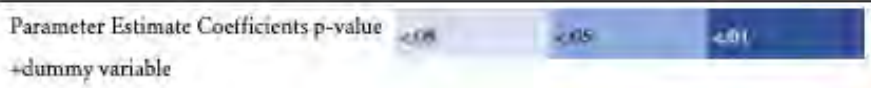
Outcome Variable: Hospital Star Rating	Step 1 β (std error)	Step 2 β (std error)	Step 3 β (std error)
Intercept	2.11 (.36)	3.3 (.5)	2.15 (.42)
TSSP Extent (mean)	.08 (.04)	.14 (.06)	.08 (.05)
Compassion Practices (mean)	-	-	-.01 (.06)
Full-time TSSP Coordinator+	-.23 (.22)	.29 (.31)	-.22 (.23)
Not-for-Profit+	.94 (.30)	.26 (.42)	.95 (.3)
Metropolitan Statistical Area > 2 million+	-.18 (.16)	-.46 (.22)	-.18 (.16)
Teaching Hospital+	-.14 (.19)	-.28 (.26)	-.15 (.19)
Religiously Affiliated+	.32 (.18)*	-.1 (.25)	.32 (.18)*
Magnet Recognized+	.60 (.17)	.18 (.23)	.6 (.17)
Hospital Size (# beds)	<-.01 (<.01)	<.01 (<.01)	<-.01 (<.01)
Rural Urban Commuting Code (1-10)	.13 (.07)	-.23 (.09)	.13 (.07)
F Value (p-value)	4.63 (<.01)	2.36 (.02)	4.14 (<.01)
R-squared	.25	.14	.25
Adjusted R-squared	.19	.08	.19
Root Mean Square Error	.85	1.19	.86
Degrees of Freedom	9	9	10
Sobel Test (z-statistic, Std. Err.)	-	-	-.15, .005
No. observations	137	137	137

Table 7.2. Mediating Variable Analysis Step 3: Do Compassion Practices Mediate the Relationship Between Trauma Survivor Support Programs (TSSPs) and Nurse Patient Experience Star Rating

Outcome Variable: Nurse Star Rating	Step 1 β (std error)	Step 2 β (std error)	Step 3 β (std error)
Intercept	2.28 (.30)	3.3 (.5)	2.42 (.35)
TSSP Extent (mean)	.08 (.04)	.14 (.06)	.08 (.04)
Compassion Practices (mean)	-	-	-.04 (.05)
Full-time TSSP Coordinator+	-.36 (.19)	.29 (.31)	-.34 (.19)
Not-for-Profit+	.51 (.26)	.26 (.42)	.52 (.26)
Metropolitan Statistical Area > 2 million+	-.22 (.13)	-.46 (.22)	-.24 (.14)
Teaching Hospital+	.01 (.16)	-.28 (.26)	-.01 (.16)
Religiously Affiliated+	.22 (.15)	-.1 (.25)	.22 (.15)
Magnet Recognized+	.54 (.14)	.18 (.23)	.54 (.14)
Hospital Size (# beds)	<-.00 (<.01)	<.01 (<.01)	<-.01 (<.01)
Rural Urban Commuting Code (0-10)	.21 (.06)	-.23 (.09)	.2 (.06)
F Value (p-value)	5.46 (<.001)	2.36 (.17)	4.96 (<.001)
R-squared	.28	.14	.28
Adjusted R-squared	.23	.08	.23
Root Mean Square Error	.72	1.19	.73
Degrees of Freedom	9	9	10
Sobel Test (z-statistic, Std. Err.)	-	-	-.67, .005
No. observations	137	137	137

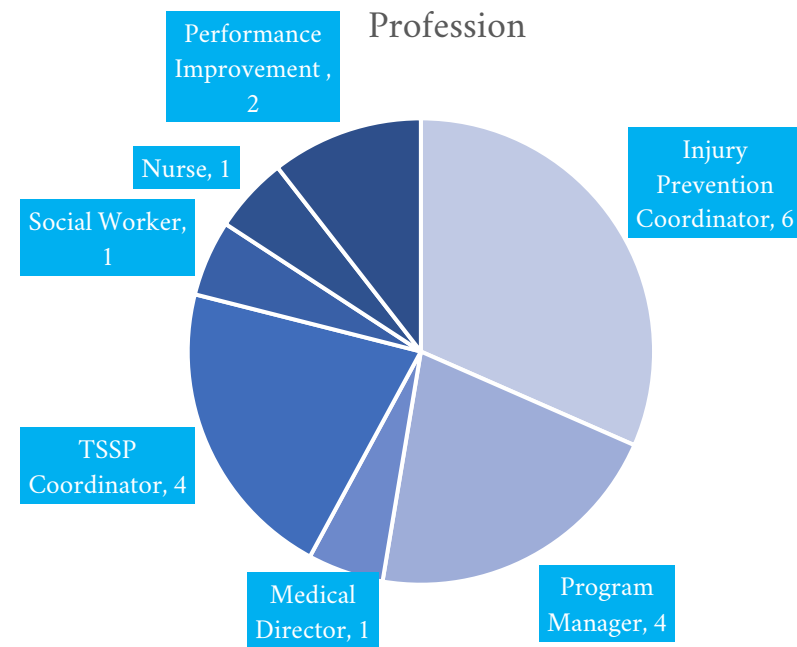
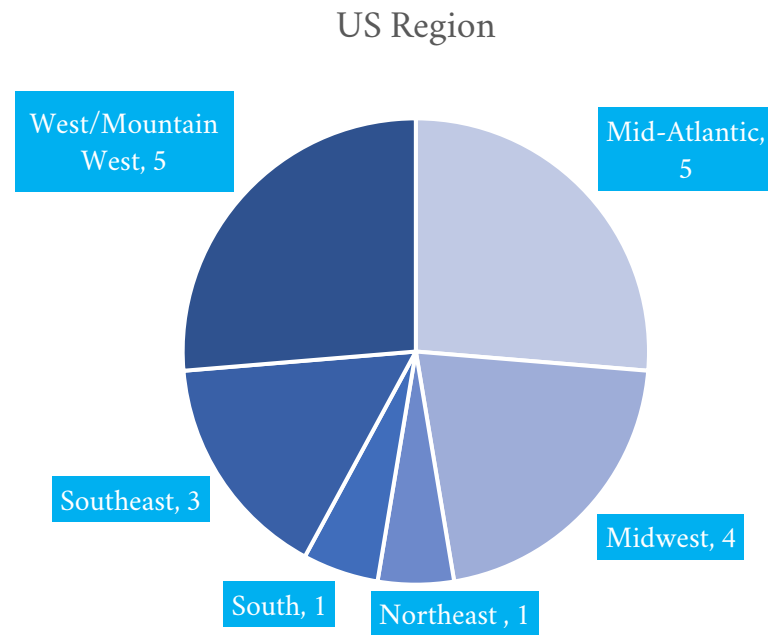
Mediating Variable Analysis Step 3. TSSPs → Compassion Practices → PX

No significant mediation



Results

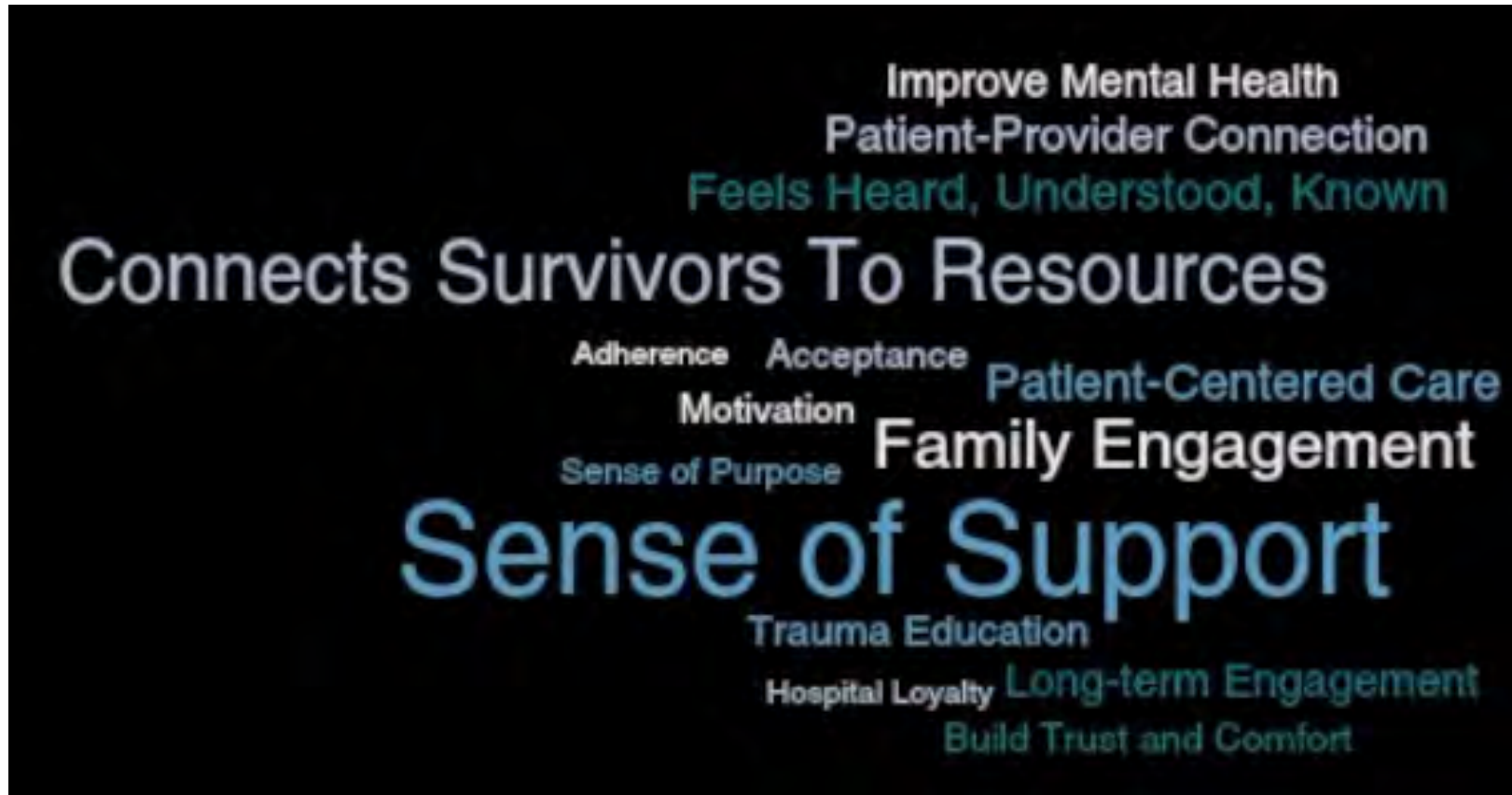
Interview Participants (n= 19)



Results

RQ1

Are trauma survivor support programs related to patient experience and is this relationship important?



Results

Sense of Support

...means more presence

“The principles of the trauma survivors program drive experience because it **means more presence**. That means presence and talking, and talking about something other than the incisions and the bones and the pins and drugs and all that. It involves talking about them more holistically, right? Is it also falls into the category of cheerleading... part of your job is cheerleader. You've gotta tell them that they're gonna get there. You gotta give them hope. That's part of the job. You're gonna get through this. You're gonna do it, and that's what Trauma Survivors Network does. You're talking about hope. You're talking about the next phase. You're talking about survival and not just survival, but survival with happiness and productivity and really getting through it and recovering. So I think it's really impactful. I would think fundamentally it means **connecting with the patient and talking about what they're worried about**. There's no way that's not gonna drive experience.”

- Trauma Medical Director, Southeast

...connecting with the patient and talking about what they're worried about

... offering tips as far as combating PTSD and depression, where to find resources in the community.

Results

Connects Survivors to Resources

“You're going above and beyond providing medical care at that point and you're giving spiritual support, emotional support, community support. You're sort of showing them a little bit of a glimpse into what recovery could look like, offering tips as far as combating PTSD and depression, where to find resources in the community. And I think from a patient perspective, it would make patients feel cared about as more than just a paycheck or a number. But I think really goes a long way in showing that as hospital that we do value their recovery, we do value them as a person and we value their psychological outcome as much as we value their physical outcome. So I think that in turn that would hopefully increase their HCAHPS scores.”

- Trauma Outreach Coordinator, MidAtlantic

...it would make patients feel cared about as more than just a paycheck or a number.

Results

RQ2: What is the role of compassionate care in the relationship
between TSSPs and PX?

Results

Relationship between TSSPs and PX is related to hospitals' cultures of compassion

“...even the small time that I am able to pop in and give them some literature and I always bring them...a little bag with a notebook, a pen, couple snacks, toothbrush, toothpaste cause the reality is, these families have a tendency to never leave the bedside. And so we have a few personal hygiene products so they can brush their teeth and put some deodorant on...if [compassion] doesn't start, if it doesn't exist at the top, you will have disconnected teams and they will start getting siloed... **But if you really feel that it that it exists from the top, you have very good, compassionate, high functioning teams and that is all then pushed on to your, you know, to your work, your work ethics, your work habits, your care that you provide, how you interact with patients and staff members.**”

- Trauma Survivors Network Coordinator, West

“...if you really feel that it that it exists from the top, you have very good, compassionate, high functioning teams and that is all then pushed on to ...how you interact with patients and staff members.”

Results

TSSPs Strengthen PX by Helping Patients Perceive Compassion

“...you're just understanding, it can help to decrease anxiety in the patient's because you do have that understanding and you're not just brushing them off.”

“...Compassion during the hospital stay for patients, it validates them. If they're, you know, just really going through something and you're just understanding, it can help to decrease anxiety in the patient's because you do have that understanding and you're not just brushing them off and just kind of taking the time. Just to hear what's going on or if they're upset about something, just letting them talk about it...If you're just coming off as not compassionate at all, then it's going to be like a little seed that gets planted with, like, OK, well, what else don't they care about, you know? And I think that can then be brought in and to those perceptions of the care in the hospital.”

- Trauma Program Manager, Southeast

“... if you're just coming off as not compassionate at all, then it's going to be like a little seed that gets planted.. like, OK, well, what else don't they care about?”

Results

TSSPs Strengthen PX by Enhancing Compassion Among the Care Team

“...bringing the trauma survivors back ... showing recovery and progress ... helps fill the health care providers cup and the more that cup is filled, the easier it is just to do your job again with compassion, with empathy.”

“...bringing the trauma survivors back or closing that loop of care of showing recovery and progress because I think that helps fill the health care providers cup and the more that cup is filled, the easier it is just to do your job again with compassion, with empathy. And to me, that impacts the patient experience across the board because if you've got a provider where that is not stressed out, they're not. They're not feeling too overworked or they feel like what they're doing is meaningful. Then every day when they work, they're taking care of the patient to the best of their ability, and the patient usually recognizes that. And then that in turn impacts that patient experience.”

- Trauma Survivors Network Coordinator, Mountain West

“...they're taking care of the patient to the best of their ability, and the patient usually recognizes that.”

Results

Compassion as Emotional Contagion

“...It is more powerful than money. It is more powerful than any business structure you can possibly create.”

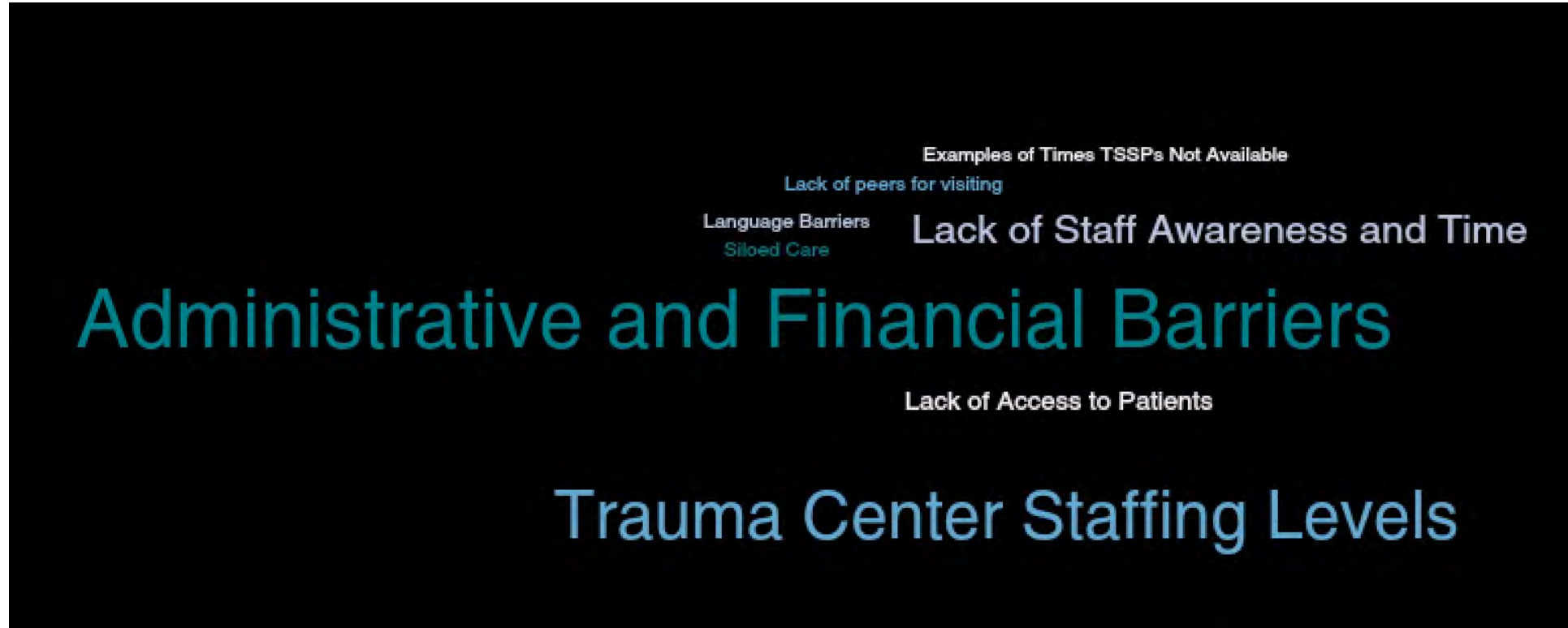
“...What role does compassionate care play? Yeah, it lets people know that somebody out there gives a total flying you know what about them. **It is more powerful than money. It is more powerful than any business structure you can possibly create.** Folks that allow their coworkers and colleagues and system to do the right thing and help guide them to learn how to do the right thing. It starts developing a momentum that you cannot stop, and the word of mouth from coworker to coworker starts pulling people in. The janitor's married to the doctor from the ER. And the OR Maintenance man started out as a maintenance man, but his kids are doctors... **It's all about community. It's all about who any ripple you put out touches, another ripple, and people communicate, and people collaborate** and they will, maybe not say it out loud, but they know it and they learn it and they follow.”

- Trauma Nurse, Midwest

“... It's all about community. It's all about who any ripple you put out touches, another ripple, and people communicate, and people collaborate.”

Results

RQ3: Common TSSP barriers?



Results

Administrative and Financial Barriers

“...My frustration is if my institution would invest in helping me do this, that they would see that it's, to me, a return on mission.”

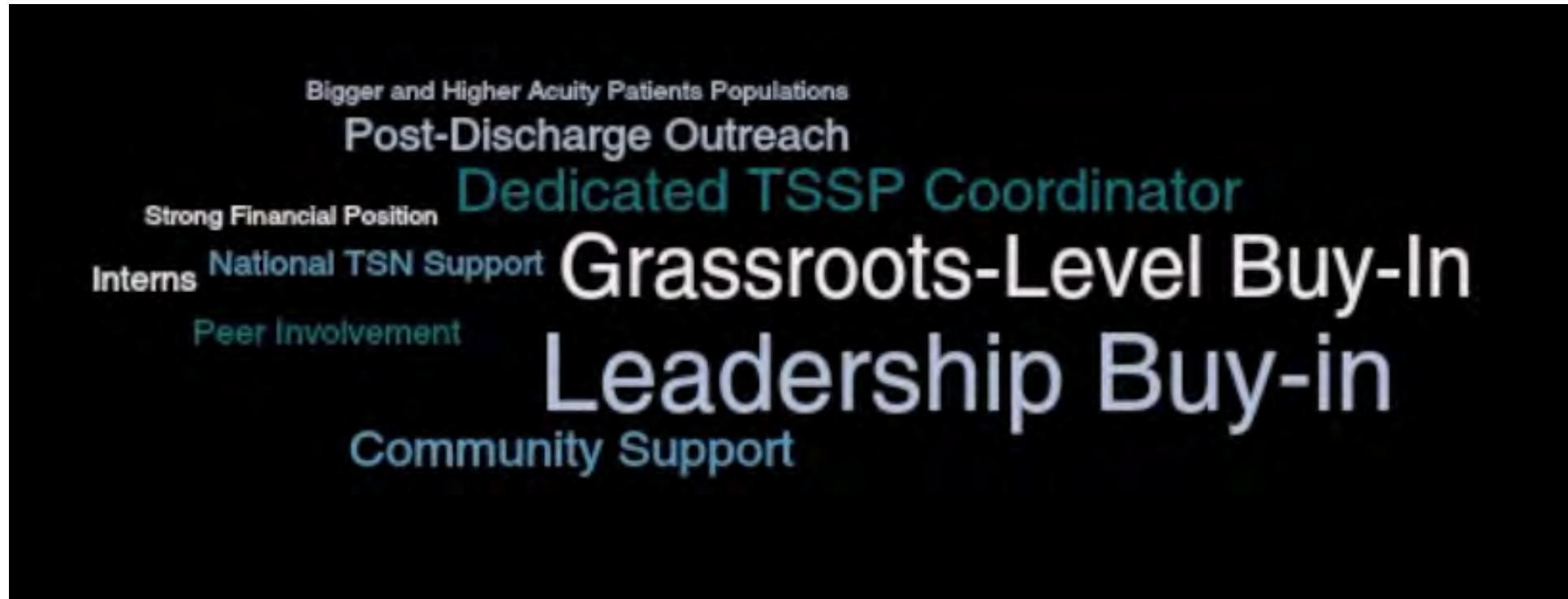
“...My frustration is if my institution would invest in helping me do this, that they would see that it's, to me, a return on mission. My job, I don't look at return on investment because you can't really do that. It's hard to measure. What's the return on mission for the hospital? And I know when they start to see more of these things, like the combined trauma grand rounds, they take notice. And I'm like, oh, this is good. But we can't help you. You know we can't hire more resources or there's a hiring freeze or you can't bring people in for whatever reason. And that's the two biggest things for me, it's funding and resources.”

-TSN Coordinator, Mountain West

“... You know we can't hire more resources or there's a hiring freeze or you can't bring people in for whatever reason.”

Results

RQ3: Common TSSP facilitators?



Results

Leadership Buy-in as a Facilitator

“... I also have tremendous support from my trauma medical program director and she's my direct superior. And even if I had CEO and Trauma medical director support, if I didn't have the kind of support that I have from her, and when I say that she interviewed me and said you can make this program what you want. Here are the only, like, things that I'm looking for it. And they've kind of stepped back and allowed me to just build this and said we just trust you. Yeah, go to TSN. Find out what other people are doing.”

-Survivor Support Coordinator, South

“... I also have tremendous support from my trauma medical program director... And they've kind of stepped back and allowed me to just build this and said we just trust you.”

Results

Grassroots Buy-in as a Facilitator

“... our trauma response nurses here who work for our trauma department and round on all of our trauma patients, they are very helpful in taking flyers.”

“... But as far as in hospital stuff, our trauma response nurses here who work for our trauma department and round on all of our trauma patients, they are very helpful in taking flyers, either printing them off, like I've sent them to them or come into my office and saying, hey, I'm grabbing some more flyers or I'm grabbing some of your cards or, you know, we have, like, QR codes that people can scan to link to the website and then find our contact information through that. So they're good with stuff like that, getting those pieces and giving them to the patients. And then if, you know, if a patient has questions they can't answer, they contact me and I either come to them myself to answer questions or talk to them over the phone. If I'm not on site, then we do have a case manager that takes care of a lot of our patients, like in the ICU, she's pretty instrumental in facilitating. We were able to get information on like our discharge papers and like written information for discharge that she can hand out to the patients. I do a lot of that too, just explaining what it is... Especially when I can't be present in the hospital, they are very supportive in getting things done outside of the hospital so they are very supportive in

“... If I'm not on site, then we do have a case manager that takes care of a lot of our patients, like in the ICU, she's pretty instrumental in facilitating.”

-Injury Prevention Coordinator, Mid-Atlantic

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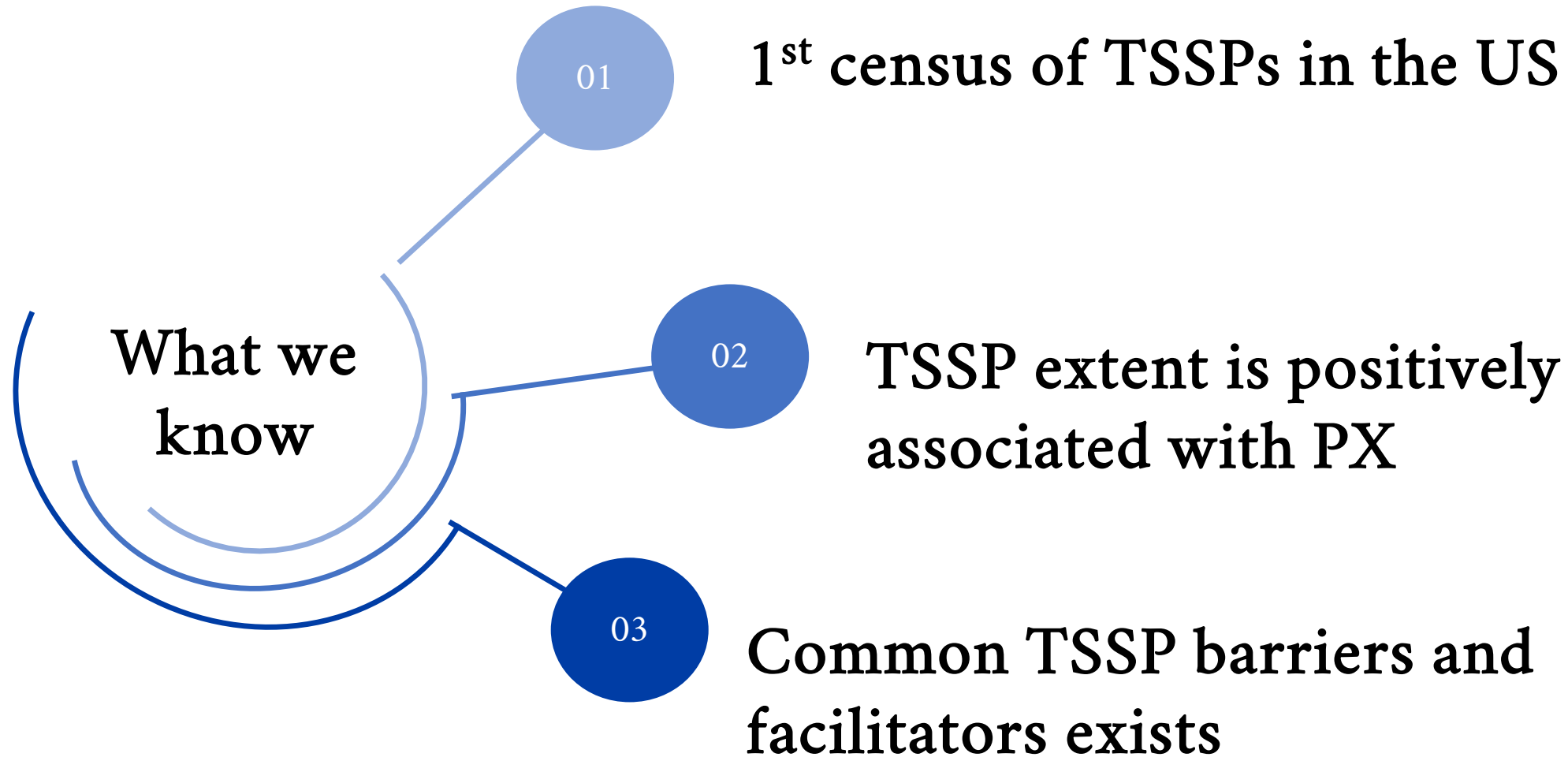
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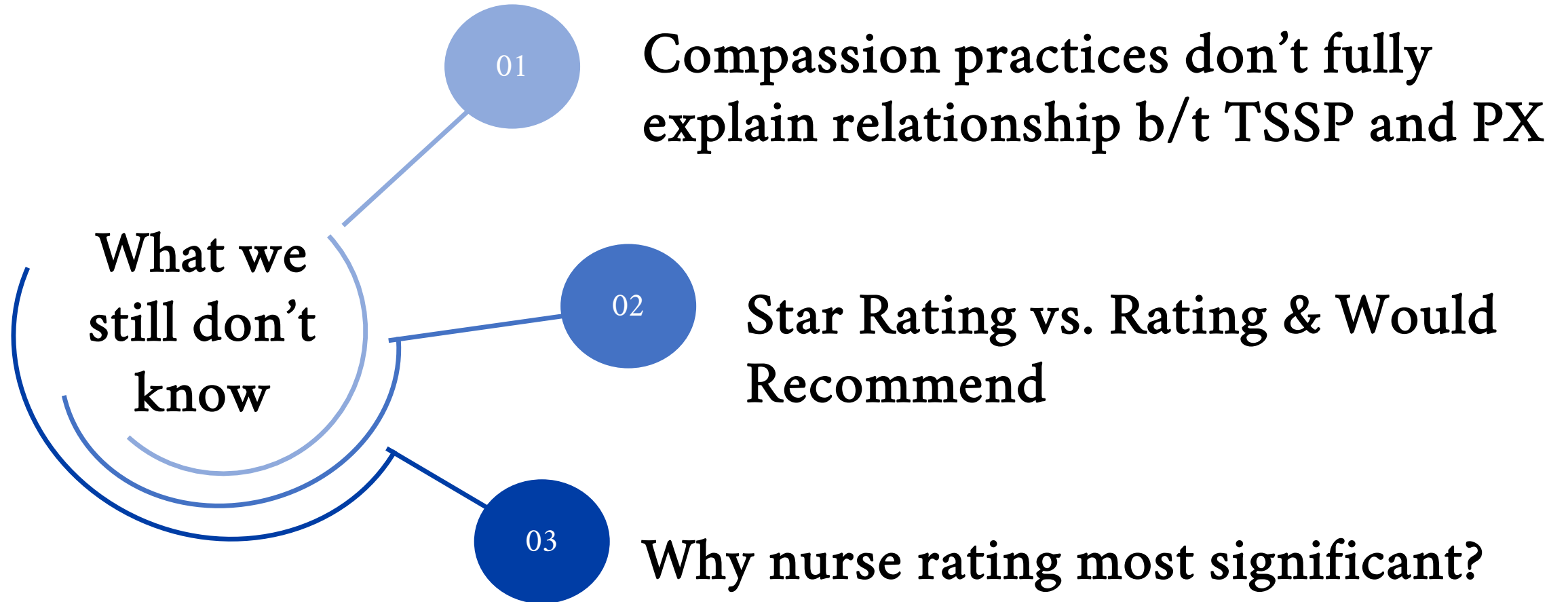
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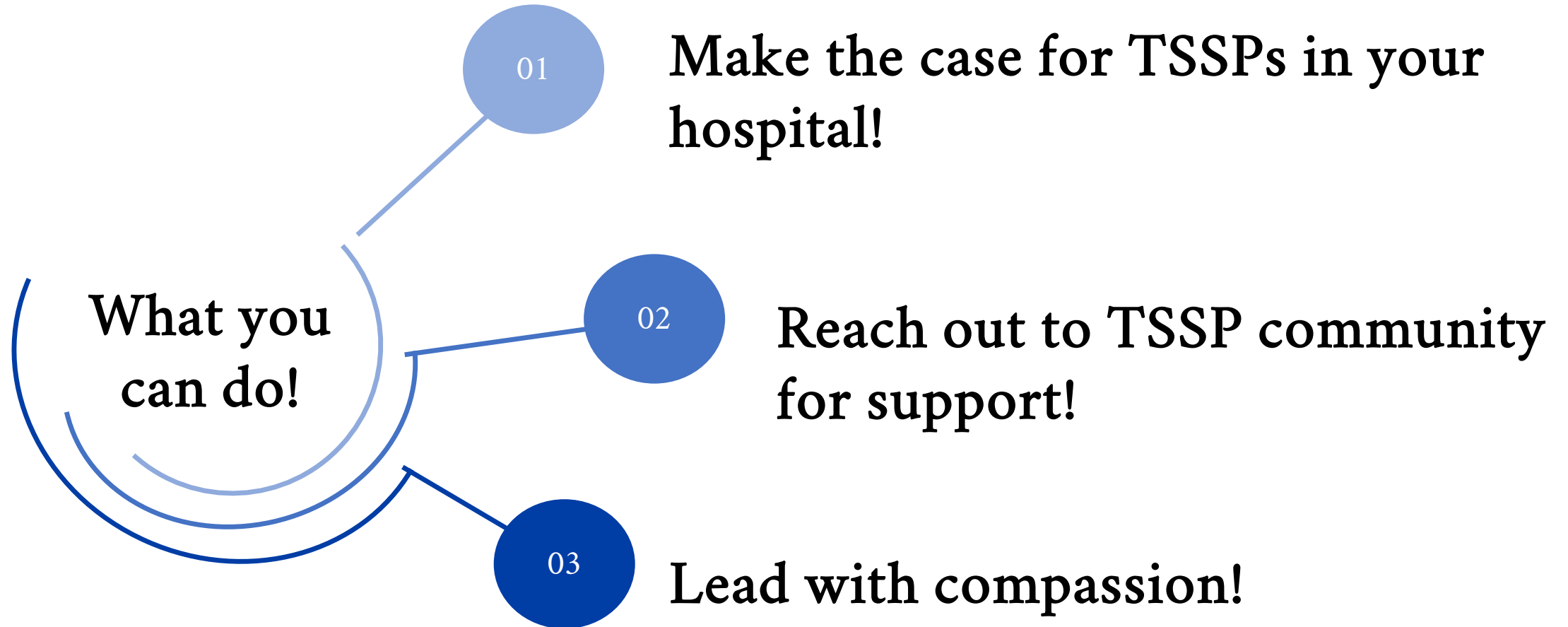
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Questions?



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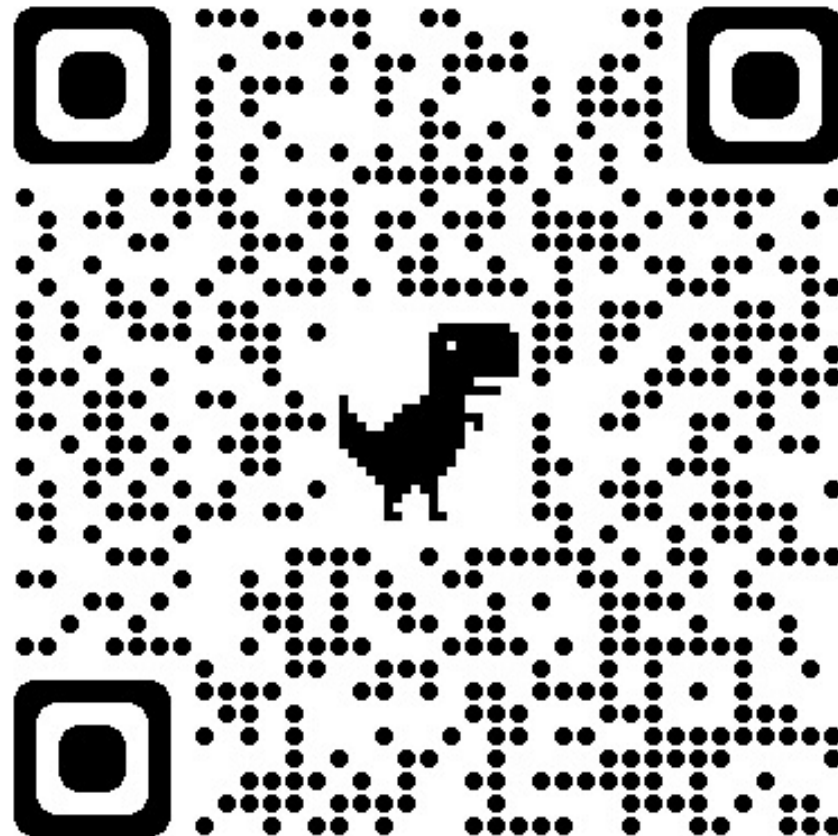
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References



References



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March 26 | Words Matter: The Transformative Power of Language for Empowering Care

March 28 | Where are my things? An Introduction & Application Tutorial

April 11 | Harnessing Technology for Patient-Centered Rounding: Trends and Best Practices

CONNECTION CALLS

March 20 | Patient Advocacy Community Connection Call: Promoting a Culture of Collaboration and Teamwork

April 10 | Lost Belongings Workgroup

April 17 | Physician Community Connection Call – Three Ways Physicians are Elevating PX

PROGRAMS

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