Case Study: Watch and Learn

Key Takeaways:

- The Holvan Group has developed a database of over 150 patient-facing videos that provide informative and succinct introductions to physicians, procedures, safety measures, and medications.
- Showing patients videos before a procedure helps alleviate their anxiety and increases their overall satisfaction with care.
- Introducing pre-procedural videos significantly decreases physician burnout by streamlining redundant tasks and providing consistent information to all patients.

After an MRI revealed a lesion on one of his kidneys, San Luis Obispo County, Calif., resident and attorney John Normanly knew he needed to act quickly. At his urologist’s recommendation, Normanly made an appointment with Stephen R. Holtzman, MD, interventional radiology (IR) specialist and CEO of Radiology Associates, for a tumor ablation.

Normandy went to the hospital on the day of his procedure and was surprised when, in the preparation room, a nurse handed him a tablet computer and asked him to watch a couple of short videos before he discussed the procedure with Holtzman. The first video introduced Holtzman as the treating physician and outlined his training as an IR surgeon, his community service work, and his credentials, while the second video described what would happen during the procedure.

“Before the videos, I didn’t know what I was getting into; I just hoped I would be going home at the end of the day,” Normanly says. “Procedures like this always invoke a fear of the unknown, but the videos relaxed me. I knew who my doctor was and what he was going to do to my body before I even talked with him.”

As demands on physicians have increased, opportunities to connect with patients like Normanly have decreased. To return the focus to building patient relationships, Holtzman founded the Holvan Group and developed a series of patient-facing, customized videos that enhance the patient experience, improve quality of care, decrease physician burnout, and reduce waste.

Making a Change

In 2013, after years of frustration with the way volume-driven demands in medicine had increased physician burnout and decreased interaction with patients, Holtzman decided to make a change. “I really longed for the days when I could spend time getting to know my patients, and I wanted to see if I could bring that back,” he says.

For years before developing his first video, Holtzman used PowerPoint presentations to explain procedures during patient consultations. The presentations took approximately 30 minutes, and despite Holtzman’s best efforts, patients often had dozens of questions.

Holtzman felt as though patients often didn’t fully understand or feel comfortable with the material. Instead of getting to know the patients and soothing their anxieties, Holtzman spent consultations answering basic questions about the procedures (often the same ones over and over), leaving little time to create the interpersonal relationships he desired.

As his dissatisfaction increased, Holtzman attended California Radiological Society meetings and drew inspiration from speakers who emphasized the importance of minimizing hospital waste and returning the focus to patient care. That’s when Holtzman got the idea to adapt his PowerPoint presentations into short, informative videos that described IR procedures in depth, using simple language and images.

Soon thereafter, Holtzman began working with consultants, who were already in his hospital assisting

By Chelsea Krieg
with the implementation of lean management principles, to turn his idea into reality.

Understanding the Patient Perspective

Holtzman hoped to reimagine the entire patient care process. “I started thinking about care from the very beginning to the very end of the patient’s experience,” he says. “What are the patients’ biggest anxiety points and biggest frustrations?”

To better understand patients’ pain points, Holtzman interviewed patients, schedulers, receptionists, and nurses. Through these conversations, he identified several “bottlenecks” in the patient care process, many of which occur even before the patient arrives at the hospital. “When the nurse calls you the night before a procedure, he or she tells you a lot of information. If you’re lucky, you might remember 10 percent of it,” Holtzman says.

He explains that patients usually remember to leave their valuables at home, for example, but then come to the hospital without identification or health insurance cards. “I thought, ‘Wow, there’s probably a couple hours wasted here every day because of little things like this,’” he says, adding that “every delay pushes every other case back; it’s a domino effect.”

Holtzman also found that one source of patients’ anxiety was not knowing the physicians performing their procedures. To address this, Holtzman created a series of videos, like the one Normanly viewed, that provide brief biographical information about the physicians who work at the hospital. “These videos reach out directly to the patient and eliminate some of the fear of the unknown,” Normanly says.

In addition to physician biographies, Holtzman created videos that discuss the importance of pre-procedural safety practices, such as hydrating only until midnight, and ones providing practical information, including where to park upon arriving at the hospital. Others outline the risks and benefits of the procedure, so patients understand and are able to digest protocols before the consultation takes place.

Making Connections

Since Holtzman began using the videos, he has seen a considerable change in his patients’ attitudes and comfort levels. “Patients who watch the videos arrive with many of their questions answered, so there is more time to get to know them,” Holtzman explains. “After they’ve seen the biographical video, I can say, ‘OK, you know a little bit about me; why don’t you tell me a little about you?’”

Nurses provide tablet computers to patients before procedures. Patients watch videos that introduce the physician who will perform the procedure and explain procedure details.

At that point, Holtzman says that most patients become immediately more comfortable. They stop looking at the monitors and the table and start talking about their passions. “I had a guy a couple weeks ago who worked on the space shuttle, and I thought that was fascinating. I never would have known that if we had to spend all of our time discussing basic information about the procedure,” he says.

Normandy was so impressed with the videos that he suggested that Holtzman share them with other medical organizations. In early 2017, The Holvan Group began offering its videos to other medical facilities. Holtzman co-founded The Holvan Group with Michael Holliday, a software developer and IT consultant who created a HIPPA-compliant web server that allows patients to access the videos before they even arrive at the hospital.

When a patient schedules an appointment, the scheduler enters his or her information into the patient education portal and the patient receives an email with a link to view the videos for his or her procedure: one video introduces the patient to the physician who will perform the procedure; another video describes where to park at the hospital, what to bring to the procedure, and how to prepare for the procedure; and a third video explains the procedure in detail.

Boosting Satisfaction

Across the board, patients have been pleased with the videos. After a nine-month pilot at Sierra Vista Regional Medical Center, 90 percent of surgical patients surveyed experienced overall satisfaction, and 97 percent felt prepared for their procedure after watching the videos and even before speaking with the physician.
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According to patient feedback cards, some patients found the videos so helpful that they viewed them multiple times before their procedures, and others named them superior to paper handouts with the same information. “It’s saying to the patient that I care enough about you that I really want you to know what I am doing,” Normanly says.

Not only have the videos reduced patient anxiety and increased patient satisfaction, but they have also significantly reduced physician burnout. Patients now arrive at the hospital with many of their preliminary questions answered, freeing Holtzman to see twice as many patients each day and allowing him to consistently end his work day around 5:30 p.m., instead of 8 p.m.

“It’s been a huge help for my family life,” Holtzman says. “I go home happy because I am stimulated by hearing my patients’ stories, and I can tell my patients are happy again.”

Dean Black, MD, medical director at St. John’s Regional Medical Center, who has been piloting Holtzman’s videos since March of this year, also has positive feedback. “It’s freed me up to focus more on patient satisfaction by more effectively alleviating their fears. When I see patients, they have already seen a well-designed video that tells them what the procedure will entail. We can immediately start building trust that is so crucial in the patient-doctor relationship,” Black says.

Maximizing Efficiency

Black also points out that the videos protect the patients and hospital by providing a detailed and consistently informative procedural description. “If you are busy, your procedural descriptions may be less thorough,” Black says. “The videos allow you to give a consistent message across the board.”

Holtzman is also hopeful that the videos will help implement lean management and Triple Aim principles, which also focus on improving patient care and population health, while minimizing systemic waste and reducing cost. As redundant tasks are automated and workloads are streamlined, physicians may work more efficiently and effectively.

“These videos set the standard for patient care in the hospital,” says Kim Brown Sims, vice president of patient care services for Queen of the Valley Medical Center, who helped implement the videos during the pilot at Sierra Vista Regional Medical Center. “They set the bar for the staff because they tell the patient what to expect. If the patient doesn’t receive that care or something promised isn’t done, he will ask. It’s a single technology that has the potential to raise your staff and patient satisfaction as well as your surgical outcomes, all of which benefit hospital ratings and help patients take control of their health.”

Looking Ahead

Holtzman’s video library now includes more than 150 videos, with over 60 focusing on radiological procedures for both diagnostic and IR topics (along with others that discuss patient safety, medication, and procedure preparation). All of the videos have been translated into Spanish by a certified medical translator.

“Doctors have dreamed of something like this for years. Our patients deserve the highest quality care; these videos propel us toward that objective,” Black says.

Holtzman is hopeful that his videos will extend beyond radiology to all fields of medicine, and he encourages others to look for ways to address problems they see in the health care community. “We can bury our
heads in the sand and just say, ‘I’m too busy,’ but I think physicians should take a leadership role and think about how we can make it easier on the patient,” he says. “Invest a little time every day. Try to inspire a couple of people to do the same, and you will see profound results.”

**Next Steps**

- Get patients involved with their care by asking how to reduce anxiety and provide overall better service. Check out additional patient-facing resources on radiologyinfo.org.
- Attend conferences and local meetings to get inspired by and connect with patient satisfaction innovators.
- Consult with clinical and administrative staff to brainstorm ways to identify and streamline tasks that take time away from patient care.

**Join the Discussion**

Want to join the discussion about how radiologists can communicate more effectively to reduce patient anxiety and improve care? Let us know your thoughts on Twitter at #imaging3.

Have a case study idea you’d like to share with the radiology community? Please submit your idea to http://bit.ly/CaseStudyForm.