About

America’s Essential Hospitals
America’s Essential Hospitals is the leading champion for hospitals and health systems dedicated to high-quality care for all, including the vulnerable. We support our more than 300 members with advocacy, policy development, research, and education. Communities depend on essential hospitals to provide specialized, lifesaving services; train the health care workforce; advance public health and health equity; and coordinate care. Essential hospitals innovate and adapt to lead the way to more effective and efficient care.

Essential Hospitals Institute
Essential Hospitals Institute is the research, education, dissemination, and leadership development arm of America’s Essential Hospitals. The Institute supports the nation’s essential hospitals as they provide high-quality, equitable, and affordable care to their communities. Working with members of America’s Essential Hospitals, we identify promising practices from the field, conduct research, disseminate innovative strategies, and help our members improve their organizational performance. We do all of this with an eye toward improving individual and population health, especially for vulnerable people.

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Introduction

Work to improve patients’ institutional trust of hospitals can bolster patient experience and satisfaction. Further, several studies have proved patient trust in health care providers is associated with positive health outcomes. Patients who trust their providers have shown greater willingness and comfort accessing preventive care and acute care; a higher likelihood to make recommended behavioral changes or adherence to prescribed treatments; longer continuous engagement in care; and better self-reported health ratings.\(^1\,2,3\) However, public trust in U.S. institutions and professionals has declined over the past 50 years.\(^4,5\) In health care, patient trust is highest for providers, followed by payers, with health care institutions lagging.\(^6,7\)

Individuals’ general trust varies and is associated with race and ethnicity, age, education, and household income.\(^8\) Nonwhites, those under 50, and those with less education or income are more likely to have low trust overall.\(^8,9\) It follows, then, essential hospitals—those that serve a disproportionate share of racial and ethnic minorities; communities living in poverty; and uninsured patients and those with Medicaid or Medicare—must work arduously to gain patients’ trust.

As part of a research project funded by the Robert Wood Johnson Foundation, Essential Hospitals Institute—the research, education, and dissemination arm of America’s Essential Hospitals—set out to understand which trust dimensions are most important to vulnerable populations and what hospital policies and practices promote trust among those served by essential hospitals. The findings from the quantitative and qualitative research on trust at essential hospitals serve as the foundation for the recommendations in this document. Although based on research at essential hospitals, others may find the recommendations relevant.

Our Research

Essential Hospitals Institute conducted quantitative and qualitative data collection with patients and staff at essential hospitals. The quantitative patient data helped ascertain which dimensions of trust are most important to patients seen at essential hospitals. Qualitative research helped identify what hospital leaders can do to advance patients’ institutional trust of their hospital(s). A consumer panel survey with 1,000 patients and caregivers seen in an essential hospital in the last 12 months clarified what dimensions of care are associated with trust and those most important to essential hospital patients. During three hospital site visits, researchers spoke with 44 hospital staff and 60 patients to uncover the core policies and practices that yield high levels of institutional trust. Each of the suggestions for building and maintaining institutional trust included in this document stems from the analysis of the qualitative and quantitative data collected as part of this project.

The Appendix provides additional information on the data collected to support the development of this document.
Overview of the Guide

The guide is composed of four overarching recommendations for building an environment that facilitates patient trust. These include building an organizational culture, focusing on person-centered care, cultivating a physical environment, and engaging the community at large. Each recommendation includes a list of approaches identified in our research that reinforce the primary recommendation. Practical steps toward patient trust summarizing the recommendations and approaches appears on page 3.

This guide is intended for hospital administrators and clinical providers working to enhance patient experience at an institutional level. This document might best serve leaders within essential hospitals with the authority and influence to make policy, process, and cultural changes. Nonetheless, the recommendations are applicable to many hospitals that attend to the needs of the underserved or work in resource-limited environments.

True to their safety-net mission, essential hospitals sustain more than 17 percent of the nation’s uncompensated care while representing 5 percent of all hospitals. Financial and other resource constraints might limit an essential hospital’s ability to implement all the approaches herein to build patient trust. The guide is not a road map, a scorecard, nor an exhaustive checklist of activities for building trust. Instead, the document provides a menu of approaches that can be applied within a hospital or health system’s context to bolster community and patient confidence.

How good can we get? You can figure out how you’re going to make sure that this work endures no matter what. No matter who decides to cut funding.

—CLINICAL EXECUTIVE
Practical Steps Toward Patient Trust

The list below provides an overview of the approaches detailed in this guide that hospitals or health systems can apply to bolster community and patient confidence.

BUILD AN ORGANIZATIONAL CULTURE TO FACILITATE TRUST

- Align mission to emphasize equitable, person-centered care
- Create a culture of continuous improvement
- Cultivate a team of dedicated staff
- Engage in supportive leadership practices

FOCUS ON PERSON-CENTERED CARE

- Use communication tools to facilitate relationship building
- Create policies that promote person-centered care
- Obtain timely feedback from patients
- Reduce the financial burden on patients
- Dedicate resources to address billing issues
- Offer hands-on care coordination

CULTIVATE A PHYSICAL ENVIRONMENT TO SUPPORT TRUST

- Provide ample space for visitors
- Implement open visiting hours
- Offer affordable, accessible parking
- Place patient services near the entryway
- Offer single rooms
- Ensure constant cleanliness

ENGAGE THE COMMUNITY

- Collect feedback via small group discussions
- Sponsor community events
- Encourage staff to volunteer in the community
- Create advertisements that promote person-centered care and quality ratings
- Provide volunteer opportunities
Trust is the result of how essential hospitals do their work. Ingrained within the organization’s culture, trust cannot be attained through a singular goal, policy, or practice.

BUILD AN ORGANIZATIONAL CULTURE TO FACILITATE TRUST
Build an Organizational Culture to Facilitate Trust

Trust is the result of how essential hospitals do their work. Ingrained within the organization’s culture, trust cannot be attained through a singular goal, policy, or practice. Organizational culture is woven into the fabric of the business, from the mission statement and staff hiring and development to leadership attitudes and practices. An organizational culture that emphasizes empathy for all, person-centered care, continuous improvement, and leadership practices that cultivate committed staff fosters patients’ trust of the organization as a whole.

**Align Mission to Emphasize Equitable, Person-Centered Care**

A reputation and history of serving all equitably, including the most vulnerable, supports community trust of the organization. Communicating the hospital’s reputation as part of the mission statement strengthens the communication of what the hospital stands for to all, including prospective employees. The mission also reminds existing staff about the purpose of their work. Commitment to the same mission creates a natural outflow of activity that generates trust.

Align the hospital’s mission statement to emphasize the qualities that perpetuate trust: welcoming all, advocating and caring for patients, healing humankind one person at a time, and caring for *and* about people.

**Create a Culture of Continuous Improvement**

Despite having high achievement in quality and patient experience, highly trusted hospitals continue to work toward betterment. Lean, Six Sigma, PDSA, and rapid improvement events are some of the ways that departments and the hospital overall implement continuous improvement activities. There are several practices that can create a culture of continuous improvement.

- Display quality ratings in public spaces.
- Engage in quality improvement projects and transformation events.
- Highlight awards (e.g., DAISY awards, Baldrige) and national rankings.
- Require all departments (both clinical and nonclinical) to regularly update public Gemba boards. Gemba boards should track the progress of quality and other department activities and outcomes that support the strategic goals or pillars of the organization's mission and vision.
- Make electronic tools for reporting errors and near misses available to all staff such that they can report with relatively anonymity.

**Cultivate a Team of Dedicated Staff**

Some believe that the happiness of the staff is directly related to the satisfaction of patients. Across all roles and levels within the organization, hiring and retaining mission-driven staff can impact the patients’ experience within the hospital. Patients
and hospital staff reflect fondly on how daily interactions with staff affected them. For example, a cleaning staff speaking to a patient’s family in their native language, a nurse keeping them company and watching TV with them when they were alone, or a random doctor stopping to offer assistance and walking them to their destination instead of pointing where to go.

**Hire for heart.** It can be difficult, if not impossible, to teach staff kindness, compassion, and attentiveness. Use behavioral-based interviewing as part of the recruitment process to screen for how candidates would handle interactions with patients and difficult situations.

**Support staff.** The organization can help make sure the team comes to work in the best mindset by offering support and responding to their needs. Provide tools and resources to help staff stay positive and do their best work.

- Offer resources that address transportation, child care, meal preparation, or training and career development needs.
- Monitor and respond to employee engagement survey results.
- Invest in communications tools and training for all staff—leaders, clinicians, and support staff. Such tools facilitate relationship-building among staff as well as with patients.

**Reward all staff.** All staff can have an impact on the culture of the organization and patients’ experience. Reward all staff for achieving success in patient experience scores, quality measures, or the hospital’s strategic goals.

- Give financial bonuses for all staff—including executive, front-line, and support staff—when a goal has been reached.
- Host events celebrating and recognizing staff contributions (e.g., monthly employee engagement activities, a fair for employees and their families).
- Provide gift cards for acts of kindness, exceptional care, and knowledge of and commitment to the mission and patient engagement policies.

**Engage in Supportive Leadership Practices**

Leadership support can influence the culture of an organization. Leaders should model the behavior they want to see reflected in the culture of the larger organization.

- Make yourself accessible and approachable. For example, participate in rounds to hear directly from staff and patients about what’s happening in the hospital.
- Act on feedback provided to leadership.
- Model a no-blame or just culture that encourages staff to speak up and report issues impacting patient safety.

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I think just having pride in the actual organization. It’s a great place to work. Every corner you turn, there is a smiling face ... I think it’s just that sense of communal pride.

—OTHER STAFF
Institutional-level trust bubbles up from the individual day-to-day interactions and relationships patients have with their providers and hospital staff.
Focus on Person-Centered Care

Institutional-level trust bubbles up from the individual day-to-day interactions and relationships patients have with their providers and hospital staff. Listening with empathy, being attentive to patient and visitor needs, and building personalized relationships are at the heart of providing person-centered care. Leaders can employ policies, practices, and tools to facilitate patient-provider relationships and individualized patient care.

Use Communication Tools to Facilitate Relationship Building

Trusted hospitals encourage staff to treat each patient like a family member. Beyond equitable treatment, each person is to be seen as an individual who is more than their illness or disease. Positive interactions with providers and staff allow patients, caregivers, and staff to build trusting relationships.

Several tools can facilitate communication for personalized care and relationship building.

- Deploy communication frameworks such as AIDET (Acknowledge, Introduce, Duration, Explanation, and Thank You) or CICARE (Connect with compassion, Introduce yourself with integrity, Communicate with teamwork, Ask with discovery, Respond with respect, and Exit with excellence)
- Lead staff through change management training to identify ways to improve relationship building. Provide badge extenders (e.g., explaining tools or using icons to represent personal interests) after training to help spark conversations and relationship building.
- Engage the patient as part of the care team by conducting shift change debriefings in front of the patient and setting up daily joint physician-nurse rounding opportunities.

Create Policies that Facilitate Person-Centered Care

A holistic approach to patient-centered care emphasizes the whole person, respects patient and caregiver values, and supports a partnership between the patient and providers.

Consider implementing policies that put the patient and caregiver first and facilitate compassionate care.

- Lower nurse ratios and provide uninterrupted breaks to encourage more personalized attention and reduce burnout.

Approaches to Focusing on Person-Centered Care

- Use communication tools to facilitate relationship building
- Create policies that promote person-centered care
- Obtain timely feedback from patients
- Reduce the financial burden on patients
- Dedicate resources to address billing issues
- Offer hands-on care coordination
• Allow overnight visitors to remain with patients. Allowing visitors to be present creates transparency. Further, it eliminates concerns of distrust, mismanagement, and miscommunication.

• Reconsider the late arrival policies in clinics. Give patients the same respect and flexibility offered by patients who wait for long periods to be seen by providers.

• Include the family in communications leveraging interpreters, telephone calls, video chat, and recorded conversations as requested.

• Set time-related goals to respond to patient requests and ensure patients are seen in a timely fashion without rushing their care.

**Obtain Timely Feedback from Patients**

Most patients receive an opportunity to respond to a satisfaction survey after their hospital visit but desire and appreciate the opportunity to provide more timely feedback. Collect timely input on patient care, encouraging all staff to ask how the patient is doing and if they need anything during each visit to the room. Supply the patient experience surveys at the end of the site visit or electronically immediately after departure.

**Reduce the Financial Burden on Patients**

Patient trust of essential hospitals wanes when they consider the potential cost of care. Essential hospitals work hard to serve their mission of caring for all, providing $6.7 billion in uncompensated care in 2017 to people who faced severe financial challenges. Nonetheless, unexpected costs can impact both insured and uninsured patients’ trust of the hospital.

If you have eight patients, [or] 20 patients … If you don’t have support of your management, administration, you don’t have support of those around you, how can you give the love to this patient … caring and empathy and listening isn’t a one-minute task. It’s not a task; it’s a connection.

—CLINICIAN
Seek opportunities to reduce the financial burden on patients.

- Align the hospital’s in-network insurance coverage with contract physicians’ insurance to reduce unexpected bills from out-of-network team members.

- Advertise and actively connect patients to available finance and billing resources, such as financial counselors, insurance plan applications, or medication discounts.

- Offer payment plans or subsidized health plans for uninsured patients to reduce the cost of care and medications.
• Engage in cost-of-care conversations with patients and discuss copayments, deductibles, and other health care-related costs.

• Look for opportunities to reduce the cost of care, minimize unnecessary tests, and evaluate the cost-effectiveness of equipment used, for example, in the operating room.

**Dedicate Resources to Address Billing Issues**

Unclear or complicated billing can erode an otherwise positive, trusting relationship with the hospital. Health care billing is complex; even health care professionals admit to challenges navigating the system.

• Provide dedicated resources to support patients’ understanding of their health care bills.

• Give an estimate of out-of-pocket costs and the expected timing for payments.

• Establish a dedicated team to assist patients with insurance enrollment and handle billing issues.

• Delay contacting patients by phone or mail with a bill until the bill has been reconciled with all insurance providers to eliminate confusion.

• Offer assistance to address insurance denials or unexpected bills related to out-of-network providers or other issues.

**Offer Hands-On Care Coordination**

A lack of support for navigating the complex health care system provides an opportunity to build or lose trust in the hospital. Patients left on their own to set up follow-up or specialist appointments or referrals to social services lose confidence in the referring hospital if they are delayed or denied access. Further, many patients are unaware of services and programs available to them, furthering suspicion about the hospital’s motives. Offer dedicated care coordination staff to all patients to navigate discharge referrals and make connections to community programs that can meet social needs.

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One time I did not have money to get my insulin. I spoke with my social worker, and she was on it just like that. She called me right back, said “[name] I have a deal for you. Can you come up with $11? If you can come up with $11, they will give you a six-months’ supply of insulin.”

**—PATIENT**
The hospital’s physical environment is highly associated with patient trust of the institution.

CULTIVATE A PHYSICAL ENVIRONMENT TO SUPPORT TRUST
Cultivate a Physical Environment to Support Trust

The hospital's physical environment is highly associated with patient trust of the institution. A new building is not the only way to engender greater trust. Implementing approaches to maintain the hospital within the existing environment can further the patient's experience.

Provide Ample Space for Visitors

Friend and family visits can facilitate patient care and recovery in an inpatient setting. Patients and caregivers appreciate the availability of comfortable, accommodating space for their visitors.

Consider designing rooms and waiting areas with visitors in mind.

- Offer comfortable seating and space for visitors in hospital rooms.
- Create a visitor waiting area outside of the hospital rooms. Consider offering water and coffee in this space at no charge.
- Ensure visitor seating converts into a comfortable sleeping apparatus for overnight visitors.
- Provide a handwashing station at the door with space for visitors to place their belongings. In this way, they do not have to cross the room to put their stuff down before washing their hands.

When you’re in desperate medical need, but you didn’t go to medical school to know what a good doctor looks like versus a bad doctor, you’re going to judge the quality of care based on the things you do know. And so—if the walls are scuffed, if the ceiling tiles are stained, if the food’s no good, if people don’t listen, if the service is late, [or] if people don’t come when you press the call button—that’s all you’ve got to go on.

—HOSPITAL EXECUTIVE
**Implement Open Visiting Hours**

Hospitals may offer open or limited visiting hours. Restricted visiting hours promote rest and safety. Consider open visiting hours to promote transparency.

**Offer Affordable, Accessible Parking**

Parking is often the first impression that patients and caregivers have once on-site at the hospital. As hospitals providing care to vulnerable patients and communities, many of which face high poverty rates, parking costs can be a barrier to seeking care or visiting a patient. Many essential hospitals are in urban areas with limited parking, making it difficult for patients to locate parking. As a result, patients have been towed, missed appointments, and had to forgo visiting family members.

Look for opportunities to remove barriers to parking for patients and visitors.

- Provide no-cost or reduced-cost parking to patients.
- Designate ample space for emergency department visitors near the entrance to the hospital.
- Offer specialized parking rates or services to patients in need. Assign parking floors exclusively for visitors with disabled parking permits or maternity. Offer valet parking to patients requiring regular visits for burn or cancer treatments.
- Consider policies that promote alternative staff commuting practices to free up parking space. For example, supply off-site parking and shuttles, facilitate carpooling, or make public transportation subsidies available.

**Place Patient Services Near the Entryway**

Nearly all hospitals situate the information desk, cafeteria, and gift shop near the entrance of the facility. These are services patients and visitors frequently seek to access. Essential hospitals provide care to communities with high rates of uninsured and underinsured people and those facing other socioeconomic barriers to good health. Consider what additional services should be front and center to meet the needs of communities served by essential hospitals. Financial counselors or a billing office, patient experience advocates, and care coordinators might provide access to resources (e.g., insurance enrollment, language access services, or connection to housing sources) most needed by people coming into the hospital. Place services that reflect the population’s needs near the entrance of the hospital.

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**Between me and my family coming to visit, three to four cars, that is a $100 combined. This is ridiculous; this is your health, [it’s] not like we are going to a party or something.**

—PATIENT
Offer Single Rooms

Patients appreciate having single rooms that offer more privacy and reduce interruptions from staff rounding on multiple patients to promote recovery. Further, single rooms provide more space for visitors. Where possible, offer single rooms to patients. For hospitals unable to offer single rooms, transform a room into a family conference and conversation space to allow private meetings among families and with staff.

I think what you have done today, and what the hospital is doing as far as getting feedback and applying it will be very helpful.

—PATIENT
**Ensure Constant Cleanliness**

Patients note that a clean hospital environment adds to the overall atmosphere of the hospital and makes them feel safe when receiving care. Lapses in cleanliness can hinder a patient’s sense of the quality of care.

Seek opportunities to maintain and improve perceptions of cleanliness.

- Teach environmental services staff methods for engaging patients and asking about any cleaning needs instead of waiting to clean when patients are out of the room.
- Create a rounding chart for cleanliness and post it to each room.
- Engender a culture of cleanliness that all staff supports. Encourage staff to clean up, pick up, or report discrepancies in cleanliness.

> Whenever I go to a restaurant, I always go to the bathroom to check out how clean it is. That to me, if they care about the bathroom, then I know that they care about their environment. So, I have a team always focused on the bathrooms … that is a reflection of what’s happening in the rest of the house.

—HOSPITAL EXECUTIVE
Beyond individual patient care, the hospital’s engagement with the community can impact institutional trust.
Engage the Community

Beyond individual patient care, the hospital’s engagement with the community can impact institutional trust. Active community engagement moves from a mindset of working for the community to working in partnership with community organizations and members. Several activities facilitate the path toward community engagement.

Collect Feedback Via Small Groups

Patients and caregivers suggest hospitals that gather input from groups of patients and include patients in their meetings are more trustworthy. In contrast, patients felt that hospitals that exclude them from meetings related to their care are hiding something.

Offer patients and caregivers the opportunity to share their feedback with the hospital to exhibit the hospital’s commitment to improvement and value of the patient perspective.

- Host regular public deliberations or focus groups of patients to elicit their input.
- Include patients in clinical team meetings and debriefs about their care.
- Form patient and family advisory councils that meet regularly. Multiple councils may exist to represent the hospital overall, specific departments, or patients with similar demographics (e.g., women’s group, parent group, Spanish-speaking group).
- Nominate patient representatives to sit on hospital groups, such as the board, committees, and task forces.

Sponsor Community Events

Hospitals can show their commitment to the community by hosting community events and collaborating with other community organizations. Before they become patients, community members become aware of the hospital or health system at health fairs or fundraisers.

Seek opportunities to engage the community both inside and outside the hospital walls.

- Offer meeting space to fellow community organizations.
- Host educational and other events (e.g., family fair, farmer’s market, meditation classes) open to the community.
- Sponsor local events and fundraising activities, such as a 5k race.
- Provide staff leave or financial support for volunteering at local community events, such as a health fair.
- Partner with community organizations to address community needs, such as those related to social determinants of health.

Approaches to Engaging the Community

- Collect feedback via small group discussions
- Sponsor community events
- Encourage staff to volunteer in the community
- Create advertisements that promote person-centered care and quality ratings
- Provide volunteer opportunities
**Encourage Staff to Volunteer in the Community**

Staff report they have a better understanding of the needs and resources in the community based on their involvement in other local organizations. Also, hospital staff participation offers community organizations a broader understanding of the hospital’s work. Encourage hospital leadership to serve as board members to a local organization, preferably unrelated to their career or clinical expertise.

**Create Advertisements that Promote Person-Centered Care and Quality Ratings**

Although hospital name recognition and word of mouth carry a great deal of weight, television commercials, billboards, bus signs, and radio advertisements can impact patients’ perspectives. Develop advertisements that highlight validated hospital rankings (e.g., No. 1 in cancer care) or embody person-centered care.

For example, advertisements featuring patients describing their outcomes and experience being cared for as an individual remain prominent in the public’s mind. In comparison, ads featuring doctors or relating the specialized tools and services available minimize patients to their disease.

**Engage Community Volunteers**

Nonclinical engagements and activities bolster patients’ trust. Volunteers implement several such activities and they become ambassadors for the hospital, expanding engagement within the community.

Create opportunities for volunteers at the hospital to support patient care.

- Ask volunteers to collect and disseminate resources to boost patient spirits and meet nonclinical needs. Service examples include acquiring a cake or a card to celebrate a birthday, collecting clothing for trauma patients, lending out phone chargers, or sending a caregiver to walk their dog.
- Establish a pet therapy program.
- Host volunteers interested in cuddling newborn NICU patients.
- Create programs for patients to receive visitors or have someone present at their deathbed.

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We have leaders, team members, and physicians that are very engaged in the community. I ask my leadership to serve as a board member for a community organization that has nothing to do with their skill set ... our team is involved in, [and] embedded in a lot of different things through the community. They are hearing things, whether that is art, housing, or transportation. They are listening, and we have a better chance at being a convener.

—HOSPITAL EXECUTIVE
APPENDIX: ABOUT OUR RESEARCH
Appendix: About Our Research

**Panel Survey**

Researchers developed and administered a consumer panel survey of 1,000 patients and caregivers seen at an essential hospital in the 12 months before completion of the survey, testing seven dimensions of trust. Patients and caregivers expressed high levels of trust in essential hospitals, with a weighted average overall trust score of 8 out of 10. Patients were more likely to have higher trust if they were older, wealthier, white, non-Hispanic, male, commercially insured or Medicare beneficiaries, or if the patient went to the hospital for a scheduled visit. Patients seen in hospitals with more beds on average compared with other hospitals represented in the survey also were more likely to have higher overall trust.

### Dimensions of Trust

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Description</th>
<th>Score</th>
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<tbody>
<tr>
<td><strong>Competence</strong></td>
<td>Quality and Safety of Care&lt;br&gt;Quality care, avoiding mistakes, competence/skill, adequate staffing, up-to-date equipment, and professionalism</td>
<td>.88</td>
</tr>
<tr>
<td><strong>Environmental Quality</strong></td>
<td>Safe, comfortable environment conducive to well-being&lt;br&gt;Cleanliness, noise, appearance/atmosphere, space, safety, up-to-date facilities, ease of visitation</td>
<td>.88</td>
</tr>
<tr>
<td><strong>Fidelity</strong></td>
<td>How committed the hospital is to patients.&lt;br&gt;Commitment to caring, and advocating for patients; avoiding conflicts of interest</td>
<td>.88</td>
</tr>
<tr>
<td><strong>Community Integration</strong></td>
<td>Social support for patients and community connectedness&lt;br&gt;Partnerships within the community, screening and addressing social determinants of health</td>
<td>.76</td>
</tr>
<tr>
<td><strong>Equity</strong></td>
<td>Fair and equal treatment of patients&lt;br&gt;Caring for all equally regardless of ability to pay/insurance type, language and cultural competency, and patient characteristics (i.e., race, ethnicity, income, gender, sexual orientation, religion, culture, or body size)</td>
<td>.75</td>
</tr>
<tr>
<td><strong>Honesty</strong></td>
<td>Truthfulness&lt;br&gt;Transparency and truth telling</td>
<td>.71</td>
</tr>
<tr>
<td><strong>Confidentiality</strong></td>
<td>Proper use of sensitive information&lt;br&gt;Dealing with personal information, information technology/medical records, privacy when speaking/interacting with healthcare professionals</td>
<td>.62</td>
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Operationally defining trust can be difficult, but a variety of studies have identified dimensions of trust in health care. Existing research on trust outlines four primary dimensions of patient-provider trust: fidelity, competence, honesty, and confidentiality. However, few studies have explored patient trust in hospitals, particularly those serving vulnerable populations. Given that essential hospitals disproportionately serve vulnerable populations, the Institute studied three additional dimensions of trust: equity, community integration, and environmental quality. Confirmatory factor analyses verified whether dimensions were associated with trust overall. All seven dimensions were highly associated with trust, although competence, environmental quality, and fidelity were most highly associated.

**Site Visits**

Three essential hospitals were selected for site visits based on HCAHPS results, Yelp reviews, and the panel survey trust ratings, as well as complementary geographic and demographic characteristics. Researchers considered essential hospitals for site visits if they had a 2018 HCAHPS overall star rating equal to or above 4 out of 5 stars, June 2019 Yelp rating equal or greater than 3.5 out of 5 stars, and an average consumer panel trust score above the mean (8/10).

During the site visits, a team of three researchers conducted semistructured interviews with 44 executives, clinicians, and other staff, held focus groups with 60 patients, and received personalized hospital tours. The interview and focus group guides prioritized discussion of the trust dimensions most highly associated with overall trust: competence, environmental quality, fidelity, and community integration. Research participants helped define the everyday experiences, policies, and practices that made their hospital trustworthy.

Audiences denoted trustworthy hospitals as competent, person-centered, and historically reliable. Participants suggested competence meant keeping patients alive, delivering the correct diagnosis and medications, and achieving healthy outcomes. Listening with empathy, attending to patient and visitor needs without needing to be asked, and building personalized relationships characterized compassionate, person-centered care that engenders trust. For hospital staff, reliability shows in not turning anyone away, providing specialty services other hospitals cannot, and caring for all, no matter their insurance coverage. Patients noted their families relied on the hospital for care over generations.

There are some differences between patient/caregiver and hospital staff descriptions of trustworthy qualities. Patients and caregivers identify wait times, communication with family members, cleanliness, and follow-up support with care coordination and billing as key trust issues. Hospital staff believe a just culture where leaders act on feedback and address problems quickly allows patient trust to flourish.

Thematic analysis of the site visit findings served as the basis for the recommendations within this guide.
Hospital Staff Characteristics

Researchers conducted 33 interviews with 44 staff across the three sites.

<table>
<thead>
<tr>
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<th>Participants (n=44)</th>
<th>Participants Reporting Tenure</th>
<th>Average Tenure at Organization (years)</th>
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<tr>
<td>Executive</td>
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<td>9</td>
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<tr>
<td>Clinician</td>
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<td></td>
<td></td>
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<tr>
<td>Other</td>
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<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>44</td>
<td>25</td>
<td>16.7 (Range: 1 – 41)</td>
</tr>
</tbody>
</table>

Patient Characteristics

In addition to hospital staff interviews, six patient focus groups—two at each site—with 60 patients informed our understanding of patient perceptions of institutional trust.

<table>
<thead>
<tr>
<th>Insurance Type*</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer-based insurance</td>
<td>30</td>
</tr>
<tr>
<td>Individually purchased insurance</td>
<td>9</td>
</tr>
<tr>
<td>Medicare</td>
<td>15</td>
</tr>
<tr>
<td>Medicaid</td>
<td>15</td>
</tr>
<tr>
<td>Indian Health Service</td>
<td>2</td>
</tr>
<tr>
<td>Other coverage</td>
<td>3</td>
</tr>
<tr>
<td>Uninsured</td>
<td>4</td>
</tr>
<tr>
<td>Did not answer</td>
<td>1</td>
</tr>
</tbody>
</table>

*Patients could choose more than one insurance type
### Patient Characteristics continued

#### PARTICIPANTS

<table>
<thead>
<tr>
<th>AGE</th>
<th>Did not answer</th>
<th>18-29</th>
<th>30-39</th>
<th>40-49</th>
<th>50-59</th>
<th>60-64</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>(average = 49.7 years)</td>
<td></td>
<td>6</td>
<td>9</td>
<td>12</td>
<td>14</td>
<td>10</td>
<td>7</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>GENDER</th>
<th>Male</th>
<th>Female</th>
<th>Did not answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Non-binary/third gender</td>
<td>40</td>
<td>20</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OVERALL TRUST OF HOSPITAL RATING</th>
<th>Did not answer</th>
<th>0-2</th>
<th>3-5</th>
<th>6-8</th>
<th>9-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>(average = 8.6/10)</td>
<td></td>
<td>1</td>
<td>1</td>
<td>25</td>
<td>32</td>
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</tbody>
</table>

#### RACE

<table>
<thead>
<tr>
<th>Race</th>
<th>Did not answer</th>
<th>1 Non-binary/third gender</th>
<th>Black or African American</th>
<th>Korean</th>
<th>Some other race</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>34</td>
<td></td>
<td>20</td>
<td>1</td>
<td>4</td>
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<tr>
<td>Black or African American</td>
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<tr>
<td>Korean</td>
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<td></td>
</tr>
<tr>
<td>Some other race</td>
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</table>

#### HOSPITAL VISIT TYPE(S) in Last 12 months

<table>
<thead>
<tr>
<th>Type</th>
<th>Did not answer</th>
<th>16 Emergency or unscheduled</th>
<th>16 Both</th>
<th>22 Scheduled or planned</th>
<th>1 Prefer not to say</th>
<th>5 Did not answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency or unscheduled</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Scheduled or planned</td>
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<td></td>
</tr>
<tr>
<td>Both</td>
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<td></td>
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References


