Improving Our Patients’ Experience: Strategies to Alleviate and Reduce Suffering

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Types of Suffering

OUR GOAL: Prevent this suffering for patients.
- Provide evidence-based care.
- Prevent complications and errors.
- Ensure coordinated communication, demonstrate cooperation among staff.
- Reduce wait, show respect and value for the individual.

OUR GOAL: Mitigate this suffering by responding to Inherent Patient Needs.
- Address symptoms, improve functioning, seek to cure, reduce pain and discomfort.
- Reduce anxiety and fear, educate and inform.
- Minimize the extent to which medical care disrupts normal life to the greatest extent possible.
- Provide distractions from the medical setting that provide respite to the anxious patient.
Objective: Alleviate and Reduce Suffering

<table>
<thead>
<tr>
<th>Respond to Inherent Patient Needs</th>
<th>Prevent Avoidable Suffering</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote Confidence in <strong>Skill</strong></td>
<td>Improve <strong>Teamwork</strong></td>
</tr>
<tr>
<td>Manage <strong>Pain</strong></td>
<td>Deliver Care with <strong>Courtesy</strong></td>
</tr>
<tr>
<td>Ensure <strong>Safety</strong></td>
<td>Be <strong>helpful</strong></td>
</tr>
<tr>
<td>Inform/Prepare</td>
<td>Avoid Unnecessary <strong>Wait</strong></td>
</tr>
<tr>
<td><strong>Personalize</strong> Care</td>
<td>Make <strong>Processes</strong> efficient/easy</td>
</tr>
<tr>
<td>Reduce <strong>Fear/Anxiety</strong></td>
<td>Clean/Quiet <strong>Environment</strong></td>
</tr>
<tr>
<td>Protect <strong>Privacy</strong></td>
<td>Adequate <strong>Amenities</strong></td>
</tr>
<tr>
<td>Include in Decisions/Choice</td>
<td>Appropriate <strong>Service Recovery</strong></td>
</tr>
<tr>
<td>Demonstrate <strong>Empathy</strong></td>
<td></td>
</tr>
</tbody>
</table>
Compassionate Connected Care™ Themes

**Acknowledge Suffering**
We should acknowledge our patients are suffering, and show them we understand.

**Body Language Matters**
Non-verbal communication skills are as important as the words we use.

**Anxiety is Suffering**
Anxiety and uncertainty are negative outcomes that must be addressed.

**Coordinate Care**
We should show patients their care is coordinated and continuous, and that “we” are always there for them.

**Caring Transcends Diagnosis**
Real caring goes beyond delivery of medical interventions to the patient.

**Autonomy Reduces Suffering**
Autonomy helps preserve dignity for patients.
Current State
What Do Our Patients Say We Need To Work On?
## What Is a Priority Index?

<table>
<thead>
<tr>
<th>Priority Index</th>
<th>Score Rank</th>
<th>Correlation Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Priority (Top of index)</td>
<td>A big issue!</td>
<td>A big issue!</td>
</tr>
<tr>
<td>(Low actual score)</td>
<td>Big score rank</td>
<td>Big correlation rank</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(High correlation with satisfaction)</td>
</tr>
<tr>
<td>Medium Priority (Middle of index)</td>
<td>A big issue!</td>
<td>A small issue</td>
</tr>
<tr>
<td>(Low actual score)</td>
<td>Big score rank</td>
<td>Small correlation rank</td>
</tr>
<tr>
<td>or</td>
<td></td>
<td>(Low correlation with satisfaction)</td>
</tr>
<tr>
<td>Low Priority (Bottom of index)</td>
<td>A small issue</td>
<td>A small issue</td>
</tr>
<tr>
<td>(High actual score)</td>
<td>Small score rank</td>
<td>Small correlation rank</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Low correlation with satisfaction)</td>
</tr>
</tbody>
</table>
## HCAHPS Priority Index

**Ronald Reagan UCLA Medical Center**

*Surveys Returned: January 2015 - December 2015*

### Survey items are correlated to HCAHPS Overall Rating 0-10

<table>
<thead>
<tr>
<th>Order</th>
<th>Survey Item</th>
<th>Source</th>
<th>All DB %ile Rank</th>
<th>Correlation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Case Mngr assistance w/discr plan</td>
<td>PG</td>
<td>9</td>
<td>0.45</td>
</tr>
<tr>
<td>2</td>
<td>Adequate assist for you/family</td>
<td>PG</td>
<td>13</td>
<td>0.44</td>
</tr>
<tr>
<td>3</td>
<td>Help arranging home care services</td>
<td>PG</td>
<td>16</td>
<td>0.44</td>
</tr>
<tr>
<td>4</td>
<td>Response concerns/complaints</td>
<td>PG</td>
<td>43</td>
<td>0.53</td>
</tr>
<tr>
<td>5</td>
<td>Instructions care at home</td>
<td>PG</td>
<td>25</td>
<td>0.42</td>
</tr>
<tr>
<td>6</td>
<td>Skill of the nurses</td>
<td>PG</td>
<td>44</td>
<td>0.46</td>
</tr>
<tr>
<td>7</td>
<td>Staff addressed emotional needs</td>
<td>PG</td>
<td>50</td>
<td>0.43</td>
</tr>
<tr>
<td>8</td>
<td>Nurses treat with courtesy/respect</td>
<td>CAHPS</td>
<td>35</td>
<td>0.41</td>
</tr>
<tr>
<td>9</td>
<td>Nurses listen carefully to you</td>
<td>CAHPS</td>
<td>26</td>
<td>0.40</td>
</tr>
<tr>
<td>9</td>
<td>Attention to special/personal needs</td>
<td>PG</td>
<td>54</td>
<td>0.49</td>
</tr>
</tbody>
</table>
The better the communication between patient and caregivers, the more the patient believes he or she has received excellent medical care.

- Bayer Institute for Health Care Communications, West Haven, CT
Improvement Strategies: It is all about how we Communicate!

They need to feel...

- Informed
- Safe
- Seen
- Heard
- Connected

They need you to be...

- Knowledgeable & Communicative
- Professional & Proficient
- Attentive & Observant
- Available & Responsive
- Compassionate & Considerate

They need to get...

- Introductions & Explanations
- Teamwork & Discretion
- Presence & Focus in the Moment
- Listening Skills & Tactful Responses
- Kindness & Personalization
Best Practice: Introductions

- They need to feel... Informed
- They need you to be... Knowledgeable & Communicative
- They need to get... Introductions & Explanations
Best Practice: Introductions

- Introductions (for in the moment)
  - Should be for every patient & staff member, every time
  - A patient should never have to wonder who you are
  - They should never have to try to figure out on their own what you do
The most common opportunity lies in how we introduce ourselves, talk about our job, and explain actions/inactions.

- Introductions: who are you?
- Elevator speeches: 1-2 sentence explanation of your job/role.
- Set the stage: Develop your own openers, state your goals, make note of the time you’ve allotted.
- Plan your questions/topics out ahead of time.
- Talk through what you’re doing (assessments, technology, etc.)
- Explain actions and inactions- what you’re going to do as well as why you might be leaving something out.
Most of us are task oriented who perform our jobs automatically and are already thinking about the next task. Patients don’t know or understand what is happening now or what happens next so rely on us to explain.

Explain what you are doing and why you are doing it WHILE you are doing it!!

Washing hands, entering information, taking blood pressure, giving medications.

“I am scanning your arm band and asking for your date of birth as a part of our safety measures when giving medication.”

“The medication that I am giving you now is your antibiotic, Cipro. It will take about 45 minutes to administer and once it is done, I will hang the next antibiotic that was ordered for you.”

“The total time it will take for both medications will be about an hour and a half.”

“What questions do you have for me?”
Best Practice: Be Engaged and In the Moment

They need to feel...

- Seen
- Connected

They need you to be...

- Attentive & Observant
- Compassionate & Considerate

They need to get...

- Presence & Focus in the Moment
- Kindness & Personalization
Making Their Encounter Personal

- How do you make experiences personal for your audience?
  - Do we use the patient’s name every time?
  - Do we offer them choices to let them dictate an action/result?
  - Do we make chit chat, or take a second to talk about something other than their stay/visit/diagnosis?

- How do you show them that you are listening & engaged?
  - What behaviors have been outlined- verbal & non-verbal?
Best Practice: Key On-Stage Behaviors

**Non-Verbal**
- **Position**: sit down, position yourself towards your audience
- **Posture**: avoid arm crossing, soften/relax stance & shoulders
- **Nodding**: signals listening/understanding/agreement
- **Eye Contact**: look them in the eyes when addressing/listening,
- **Gesturing**: Touch is important but must be appropriate
- **Multi-tasking**: Looking at chart/screen/phone signals inattention

**Verbal**
- **Verbal Cues**: Cues like “Uh huh” or “I see” show participation
- **Re-Stating**: Paraphrasing can show you understand
- **Affirming Statements**: Empathy vs. Sympathy
- **Interruptions**: Avoid them at all costs
- **Silence**: Give them time to talk, think, feel (3 Second Rule)
- **Shaming**: Avoid judgment, it’s not your job!
Best Practice: Listening and Teach Back

They need to feel...
- Safe
- Heard

They need you to be...
- Professional & Proficient
- Available & Responsive

They need to get...
- Teamwork & Discretion
- Listening Skills & Tactful Responses
What Is Your First Response?

- Your patients have concerns.
  - How do you typically respond?
Did You Know?

<table>
<thead>
<tr>
<th>Mode of Communication</th>
<th>Years of Formal Training</th>
<th>Percentage of Time Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Writing</td>
<td>12 years</td>
<td>9%</td>
</tr>
<tr>
<td>Reading</td>
<td>6-8 years</td>
<td>16%</td>
</tr>
<tr>
<td>Speaking</td>
<td>1-2 years</td>
<td>35%</td>
</tr>
<tr>
<td>Listening</td>
<td>0 - ½ years</td>
<td>40%</td>
</tr>
</tbody>
</table>

# First Response Tendencies - Good and Bad

<table>
<thead>
<tr>
<th></th>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Solve</strong></td>
<td>Allows you to quickly address the patient’s issue.</td>
<td>You may not have identified the real issue.</td>
</tr>
<tr>
<td><strong>Criticize</strong></td>
<td>N/A</td>
<td>Elevates emotions or forces patient to withdraw.</td>
</tr>
<tr>
<td><strong>One-Up</strong></td>
<td>When personal, may help you “connect” with patient.</td>
<td>Over time, patient becomes frustrated. Feels he can’t “win.”</td>
</tr>
<tr>
<td><strong>Probe</strong></td>
<td>Allows you to get the answers you seek.</td>
<td>May not be the right questions.</td>
</tr>
<tr>
<td><strong>Empathize</strong></td>
<td>Helps to manage patient emotions and open up communication.</td>
<td>Can sound insincere if listener is not committed to this approach.</td>
</tr>
</tbody>
</table>
Teach Back Method

https://www.youtube.com/watch?v=osPwH7gYEU4

- Studies have shown that 40-80 percent of medical information that patients have received is immediately forgotten
- And nearly half of the information retained is incorrect

- Teach Back Method
  - Use a caring tone of voice
  - Display comfortable body language and maintain eye contact
  - Use plain language
  - Ask the patient to explain back, using their own words
  - Use non-shaming, open ended questions
  - Avoid asking questions that can be answered with a simple yes/no
  - Emphasize that the responsibility to explain is clearly on you, the provider
  - If the patient is not able to teach back correctly, explain again and re-check
  - Use reader friendly print materials to support learning
  - Document use of and patient response to teach back.

  - http://www.teachbacktraining.org
What Else Are All High Performing Facilities Doing?
4 Must Haves for the Best Patient Experience

• Discharge phone calls within 24-48 hours after discharge
  • Make sure to follow the CAHPS communication guidelines and only ask clinical questions

• White Boards up to date with the “team members” names, anticipated discharge date, phone number of patient relations, basic plan for the day

• Hourly rounding or safety rounds by nursing
  • Follow the 3 P’s and 4 R’s; pain, potty, position, possessions, RX, Reach, Respond, Reassure

• Bed side reporting – nursing staff handoff at shift change
Priorities = Actions

- Staff include in decisions about treatment
- Staff addresses emotional needs
- Instructions for care at home
- Staff do everything to help with pain
- Nurses listen carefully to you
- Nurses treat with courtesy/respect
- Nurses explained in a way you understand
- Making the encounter personal
- Being engaged and in the moment
- Verbal and non verbal cues
- Listening techniques
- Teach back method
- Discharge phone calls
- Narrating the care
- Hourly rounds
- White boards
- Teach back method
- Listening techniques
- Verbal and non verbal cues
- Being engaged in the moment
- Making the encounter personal
Remember the Patient

- Remember: your patient is *scared*
- Remember: your patient has *lost* almost all control
- Remember: they *hurt* and they are the ONLY judge that matters
- Remember: YOU are likely their only means of *information*
- Remember: they need *compassion*