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#9 *Responsiveness of Staff*

Revolutionize Staff Responsiveness ™

Create a culture of empathetic, timely, responsive service

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Revolutionize Staff Responsiveness™
To create a culture of empathetic, timely, responsive service

"Stop reacting – start interacting"
— Brian Lee, CSP & David Dworski, BA

Everyone is a Caregiver. We're all First Responders.

Question: *Does your current culture truly support these **responsive** values?*
1. *Everyone is a caregiver*
2. *We're **all** first responders*
*If not, how **committed are you** to changing the situation?*

Responsiveness Defined:

from Latin: *spondere:*to **pledge oneself**; to promise **solemnly;** to **engage**

HCAHPS Domain – Responsiveness

Survey Question [#]1: *Call button response*

During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?

The Key to earn an **"ALWAYS"** on question [#]1:
- ❑ Assist with **elimination needs** (restroom or bedpan)
- ❑ Assist with **eating and hydration** needs
- ❑ Discern **breathing problems** and intervene.
- ❑ Discern **bodily discomfort** and intervene.
- ❑ Discern **anxiety or emotions** requiring intervention/immediate attention
- ❑ Provide a **safe(r) environment**
- ❑ Skills to **reposition**
- ❑ Skills to **facilitate transfer**
- ❑ It says **"call button"** and it says **"help"** but in the mind of many patients when thinking about their hospital stay, "help" means from **all those they were served by**, from Admitting to Discharge.

Survey Question [#]2: *Bathroom response*

*How often did you get help in **getting to the bathroom or in using a bedpan** as soon as you wanted?*

The Key to earn an **"ALWAYS"** on question [#]2:
- ❑ It's not about just getting them a bedpan or to the bathroom. It's doing this in a way that sees to the patient's comfort and dignity at difficult times

The Point is:
It's not just *answering* the   call light…It's about an **attitude** of **empathic timely service** to patients and their families in **gracefully** fulfilling their request

Domain Leadership Owners
CEO, CNO, COO, Nurse-Managers, Nurse Supervisors, and all Managers in all departments throughout the hospital:

Domain Staff Owners

• Nurses	• Lab
• CNA's	• Dietary
• Physicians	• Physical Therapy/OT
• Hospitalists	• Imaging
• Pharmacy	• Transporters
• Unit Secretary	• ER
• Receptionist	• Business Office
• Housekeeping	• Maintenance

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Current National Threshold is;
(Rated a 4 – "Always")

66%

What's yours? _____%

Some Facts about Responsiveness:

- *Responsiveness of Staff* is consistently the third lowest-scoring HCAHPS domain
- Only *Communication about Medication* and *Quiet at Night* rank lower
- The best *Responsive* hospitals in U.S,   (95th %tile) receive 83%+ "Always"

Why Responsiveness of Staff Matters:

> *""It doesn't take an **instant** more, or cost a **penny** more*
> *to be **empathetic**, than it does to be **indifferent**."*
>
> - Brian Lee, CSP

1. **Responsiveness:** *between you and your competitors who all offer the same services at the same price in the same time frame. It's your front line's attitude of responsive service that **defines the patient's experience***

2. **Responsiveness Prevents Falls:**
   Average **cost: $4,000 to $11,000**

3. **Responsiveness = Compassionate Care**

4. **Responsiveness of Staff ratings are public**
   Example: Patients who reported that they "Always" received help as soon as they wanted
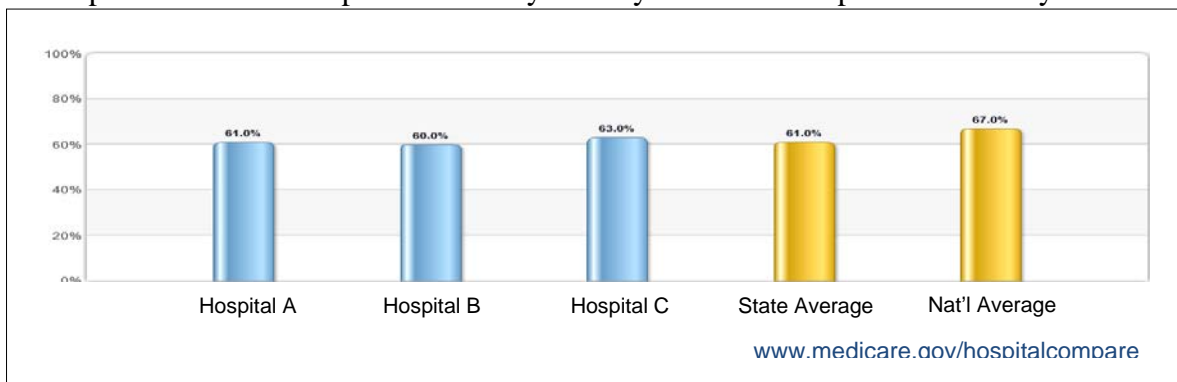
The Antidote for Excuses is:
1. Education
2. Engagement
3. Empowerment

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Crucial Leadership Engagement Best Practice

Culture of Responsiveness
- We've invested **20 years** in training, installing, and *continuously improving* nine best practices
- Implement them and **your scores will improve** and achieve **sustainability**
- The **first one** is HOW you permanently **create a culture of responsiveness…**

Our Most Solemn Recommendation:
Educate, Engage, and Empower your front line *now!*

The top two fatal mistakes hospitals make when trying to improve HCAHPS scores:
1. They assume managers and staff **know** what to do. (In many cases, they don't)
   The Answer: **Education!**
2. They assume frontline staff **want** to improve.
   (But staff lacks ownership: never asked to take part in decisions about their work)
   The Answer: **Engagement!**

> *"Give me a lever long enough…and single handed, I can move the world."*
> – Archimedes

Lever = Education

Three Questions:
1. *Where are your staff learning the **interpersonal skills** needed for a **therapeutic connection** with patients?*
2. *How **effective** have you been thus far in **educating nursing and other clinicians** about HCAHPS competencies, skills and best practices?*
3. *How successful will you be if you don't accomplish these educational goals?*

Not-an-Option Must haves:
*Everyone IS a caregiver … but **not everyone requires the same** skills to be successful*
*When it comes to HCAHPS success there are **3 sets of core competencies** for:*
- #1 *Everyone*
- #2 *Nursing*
- #3 *New Hire Orientation*

1. **HCAHPS-Based Patient Experience Skills for Everyone**
   *Provide 3 hours of core Patient Experience/HCAHPS education for **everyone.***

2. **Relationship-Based HCAHPS Skills for Nursing**
   *Provide an additional 3 hours of HCAHPS- specific patient experience education for **nurses.***

3. **HCAHPS-Based Patient Experience Orientation for New Hires**
   *Provide a 3 hour Patient Experience/HCAHPS education for all New Hires **during Orientation/Onboarding***

NOTE: Don't Confuse Quality Effective Staff Education with:
- a 5-10 min. review at a **staff meeting**
- a brief mention at a **Town Hall meeting**
- sending out an **email**
- a posting on a **bulletin board**

Front Line Training Options:
a. Frontline peer-based Train-the-Trainer
b. Webinars
c. e-Learning
d. Instructor-led classroom training

Frontline Peer-Based Train the Trainer

"You'll never solve your patient service problems until your
frontline are engaged and own them."
– Brian Lee, CSP

4 Steps of Sustainable Frontline Education, Engagement & Empowerment:
Recommendation #1:
Recruit and engage the **"Best of your Best"** *frontline stars*

Recommendation #2:
To teach an annual *3 hour HCAHPS-based* **Patient Experience Workshop** *to everyone.*

Recommendation #3:
Consider Implementing an Empowered Frontline - Train the Trainer™ *Concept*
- Frontline/Non-Management
- Terrific Attitude
- Demonstrated Commitment to Patient Satisfaction
- Empowered Frontline Leaders can be called:
  - Service Champions
  - Ambassadors
  - P.A.L.'s
  - Value Added Service Providers
  - *Service Advocates*
  - **Service Excellence Advisors**
- Appointed for a one-year term
- SEAs are recruited at a ratio of 1 for 10-20 staff
- And teach a 3 hour HCAHPS-based Service Excellence Workshop to their peers
- SEAs participate in a 2-day Train-the-Trainer Course
- The Service Engagement Advisor Train-the-Trainer Course Graduation Celebration

Question: *What Service Skills do you want* **Everyone** *to have?*

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Be sure your Training is equally relevant to:

Ancillary Departments		**and Major Services**
Admitting	Internal Transport	Ambulatory Surgery
Behavioral Health	Laboratory	Emergency
Business Office	Pharmacy	Outpatient
CCU	Physical Therapy/OT	Clinics
Dietary	Radiology	
Engineering/Maintenance	Security	
Environmental Services	Valet Parkers	

Question: *What would it mean to you if your staff 'owned' and felt accountable for your patient experience/ HCAHPS scores?*

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The Culture Change "Tipping Point" Formula:

The Goal = 20% engagement
5% Leadership + **15%** Frontline Staff= **20%**

Recommendation #4:
Schedule monthly staff "DO IT" Meetings …that engage everyone to eliminate priority dissatisfiers

Recommendation #5:
Schedule a weekly 15 minute staff Service Huddle
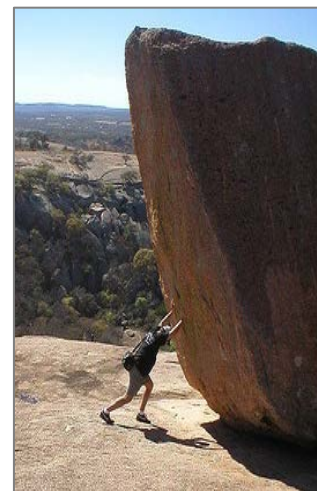
*"The only thing **worse** than **training** your employees and losing them, **is not training them and keeping them**."*
- Zig Ziglar

Team DO IT Recommendations
1. Annual - 2 Day train the trainer course
2. Annual - 3 hour Service Skills Workshop
3. Monthly - 1 hour DO IT Meeting
4. Weekly - 15 min. Service Huddle

NOTE: *See your front line education process as both your: Patient Experience improvement process and your Retention and Engagement system*

"For culture change to work just fine, it must be led from the top, and the frontline."
- Brian Lee, CSP

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Business Impact of an Engaged Workforce:
- *50% - lower turnover*
- *56% - Higher than average Customer loyalty*
- *38% - Above average productivity*
- *27% - Better bottom line*

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Source – Blanchard Seminars
</div>

Team DO IT Recommendations:

Step #1:   Commit to provide a **3 hour competency based HCAHPS education** for
- Everyone
- Nursing
- New Hire Education

Step #2:   Insure the training is followed with some form of **DO IT** Front Line implementation meetings

Step #3:   Immediately begin weekly **Service Huddles**

Question: *What do you see is the value of frontline engagement and ownership?*

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Responsiveness starts at Admitting
Responsiveness starts with proactively managing expectations at admitting.
</div>

Admitting manages expectations:
- **informs** all new patients of your commitment to timely responses to all requests…
- **explains** the **call light** system
- establishes expectations **for in-room   response times,**
- acquaints patients with **Hourly Rounding**
- Gives patient a **"Care Promises"** laminated expectations **card, or simple illustrated brochure**

At Admitting "Words that work" set *responsiveness* **expectations:**

*"If you send us an **urgent call**, (unexpected bleeding, shortness of breath, dizziness) you can expect us to be at your bedside as fast as we are able*

*"If you tell us this is a **normal call** for bathroom assistance, or for an intravenous concern, or a pump alarm, or for pain meds, you can expect us in five to seven minutes.*

*"If you call with a **less immediately-pressing request** (you may want help in re-positioning yourself, or for information about meds, or an update or information on your health status) you can expect us within twenty minutes"*

Sample welcome conversation starter in Admitting:

*"We believe **you're the most important member of our team**. Your nurses and doctors need and **want your input** in making decisions and planning your care. If there's anything you don't understand, please let your caregivers know and they'll explain it to you. **We're all here to be as responsive to your call lights** and your needs – physically and emotionally – in as timely a way as possible."*

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What you're doing:
- You are giving patients a *structure* for understanding how to use their call lights
- Knowing the *levels of urgency* shapes their expectation for speed of response
- It also saves steps, helps bedside staff *organize timely replies to patient requests*

Recommendation
Make these Conversation Starters into screen savers:
- Always just a click away, these keywords are prompts that can cue you when **making new arrivals feel comfortable**
- They help **reassure new patients** that we always stand ready to respond their various needs

Recommendation
Care Promises: *Custom Design your own "Care Promises" Card/Brochure*
Everything You Need to Know About Call Lights and More:
- ❑ Hospital mission or motto
- ❑ How the call light or phone system works
- ❑ Phone response promise (within a minute)
- ❑ Call light response promise (within 5 minutes… unless it's *urgent*… and what to do if urgent)
- ❑ Potty assist response promise
- ❑ *"Help us help you..."* by calling us in advance (example 20 minutes) We may be with another patient
- ❑ Hourly rounding promise – Count on it!
- ❑ Manage up about nursing staff on unit

Team DO IT Recommendations:
Step #1:   Appoint a **performance improvement team** to create your own Admitting Care Promises & Responsiveness Expectations Management Card/Brochure
Step #2:   The team should consist of members from
- Admitting
- Nursing
- ER
- Dietary, etc
Step #3:   Once you have an approved draft, be sure to consult widely to gain a buy-in for your promises!
Step #4:   Be sure to train your admitting and nursing staff on the competencies in **managing patient expectations.** Plan on a 30 minute lunch and learn.

Question: *How long is too long to answer a call light?*
Answer: *"You tell those staff that when I have to pee, I can't wait!"*

Nurse Bundle

#1. *Make Time* **to Understand Patient Needs and Expectations**
Ten Primary Reasons Patients Use Call Lights:
1. urgent calls
2. toileting assistance
3. intravenous problems
4. pain medication
5. repositioning and transfer assistance
6. personal assistance for food, water, etc
7. obtaining information
8. getting nurses' attention
9. asking for nursing staff's companionship, and
10. accidentally pushing the call light

Average length of time to answer a call light was:
- **3.57** minutes during **day** shifts,
- **3.70** minutes during **evening** shifts,
- **3.42** minutes during **night** shifts.
- Overall, a call was expected to be answered within **4 minutes**
- Call response **ranges from 3-20 mins**

Four Major Patient Complaints About Call Light Response:
1. **Delays** in getting call lights answered
2. **Variation** in the call light response time from a **low of less than a minute** to a **high of 20 minutes**
3. **Amount of time** it took to handle the patient's request once the light was answered
4. **Failure to fulfil** the patient's request once the call light was answered.

Responsiveness: *What's the remedy for each situation?*
- **Unoccupied time**
- **Uncertain waits**
- **Unexplained waits**
- **Unfair waits**
- **Solo waits**

#2. *Make Time* **for changing Nurse Call Light Beliefs**
The AHRQ statistics are scary
They help explain why most "Responsiveness" scores are low.

You can change RN's attitude to call light importance by taking the action-steps this webinar recommends:
- **Educate:** stress Responsiveness as emotional support
- **Engage:** give plentiful recognition for timely call responses
- **Empower:** RN's to make well-informed call light decisions

AHRQ Advancing Excellence in Health Care

Nursing Staff Opinions on Call Lights

Opinion on Call Lights	% positive responses
Most of the reasons for call lights are meaningful	77%
Most of the call lights require nursing staff's attention and care	52%
Most of the call lights pertain to patient safety	49%
Answering call lights prevents you from doing the critical aspects of your role	53%

Nearly half of the nurses in the study did not perceive answering call lights as a critical aspect of their role

Source: Tzeng Huey-Ming. "Perspectives of staff nurses of the reasons for and the nature of patient-initiated call lights: an exploratory survey study in four USA hospitals" BMC Health Services Research 2010, 10:52.

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#3. *Make Time* **to meet and manage patient expectations**
- Respond well by Managing Time well
- Remember: for the patient **anxiety** makes waits seem longer
- **Don't force** patients to play the waiting game.
- Manage their "responsiveness" expectations

Team DO IT Recommendation:

Step #1   Conduct a System/Process Audit
- ❑ Is your call light system effective? Dependable?
- ❑ Change call light systems requiring messages be relayed to RN. Call should go direct
    - Are wireless phone an option?
    - List direct Staff phone numbers on white board, for direct call to RN
- ❑ Meet expectations for response times

Step #2   Integrate your Call Light technology with your phone system

Step #3   Establish Patient Expectations during bedside report or at first hourly round.

Have You?
- Agreed on an in-room response-time?
- Shared it with patients? *It typically takes 5 to 7 minutes for a caregiver to get to your room after you press the call button.*
- Reminded patients it's necessary to call for assistance **before it becomes urgent?**

Suggestions for timely responsiveness:
"You can be most helpful to us when you anticipate your needs for assistance to the bathroom."
"So, don't ignore those first, distant urges, give us a call! Sooner is better than later!"

Step #4   Share Nursing Skills, Tips, Best Practices and Insights
Schedule a 30 minute nursing lunch and learn to show this webinar module and encourage sharing of personal best practices.

"A candle loses nothing lighting another candle."

- Anonymous

Step #5   Gain buy-in from all leadership for a organization-wide **"No Pass Zone"** policy

Question: *What skill, or technique would you like to share with yours peers?*
What can you do better or differently now?

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Nurse Bundle – Purposeful Hourly Rounding:

- **Happier**, more satisfied **patients**
- **Fewer call light interruptions** in your day
- More **free time** for your other tasks
- More control over your **daily schedule**
- A **quieter unit** throughout the day

Purposeful Rounding Studies* Show:
- **50%-52%** reduction in patient falls
- **14%** reduction in pressure ulcers/skin breakdowns
- **37- 38%** reduction in call lights
- **9- 12** point increase in patient satisfaction
- In addition, one hospital measured a **20% reduction in the distance walked each day** by the nursing staff
  - *   *September 2006 American Journal of Nursing on Hourly Rounding*
  - *   *Source: Leighty, John. "Hourly Rounding Dims Call Lights" www.Nurse.com December 4, 2006 Meade, Christine M. et al "Effects of Nursing Rounds on Patients' Call Light Use, Satisfaction and Safety" American Journal of Nursing September 2006*

When to Round with Purpose:
- **9 - 12** point increase in patient satisfaction
- A member of staff visits each patient
  - ❑ Hourly from 6 am to 10 pm
  - ❑ Every 2 hours between 10 pm
  - ❑ and 6 am
- Nurses and nursing assistants alternate visits

How It Works:
3 P's
- **Pain**: Evaluate the pain level
- **Position**: Help the patient get comfortable
- **Potty**: Offer help using the toilet

Why Focus on the 3 P'S?
Hourly Rounding – Evidence indicates the Top Five Changes in Patient Requests

4 R's Rx: Provide any needed medication *(RN visits only)*
- **Reach**: Are all the patient's needs (call light, phone, reading materials, etc.) within easy reach?
- **Respond to questions**: Ask if there's anything else the patient needs. *"I have the time…"*
- **Reassure**: Express care and concern. Let patient know at what time next rounding visit will occur. Reassure responsiveness available via call light.

Prior to Leaving:
- Ask: *"Is there anything else I can do for you while I'm here?"*
- Set expected return*: "I'll be back in **about** an hour…"*
- *"Meanwhile, there's pencil and a pad on your bedside table. If you think of questions for me or the Doc, write 'em down and we'll talk about them when I'm back…"*
- Reduces anxiety and encourages patient to "store" small things they need if they know when someone is coming back.

Recommendation: Customize your 3 "P"'s by Unit

Pop Quiz: *How do you know if your hourly rounding is working – or not?*

*Recommendation***:** *Ask these three questions:*
1. Are your **scores improving**?   ☐ Yes   ☐ No
2. Do your scores **fluctuate**?   ☐ Yes   ☐ No
3. Do you **know for sure**?   ☐ Yes   ☐ No

Question: *Why so many nurse leaders struggle with Hourly Rounding?*
Answer: ***Lack of Nurse Buy-in!***

Team DO IT Recommendation:
How to get rounding to work
1. Conduct a unit-based nurse **focus group** to pinpoint the current culture
2. Schedule a **re-vitalization class** taught by your brightest and best front line staff. Use role-playing (30 Mins)
3. Use **LEAN** or **PDSA** as your improvement matrix
4. Utilize the **Rapid Cycle** improvement model.

   Rapid Cycle Change Repeated
   Use of the Cycle
   - Changes that result in improvement
   - After each cycle has demonstrated that the change can work
   - Use more cycles to help you figure out how to change
   - Do something every day!   - Adapted from The Improvement Guide
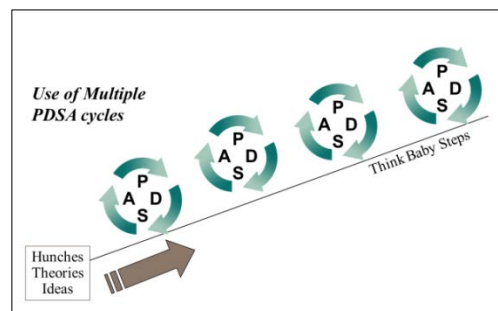
5. Utilize this free webinar tool: **The Rapid Cycle Improvement Planner**
6. Hold daily **Service Huddles**
   - Share rounding data, stories of safety & service
   - Hear complaints and grievances
7. Appoint a unit **rounding champion**
8. **Coach,** mentor and model
9. **Celebrate** and acknowledge units who improve

Question: *When and how will you re-energize Purposeful Hourly Rounding?*

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Nurse Bundle – Bedside Reporting

Evidence Based HCAHPS Results:
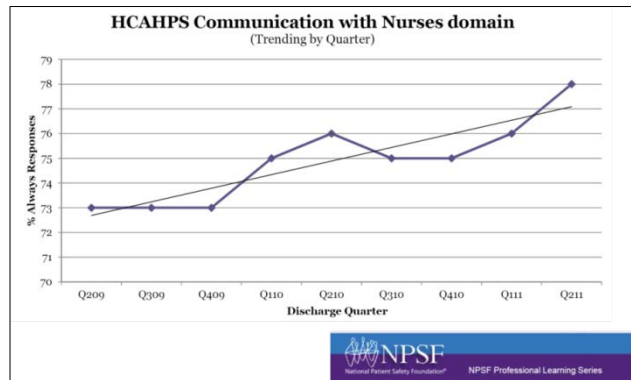
Team DO IT Recommendation:

Step #1 Review the HBS Relationship-Based **Nurse Communication Module**, if you haven't done so already, and take action as recommended

Step #2 Schedule a 30 min. nursing lunch and learn or incorporate a **Bedside Report module** in an annual 3 hour Nursing seminar/webinar

The "Everyone's-a-Care-Giver" Bundle – Service Recovery

Responsiveness means: All Hands on Deck!
You don't have to be a clinician to respond with kindness to a patient or family in duress.
Question: *Ever forget a patient?*

Recommendation:
- Implement a Critical Best Practice: **Service Recovery**
- Practice the Service Recovery Complaint Golden Rule:

"Mess Up? Fess Up & Dress Up."

- Brian Lee, CSP

Average Service Problems Per Inpatient:

Recommendation:
Empower Everyone to solve a complaint prevent a complaint, or show human compassion.

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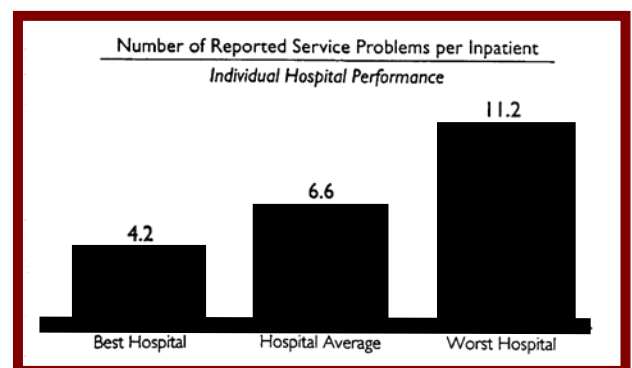
Service Recovery Effectiveness

Recommendation:

The discretion to

- spend up to **$10** per person
- or up to **$50** per person/**year**

8. Please rate the service recovery policy effectiveness (5-High, 1-Low)

		Response Percent	Response Count
5		6.9%	2
4		**44.8%**	13
3		24.1%	7
2		10.3%	3
1		13.8%	4
		answered question	29
		skipped question	1

Question: *Do your staff require **a manager's pre-approval** to "dress-up"?*
__Where and how__ will you make service recovery empowerment a reality?

_____

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Team DO IT Recommendations

Step #1 Appoint a LEAN Performance Improvement Team to **design and hardwire** a Service Recovery Policy

Step #2 **Educate everyone** in a classroom for 30 minutes, to **gain a buy-in** and commitment

Step #3 Your Goal – **recognize everyone, at least once** in the first three months

Step #4 Request a Service Recovery Tool Kit on your evaluation form

Question: *When and how will you make Service Recovery a reality for your patients?*

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The "Everyone's-a-Care-Giver" Bundle – The Platinum Rule:

Adopt the complaint **Platinum Rule**
> *"Whoever hears the complaint… becomes that patient's saint"*
> – Brian Lee, CSP

Recommendation

Step #1 Begin with the **Six Foot Rule**

Step #2 Issue a **License to Please**
> *"Whoever sees, hears or anticipates a patient need is authorized to do whatever it takes to create a positive Patient experience"*
> - The CEO

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Step #3
    a. Conduct a **30 min workshop** to educate everyone on your Platinum Rule
    b. Give the Rule a name unique to your Hospital, example: ***The Mercy Way***
    c. Lead **role-playing** on how to bring it to life based on your:
- Mission/Vision Statement
- Values
- Care Promises/Service Standards

Step #4   Set a goal to **recognize at least 3 examples** of "Platinum Rule" personal initiative, on the spot, and/or at every weekly Service Huddle

Question: *What **percentage** of your staff see themselves personally as **owners of your hospital**?*
*What **percentage should**?*

The "Everyone's-a-Care-Giver" Bundle – No Pass Zone:

Question: *Do you have an effective **No Pass Zone** culture?*
Could you turn your whole hospital into one big **"No Pass Zone"?**

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*Sensitize every staff member to always recognize, greet, acknowledge – **and be responsive** to the needs of patients and families. They are guests in our house.*

"No Pass Zone" = "No walk-by's"
- Educate staff with the expectation that **no one ever ignores a call light – or walks by** a patient / family-member requesting help.
- Non-clinical staff also know if they can't help directly, it's **their job to quickly find someone who can** lend assistance to the patient.

Team DO IT Recommendation
Step #1   Appoint a DO IT Team to author a new policy, or review and energize your existing NO PASS policy

Step #2   Adopt a slogan *"You shall not Pass"*

Step #3   Organize a launch campaign. Make it fun.
- Write a song
- Record a Youtube Video
  - ❑ Check out OK University Hospital's "No Pass"
  - ❑ Check out Adventist Health "Rounding Queen"

Step #4   Schedule a 30 min nursing lunch and learn or incorporate a **No Pass Zone module** in an annual 3 hour Everyone's-a-Caregiver seminar/webinar
NOTE – Beware spending 5 or 10 minutes and mentioning the idea at a busy staff meeting. It will not gain a buy in and change behavior.

Step #5   Make it imperative that leadership model the behavior 24/7

Question: *What do you see as the benefits of a **No Pass Zone?***
*Who needs to **own** this initiative?*

_____

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The "Everyone's-a-Care-Giver" Bundle – SERVE/AIDET

Question: *What's your system for **consistently establishing rapport with patients?** You may recall we discussed **two optional ways** to engage patients and establish rapport in Webinar $^\#6$:*

Key Questions
As you wrap up every visit:
- *"What questions can I answer for you? **I have the time**."*
- *"Is there anything else I can **do for you? I have the time.**"*
- *"What's the **most important thing** I can do for you **right now**?"*

> **Our Mantra:**
> *"We are all caregivers…"*
> *"We are all first responders"*

Team DO IT Recommendation
Step #1   **Review** the HBS Relationship Based Nurse Communication – SERVE/AIDET Module, if you haven't done so already, and take action as recommended

Step #2   Schedule a 30 min nursing lunch and learn or incorporate a **SERVE/AIDET module** in an annual 3 hour Everyone-a-caregiver seminar/ webinar

Question: *Without looking, please recite what SERVE or AIDET stands for!*

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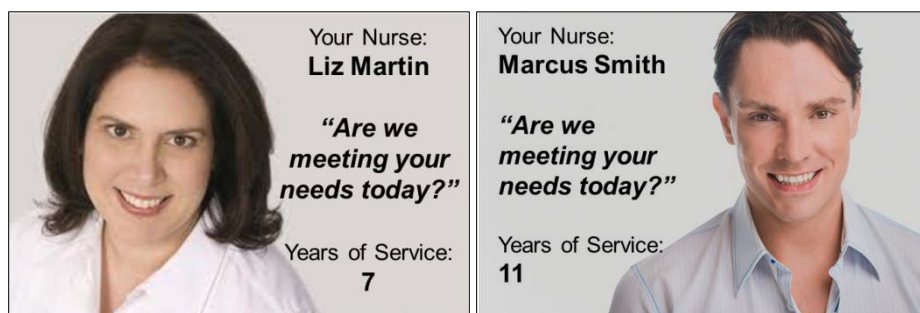## 2 Tools, Equipment and Resources

1. **Patient Navigators:**
   Individuals who guide patients through and around barriers. Integrate / assist patients through our complex healthcare system.
   Navigators for:
   - Clinical challenges.
   - Lay problem-solving.
   - Insurance guidance.

2. **Unit Clerks:**
   - Leverage unit clerks to assist in responding to patient's needs.
   - Scripting and training for unit clerical staff will give them confidence, allow clerks to contribute to an excellent patient experience

Your Nurse:
Liz Martin

"Are we meeting your needs today?"

Years of Service:
7

Your Nurse:
Marcus Smith

"Are we meeting your needs today?"

Years of Service:
11

3. **Patient Who-Does-What Poster and or Brochure**
   Responsiveness Comes in Many Colors

4. **Hourly Rounding Name Badge Jogger**
   7 Ps of Responsiveness for Hourly Rounding
   1. **P**re-empt the call
   2. **P**romptly respond
   3. Potty – take when awake
   4. Provide information/ POC
   5. Pain – ask acceptable & current level
   6. Position for comfort
   7. Place items within reach

5. **Setting Expectations with Patient for Responsiveness:**
   a. Acknowledge Patient by name
   b. Introduce yourself/role
   c. "We want to provide excellent care by ALWAYS getting you help as soon as you want it."
   d. "Please let us know when you press your call button if your need is URGENT (i.e. bathroom, sx/change, pain). Reassure that someone will respond to help. (Show call button use/demo)
   e. "Thank you for your patience."

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6. **Bulletin Board Poster**
   "To get help at soon as want it: Call the nurse or nursing assistant listed on the whiteboard or press the red call button."

7. **Patient & Family-Centered Care Boards**

8. **Care Promise/We Promise Brochure**

9. **Videos – No Pass Zone**

10. **Provide direct access to services (e.g. telephone extensions for various departments) on white board**

11. **Signs limit traffic where patients need rest**

12. **Up to Date Call Light & Phone Technology**

13. **An in-room chair makes it easy to chat**
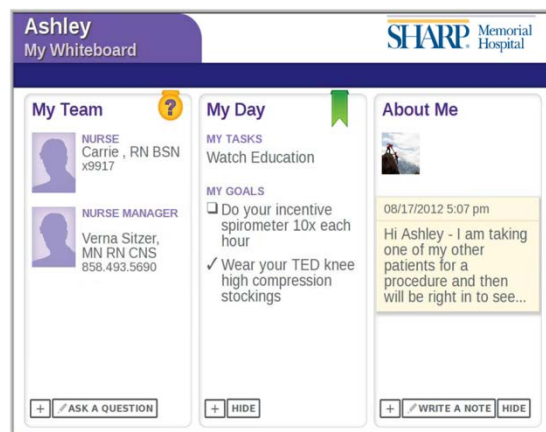
Question: *Which Responsiveness tool (or combination) could you better utilize?*

❑ Patient Navigators	❑ Bulletin Board Posters
❑ Unit Clerks	❑ Patient/Family Centered Care Boards
❑ Care Team Face Sheets	❑ Care Promise Brochures
❑ Who Does What Posters	❑ No Pass Zones
❑ Hourly Rounding Name Badges	

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3   Staff Scripting "*Conversation Starters*"

Question: *What would be the value of using **these key words at key times**?*
We call them:
- Empathizers, or
- Sentence Starters, or
- Conversation Starters

Find ways to tell patients our goal is always a timely response.

Hourly Rounding:
- *"We always want to meet your needs and provide you with the very best care. **We'll be in at least every hour** to check on you. If at any time you need more help, please just press your call button"*

Check with patients to make sure you're hearing what they're saying. Respond with mirroring skills or **paraphrase**, like this:
- *"So, as you see it…"*
- *"I think what I hear you saying is… Do I have that right?"*
- *"In other words, it sounds like you…"*

Conversation Starters Continued:

Avoid words that *don't* work:

- *Don't use:*   "We're short-staffed..." or, "We're so busy today..."
- *Don't say:*   "We're having a problem with our lab this week..."
- *Don't complain:*   "We haven't ironed out all the kinks in our new admitting procedure..."
- *Don't pass the buck:*   "Sorry, that's not my job..."
- *Don't play the blame-game:* "It's not my fault. Ted screwed it up!"

Beware the *"I'll Be Right With You"* Response:

- *"I'll be right with you..."* or, *"I'll be right back..."* can mean one thing to a patient – and something quite different to the caregiver

Instead, give an approximate time:

- *"It'll take me five minutes to get your bath ready."*
- *"Your pain medication is due in 15 minutes. I'll be with you in 10."*

Being responsive includes using these *softeners:*

- *"Just out of curiosity..."*
- *"Approximately..."*
- *"In your view..."*
- *"By the way..."*
- *"Normally..."*
- *"Just offhand..."*
- *"Would it help to consider the idea that...?"*
- *"May I ask you a question?"*

Responsiveness = Empathy

When we are empathic we enter into a *privileged intimacy* with another human being. People say:

- *"She's my nurse, and she really 'gets' me!"*
- Or, *"He takes me seriously!"*

Empathy sounds like this:

- *"I can tell you've had a tough time..."*
- *"I can see why you're discouraged!"*
- *"I can tell you're disappointed..."*
- *"I can only imagine the feelings you are experiencing."*
- *"I can certainly see why you feel/think/say that..."*
- *"Yes, it's a rotten break, and here's what we can do about it..."*
- *"It would have been better if it didn't happen, and here are the steps I'm taking to correct it..."*

Conclusion: *Pick 3 Best Practices and implement brilliantly.*

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Team DO IT Plan

- [ ] 1. Recruit and **train the best of your "go-to" frontline staff** to teach a hospital wide 3 hour workshop on the essential skill sets for HCAHPS success. Be sure to offer an additional **nursing specific** and **new hire orientation** educational session as well. *(Request information on today's evaluation form about the HBS 3 hour Frontline Webinar Series)*

- [ ] 2. Implement regular monthly **DO IT Meetings**. Be diligent in scheduling them and deciding which patient dissatisfier your unit will work to eliminate continuously

- [ ] 3. Monitor how well you're doing in your quest for excellence in service to your patients and families by holding **weekly 15 minute huddles** to assess progress, improve processes, and recognize achievement

- [ ] 4. Set patient expectations regarding staff responsiveness with Admitting. Train Admitting staff to reduce patient anxiety and make our guests feel welcome. Create your own **"Care Promise Expectation Management Card/Brochure"**

- [ ] 5. Conduct an **audit of your current call light/phone system** and update. Get a buy-in for an "Organization Wide" **no pass zone policy**

- [ ] 6. Enroll all bedside caregivers in a **renewed commitment to hourly patient rounding**. "If scores are not improving or fluxating, conduct a nurse focus group, and use the LEAN, or PDSA or Rapid Cycle Improvement Process to revitalize your rounding system" Appoint an **hourly rounding champion** on every unit

- [ ] 7. Review the HBS Relationship-Based **Bedside Reporting** Nurse Communication Module, if you haven't done so already and take action as recommended. Schedule a 30 minute Nursing Lunch and learn or incorporate Bedside Reporting in an annual 3 hour Nursing Seminar/Workshop

- [ ] 8. Appoint a **performance improvement team** to design and pilot, train, and gain buy-in, house wide for the use of proven **Service Recovery Policy**. Empower all staff to use this program without needing to gain permission from a manager

- [ ] 9. Be sure to include training to implement the **Platinum Rule**: "Whoever hears the complaint, becomes that patient's saint"

- [ ] 10. Review the HBS Relationship-Based Nurse Communication – **SERVE/AIDET Module**, if you haven't done so already, and take action as recommended. Schedule a 30 minute Nursing Lunch and Learn, or incorporate a SERVE/AIDET Module in an Annual Three Hour Everyone-is-a-caregiver Seminar/Webinar

- [ ] 11. Request your **Free Webinar Implementation Tools**, via the evaluation form: Service Recovery Tool Kit and Rapid Cycle Improvement Planner

- [ ] 12. Make the Minutes from your review of this Team DO IT Plan, your **"Staff Responsiveness Strategic Plan,"** and forward to your Executive Team and managers

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☐ Relationship based HCAHPS Skills for Nursing

☐ The Annual HealthCare Service Excellence - www.HealthCareServiceExcellenceConference.com
• National Symposium on HCAHPS Success

☐ Brian Lee, CSP, Onsite Keynote Presentation
• The Magic of Engagement™
• The Six Secrets of a World Class Patient Experience™
• The HCAHPS Hospital of Choice™

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If you haven't registered for the webinar series please go to the same link above and enter all of your information to register.

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2. I don't know my Sponsor Code so what do I put in the field?

If you do not know your Sponsor Code please contact the individual who invited you to the webinar series. This will typically be the organization and/or your hospital who invited you to participate on the series. If you still cannot find out your Sponsor Code please insert *'Unknown'* in the Sponsor Code field.

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Once you log-in to the webinar there will also be a link under the *'Description'* containing the document download.

4. Can I get CEU's from the HCAHPS Breakthrough Webinar Series?

No. Unfortunately we do not issue CEU's for this webinar series. You can contact your governing organization to see if they are able to issue them for you.

5. I'm going to be late for the webinar or miss it entirely, can I still watch it? How long do I have to watch it?

Yes, you can begin the webinar any time after it begins at its set time. We don't want you to miss it so if you join late it will take you right to the beginning as we are recording it for the archive file. If the entire webinar has passed you can log-in to your account and access it anytime. You will have access to the webinar series for 1 year from the date the webinar originally aired.

6. How do I access the tools mentioned in the webinar including the certificate?

In order to access the tools you will need to complete the evaluation form in one of two ways. The first way is electronically. Once the webinar has finished you will be re-directed to a website where it will give you further instructions including a special log-in username and password. On the last question of the evaluation page there is a link that you can copy and paste into your browser to access all of the tools, including the certificate.

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4. Make sure the speakers are not "muted".
5. Make certain the volume of the speakers is turned up.
6. Check that the system volume in your operating system is turned up.
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8. If your audio is not working in any other application, try restarting the system before turning to your computer manufacturers' support.

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1. **For me, the most valuable idea I learned and intend to use is**:_____
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   _____

2. **What I would tell others about the quality of the speakers and value of the content**: _____
   _____
   _____
   _____ O.K. to quote me: YES   NO

3. **Presentation improvements I would suggest**: _____
   _____
   _____

4. **On a scale of 1 - 5, this presentation:** (Met My Expectations) 5   4   3   2   1   (Did Not)

5. *Featured Implementation Tool:*
   Yes   A.   Information – Relationship Based HCAHPS **Skills for Nursing**
   Yes   B.   Information – HCAHPS Based-Patient Experience **Skills for Everyone**
   Yes   C.   **Service Recovery** Tool Kit
   Yes   D.   **Rapid Cycle** Improvement Planner
   Yes   E.   Interested in Scheduling Our Team **Coaching Call**

6. **P.S. – My Best Tip**: _____
   _____
   _____ ❑ More on Reverse

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