

The HCAHPS

Breakthrough Series™ Webinars

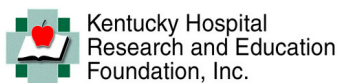
 Custom Learning Systems

#6 Communication with Nurses

Relationship-Based Nurse Communication™



ALASKA STATE HOSPITAL & NURSING HOME ASSOCIATION



Relationship-Based Nurse Communication
Master Relationship-Based Communication Skills That Heal

HCAHPS Domain – Communication with Nurses

Survey Question #1: Empathize

During this hospital stay, how often did nurses treat you with courtesy and respect?

Survey Question #2: Listen

*During this hospital stay, how often did nurses **listen carefully** to you?*

Survey Question #3: Educate

*During this hospital stay, how often did nurses **explain things in a way you could understand**?*

The three questions in shorthand, are really about:

1. Relationship-Based Empathy
2. Relationship-Based Listening
3. Relationship-Based Educating

Domain Owners:

Leaders, COO, CNO/DON, Nurse Directors/Managers, Nurse Supervisors, Team Leaders

Domain Staff Owners:

RN, LPN, CAN, and everyone who has the privilege of walking into a patient’s room and understands their power to communicate a healing presence.

Current National Threshold is;

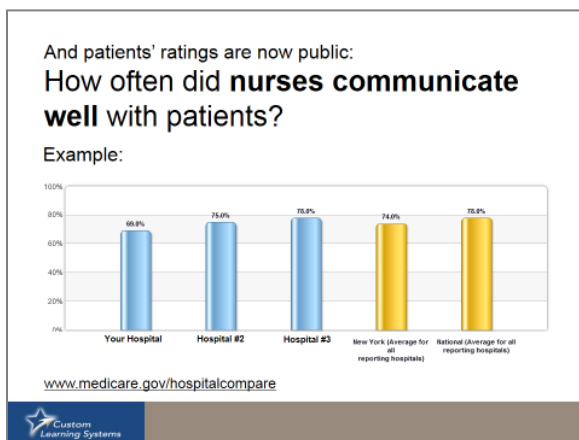
(Rated a 4 – “Always”)

75.18%

What’s Yours? _____%

Why Communication with Nurses Matters

When a patient survey asks patients: Please rate the “**skill of the nurse,**” what are patients really rating?



Communication is a Vital Sign

“Good communication with patients is as vital as vital signs.”

–Michael Gibbons

The 6th and 7th Vital Signs

“If pain is the 6th vital sign, then think of communication as the 7th!”

–Glenys Jenkins, RN

Good communication heals when it:

- Provides support.
- Relieves isolation.
- Reflects back the patient’s “best self.”
- Reminds the individual of his/her identity *beyond* being a patient.
- Ensures safety.

“Good communication requires a relationship!”

–Barry Bub, MD, *Communication Skills That Heal*.
Radcliffe Publishing Ltd, 2006

What Patients Value the Most:

*“And there was the utter void created by the **longing for warmth** of human contact. A **warm smile and an outstretched hand** were valued even above the offerings of modern science, but the latter were far more accessible than the former.”*

–Norman Cousins, *Anatomy of an Illness*, 1979

Why Communication with Nurses Matters (cont'd)

Because how health care providers **communicate** is:

- #1 predictor of HCAHPS success
- #1 factor re: patients' non-compliance
- #1 reason 50% of meds are taken incorrectly
- #1 cause of preventable medical errors
- #1 cause of malpractice litigation
- #1 cause of re-admits

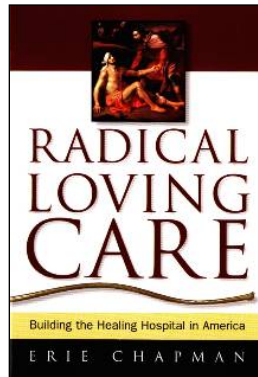
Question:

Why is quality nurse-patient communication important to you?

Crucial Leadership Engagement Best Practice

Inspirational Story/Proclaiming Moment/Daily Reflection

Erie Chapman



Question: How do you feel when you hear an inspirational true story?

The Value of Inspirational Storytelling

“Inspirational stories are referenced in everything that we are doing to improve patient and employee satisfaction. They are changing our culture and keeping us focused on the positive. They help keep our strength up and validate our efforts. We start every leadership meeting with a true story of exceptional staff service.”

– Becky Ashton, CEO, Herrin Hospital, Herrin, IL

Crucial Leadership Engagement Best Practices (cont'd)

Recommendation: Use the Power of Inspiring Stories

- They remind us of healthcare's human connection, without preaching.
- Begin every meeting with a story about:
 - A healing relationship with a patient.
 - Service above and beyond the call.
 - A family's devotion and care.
 - A deep human experience in healthcare.

Recommendation: Use the Power of “Teaching Stories”

- They illustrate the “how to” of nursing:
 - explaining
 - generating options
 - advocating
 - anticipating
 - informing
 - supporting,
 - validating
 - preparing for future

Ask Each Other:

- *“Tell me something about the patient that is not on their chart?”*

Relationship-Based Communication Check-Up:

- Are you attuned to patients' individuality?
- Are you sensitive to patients' emotional and cultural needs?
- Do you value the “privileged intimacy” that comes with your job?

1

Specific Best Practices

Four Specific Best Practices:

1. Team Mission Statement
2. Chat Time
3. AIDET & SERVE
4. Bedside Reporting

1. Team Mission Statement

Question: What is your unit/team's mission for your patient's experience?

Recommendation: Create your own Mission Statement based upon your team's shared values and beliefs:

Examples:

"All hands helping."

"Excellence in Service. Every patient. Every time."

"Our family caring for your family."

"I promise to care for you as if you were _____." (Someone who is close to you)

2. Chat Time

"There's no curing without caring."

Caring communication is central to all your relationships with patients

Recommendation - Best Relationship-Builder: "Daily Chat Time"

- Go be a friend
- For **five minutes** during hourly rounding, especially on the **first day**
- Sit down!
- Get personal
- Open yourself up (*it's not about you*)
- Remember: Patients are starved to connect

Conversation-Starters

- Where're you from?
- Kids?
- Pets?
- Hobbies?
- What you do during the day?

*Specific Best Practices (cont'd)***Benefits of “Chat Time”**

- It helps patients avoid “**personal identity threat**” (*For those who perceive the hospital experience to be disempowering, dehumanizing, devaluing*)
- It provides **comfort**, and builds your **relationship** with your patient

Communicate Caring by Managing Patient Expectations

- Be aware of patient anxiety/**loss of control**/vulnerability upon admission to hospital
- This is where the **skills** in this webinar are invaluable

Question: When will you integrate “Chat Time” into your professional practice?

3. AIDET & SERVE

What’s your system for consistent patient communication?

Here are two Effective Approaches:

- A.I.D.E.T.
- S.E.R.V.E.

S.E.R.V.E.

- **Slow** down, smile, and greet
 - Example:

“Good morning, may I come in? How are you today, Mrs. Smith?”
- **Explain** who you are and what you do
 - Example:

“My name is Lynne. I’m one of the team members taking care of you today. I’m from the lab, and I’m here to draw your blood.”
- **Respond** to the patient’s needs and estimated time
 - Example:

“I’ve been a certified Phlebotomist for eight years, and I’ve done thousands of blood draws. You’re in good hands.” (Note: tone of voice is everything!)
- **Validate** the patient’s expectations and concerns
 - Example:

“It will take me about five minutes to draw your blood. You can expect to have test results within four days...”
- **Express** thanks for the opportunity to serve
 - Example:

“Your doctor has ordered three blood tests, so I’ll be collecting three vials. These tests will determine the nutrients you may be deficient in...”

S.E.R.V.E
with Empathy, Intent and Compassion

Slow down, smile & greet
Example: “Good morning, may I come in? How are you today, Mrs. Smith?”

Explain who you are, & what you do
Example: “My name is Lynne. I’m one of the team taking care of you today. I’m from the lab. Your doctor ordered some blood samples. I’ve been certified as a Phlebotomist for eight years and I’ve done thousands of these procedures. You’re in good hands!”

Respond to the patient’s needs & estimated time
Example: “It will take me about five minutes to take the blood sample. You can expect to have test results within four days.”

Validate the patient’s expectations & concerns
Example: “Your doctor has ordered three blood tests. The tests will tell him what he needs to do to help you feel better. So, to draw a sample, first I’ll tie a band on your upper arm, and then you’ll feel a slight pinch. Do you have any questions before we get started?”

Express thanks for the opportunity to serve
Example: “We’re all done. Thank you for allowing me to take care of you. Do you have any questions before I go, or is there anything else I can do for you? I have the time.”

*Specific Best Practices (cont'd)***Key Question #2: Empathy**

- *“Do you have any questions before I go...”*
- *“Is there anything else I can do for you? I have the time...”*

How you leave the room is important.

- *“If the patient said “It’s OK, I can see you are busy”*
- *“Your response “No, no you are important to me”*
- *“Just as important as what’s waiting for me in the next room.”*

“It doesn’t take an instant more, or cost a penny more, to be empathetic, than it does to be indifferent.”

– Brian Lee, CSP

How to Consistently Apply AIDET/SERVE

1. Send everyone to “Bite-Size U” to learn and role play
2. Managers model and monitor
3. Acknowledge and recognize progress
4. Appoint a “Standing Team” to champion these models with fun and enthusiasm
5. Request the S.E.R.V.E. Mini-Poster on today’s evaluation form

4. Bedside Reporting

How good are you at transitioning your patient from your shift to the next?

Recommendation:

Get great at Bedside Reporting using SBAR

‘Bedside Reporting’

At change of shift, and in the presence of the patient, nurse going off-duty uses the SBAR tool to update incoming nurse on progress and continuing plan of care.

At bedside, be sure to:

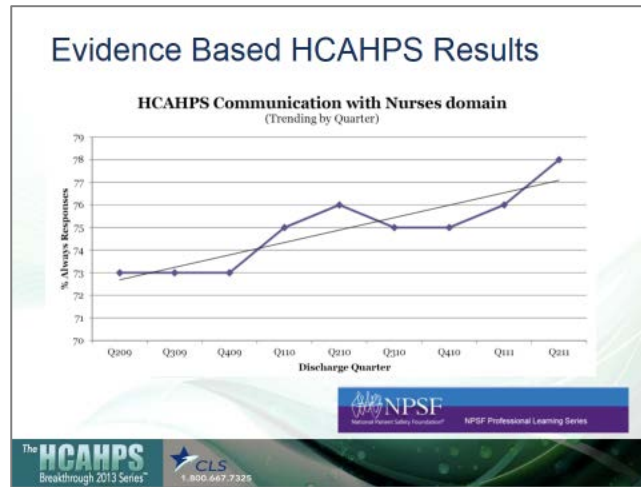
- Encourage the patient to ask questions.
- Avoid embarrassing the patient with sensitive information, i.e., incontinence.
- Check with patient about guests remaining, to respect privacy regulations.
- Be discreet if room is semi-private.
- If necessary, obtain a signed privacy release.

Situation Background Assessment Recommendation

Specific Best Practices (cont'd)

Why Implement Bedside Reporting?

- Integrates patient into the care team.
- Promotes safer patient handoff.
- Fosters patient and caregiver trust.
- Supports a “warm handoff.”
- Encourages a successful transition to practice environment for nurses.



Recommendation:

What would be the value of creating a Bedside Reporting Team to continuously improve continuity of care and increase patient engagement?

2

Tools, Equipment and Resources

Communication Resources in the Patient's Room

7 Tools Used by Highly Effective Nurses!

1. “Care Boards”

- Designed with input from everyone
- Unique to each service line

Key Question: #1 Listening

At the beginning of the shift

- “What would good care mean for you today?”
- “If there was one thing you would like to make a priority today, what would it be?”
- Post on their Care Board

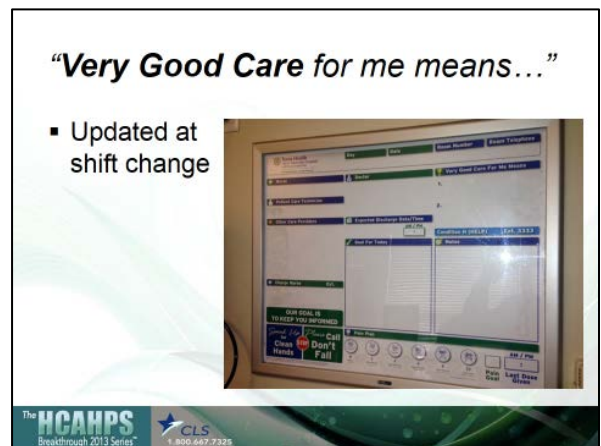
2. Wong-Baker Faces Chart

3. Help your Patients Recognize:

- Hospitalists by name
- Scrubs by dept. and color
- Keys
- Etc.

4. A Chair for Chat Time

- **Don't hover** over the patients' bed
- Make sure each patient's room has a **bedside** chair for nurse and M.D. to use
- “When you sit, you're heart-to-heart”
– Brian Lee, CEO, Custom Learning Systems



Move the Chair to the Bedside!

Do your patient rooms have an easily-moveable chair you can bring to the bedside? A **rolling stool**? This is important. **Here's why...**

*Tools, Equipment and Resources (cont'd)***Being Seated is Time Well Spent**

A study asked hospitalized patients to estimate how much time their nurses spent with them.

- All the nurses were instructed to have visits lasting exactly five minutes
- Patients who saw a standing nurse estimated the visit lasted about two or three minutes
- Patients whose nurses used a chair at the bedside perceived the visit to last 15 minutes!

3. Translators

- Easy access to **translators** (in-person or via telephone) when English is not patient's first language.
- Use a “point-at” **Language Chart**.

4. Notebook and Pen

An invaluable tool for patients to write down their questions for doctor or nurse.

- Encourage its use!

5. Hands Free, Voice Controlled, Wireless, Wearable, Communication Badge

v o c e r a

Question:

Which tools will you enhance your professional practice?

- Care board
- Wong-Baker “Faces” Chart
- Chair
- Translators
- Notepad and Pen
- Hands Free, Voice Controlled, Wireless, Wearable, Communication Badge

3

Staff Skills and Behaviors

Five Communication Imperatives;

Courtesy

- *Courtesy Communicates!*
- My name is Don Rogers....
“What Can I Do for You Today?”

Your Courtesy Builds Relationships

- Respect the sanctity of the patient’s (*bed*) room as his/her temporary home
- KB4E: Knock before entering
- Check and remind yourself of the patient’s name. Introduce yourself every time.
- Address patient as “Mr.,” “Mrs.,” or “Ms.” (*or, ask how they like to be addressed*)

Avoid!

- “Honey,” “Darling,” “Dear,” “Sweetie,” and other names that may be perceived to be discourteous

Courtesy = Good Manners

Do you...

- Request permission before handling or moving the patient or personal possessions in room?
- Show courtesy with “*Thank you, Ma’am*” and “*You’re welcome, Sir...*”?

Respect

- *Respect Communicates!*
Respect means:
 - Sensitivity to patients’ potential for experiencing isolation and confusion in their new surroundings
“*This must be hard for you...*”
“*What helps you the most to handle this...?*”
 - Responsiveness to patient preferences, needs, values
“*Would you like to decide how you want...*”
“*Would you like to list for me the various ways...*”

R.E.S.P.E.C.T. (*Aretha sang it!*)

Are you always open and receptive to patients’ thoughts and feelings?

Honor the patient’s report:

- Of what’s going on in his/her body --- however strange --- as valid for that patient in that moment...
- Because in the patient’s report, are cues you need to recognize, i.e. pain, dizziness, itchiness, numbness, etc.

*Staff Skills and Behaviors (cont'd)***Read – and act on – non-verbal clues;**

- Gestures
- Tone of voice
- Flushed face
- Breath patterns
- Dilated pupils

They all suggest opportunities to be in a respectful relationship with your patient.

Respect Personal Pop-Quiz

- Do you multi-task when speaking with a patient?
- Do you appear ‘rushed’?

Mindful Listening

- Mindful Listening *Communicates!*

A Checklist for Mindful Listening

- Maintain **good eye contact**, even when charting, or taking notes.
- Remember: An **“open” body posture** = another sign of good listening.

Listen Generously!

- Look at patient. Facial expressions and the way words are formed with your mouth may help understanding. (*Elderly patients do quite a bit of lip-reading, automatically*)

Create an Environment...

- Where patient knows you want to hear what he has to say.
- Do this by asking open-ended questions. They start with “How?” and “What?” Then listen --- and learn --- more about her needs and concerns.
- **This keys the patient’s perception that she is worthy, and is respected**


Recommendation: Build a relationship with your patient:

- Use post-it notes in chart to list her interests, hobbies, major relationships.
- Remind patients: “*You are much more than your disease...*”
- Ask “*How are you...?*” instead of “*How is your knee...?*” (or hip, or chest cough.)

Reminder:

- “*I touch by my listening.*” – Dan Bloom, LCSW


Staff Skills and Behaviors (cont'd)

Your personal HCAHPS Survey... 

On the HCAHPS scale, how do you rate yourself?

- Your **consistent** Courtesy to patients.. NSUA
- Your constant Respect for patients... NSUA
- Your skill at Listening carefully... NSUA
- Your ability to Educate **and** Explain things in easily understandable words... NSUA

N = Never S = Sometimes U = Usually A = Always

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Key Questions:

At the **end of the shift**/Bedside Report:

- “How did we do on achieving today’s goals?”
- “What made today good for you?”
- “What could we do to make tomorrow even better?”

Empathizing with Difficult Behavior

Why are some patients difficult?

“People in hospital beds are not at their best.”

-Mark Taylor, former President, St. John’s Hospital and Medical Center, Detroit, MI

Worse day than you...

“You don’t have a right to have a bad day. Every patient here is having a worse day than you!”

– Randall Hempley, Manager, HEB, Dallas

Anger and Difficult Behaviors...

Are generally a mask for two feelings:

- A loss of control.
- A sense that things are “not fair.”

To manage anger, put people in control

- Put people in control. Offer choices.
 - “Let’s look at a couple of options...”
 - “Which one’s an acceptable solution...?”

*Staff Skills and Behaviors (cont'd)***Don't pretend to understand if you don't**

- Patients can usually tell --- and find it insulting. (Tactfully ask them to repeat or re-phrase what they said).

Recommendation: Use Q-TIP

- **Quit Taking It Personally!**

Non-Verbal Communication**The Key to Non-Verbal Communication**

- *“The body never lies.”*
- Glenys Jenkins, RN
- *“It ain't what you say, it's the way how you say it...”*
- *My Heart's Delight*, Lyrics by Charles Singleton & Rose Marie McCoy

Communication is

- Words 7%
 - Tone 38%
 - Body Language 55%
- Albert Mehrabian, PhD., UCLA 1967

A Caring Touch

- Appropriate forms of touch communicate --- and reinforce --- caring feelings.
- Examples:
- Placing a hand over patient's hand
 - Gently placing an arm around patient's shoulder

Question: How good are you at the Three Big Skillful Behaviors?

- Empathize (tone & body)
- Listen (body)
- Educate (words, tone, & body)

4

Staff Scripting Recommended “Conversation Starters” Examples

Question: What would be the value of using key words at key times?

We call them:

- Empathizers, or
- Sentence Starters, or
- Conversation Starters

What do these organizations have in common?

- Marriott Hotels
- Nordstrom
- Chick-Fil-A (and all successful restaurant chains)
- Hilton Hotels
- American Express
- The Ritz-Carlton



Empathy Conversation Starters

Caution:

It’s easy to become Task-Driven

On Empathy...

“Empathy is non-negotiable. You’ve got the job all wrong if you don’t get this.”

-Rebecca Smallwood, RN, MBA

Empathize to offer comfort...

“Mrs. Duncan, I know it can be difficult to be a patient... and you haven’t had much time by yourself since we scheduled these tests.

“How about you take the afternoon off, take a nap, and I’ll see no one interrupts your rest...”

Empathy acknowledges underlying concerns...

“Mr. Pierson, you sound upset this morning. Is there anything I can do to help you...?”

Empathy gives the patient control...

“Barbara, when would you like me to bring you your medicine? Now, or after breakfast?”

Empathize when communication barriers – speech, language, or cognitive issues – interfere.

*Staff Scripting Recommended (cont'd)***‘Mindful Listening’ Communicates Care**
‘Mindful Listening’ is Two-Way Listening

- Head nods
- “Uh-huh’s...”
- “... and then what happened?”

Paraphrase so patients know you’ve heard!

- “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...”

Listen to gain clarity...

- “John, I’d like to hear about how this first happened...the first time you fell...”
- “Okay, let me get this clear...how long would you say this had been going on...?”
- “Help me to understand...”

Educate/Explain Conversation Starters**Patients may need things explained**

- “First I’ll take your vital signs, and then we’ll talk about your plan of care...”
- “I’ll leave plenty of time for questions...”

Use “behavior labelling”

- Remember to “narrate the care you give...”
- “I want to be sure you know what to be aware of when you go home with this new medicine...”

Help a patient stay positive

Positive qualities are often forgotten by the suffering patient. Self-esteem gets lost.

- “How do you manage to cope so well...?”
- “What helps you most get through the day?”
- “What supports or strengths do you rely on?”

Two Questions:

- Which conversation-starters do you want to put to work as soon as possible?
- What other “words that work easily” are you successfully using, that you could share with team members?

5

Three Thoughtful Questions That Ensure an Improved Patient Experience

Key Question #1: Listening

At the **beginning of the shift**

- “What would good care mean for you today?”
- “If there was one thing you would like to make a priority today, what would it be?”
- Post on their Care Board

Key Question #2: Empathy

During **Hourly Rounding** or use of **S.E.R.V.E.:**

- “Do you have any questions before I go?”
- “Is there anything else I can do for you? I have the time...”

Key Question #3: Educate

At the **end of the shift/Bedside Report**

- “How did we do on achieving **today’s** goals?”
- “What made today **good for you?**”
- “What could we do to make tomorrow **even better?**”

Question:

If you were consistent about **using** these relationship-based questions, **how positive an impact would they have on your patient’s** experience, as well as on your personal satisfaction?

An Observation

“The meaning of your communication is the response you get.”
– Gregory Bateson, Anthropologist and social scientist

Therefore...

If what you’re saying isn’t registering with your listener...
change the way you’re communicating!

One kind word can warm three winter months.” – Japanese proverb

(Or brighten an extended hospital stay...)

Thank You to our Advisory Team

- Glenys Jenkins, RN
- Rebecca Smallwood, RN
- Vicky Duffy, RN
- Lavonne Crowder, RN
- Stephanie Staples, RN

Team DO IT Plan

- 1. Place the sharing of “**Inspiring Stories**” on all staff, leadership, and Board meeting agendas.
- 2. Engage everyone in authoring a unit-based team **Mission Statement**.
- 3. Champion daily patient “**chat time**.” A good conversation-starter:
“What can you tell me about yourself that isn’t on your chart?”
- 4. Standardize the use of “**A.I.D.E.T.**” or “**S.E.R.V.E.**” through:
 - “Bite-sized” – 30 minute “**Learn and Role-Play**” labs.
 - Managers **model and mentor** for consistent use
 - Appoint a “**Standing Team**” to consistently promote, acknowledge / reinforce these communication behaviors.
 - Request the “**S.E.R.V.E.**” **mini-poster** on this webinar evaluation form. Make copies and post for staff to use.
- 5. Appoint a **Bedside Reporting Team** to continuously improve continuity of care and patient engagement.
- 6. Make certain you have updated your **Care-Boards** to:
 - Include and insure everyone asks and uses it as a part of the patient care plan.
- 7. Review the Patient Room Tool list for immediate improvement opportunities:

<input type="checkbox"/> Care Board	<input type="checkbox"/> Access to Translator
<input type="checkbox"/> Staff Photographs and “ Scrubs ” Board	<input type="checkbox"/> Notepad and Pen
<input type="checkbox"/> Wong-Baker “ Faces ” Chart	<input type="checkbox"/> Hands-Free, Voice-Controlled, Wireless, Wearable, Communication Device
<input type="checkbox"/> Chair	
- 8. Decide which additional nurse and support staff you want to take these webinars, especially to focus on:
 - Staff Communication Skills
 - Staff Conversation Starters
- 9. Model and champion the use of “**Three Thoughtful Questions**” at every opportunity.
 - Listening:** At the Beginning of the Shift; “*What would good care mean for your today?*” “*If there was one thing you would like to make a priority today, what would it be?*”
 - Empathy:** During Hourly Rounding or use SERVE; “*Do you have any questions before I go?*” “*Is there anything else I can do for you? I have the time...*”
 - Educate:** At the end of the shift/Bedside report; “*How did we do on achieving today’s goals?*” “*What made today good for you?*” and “*What could we do to make tomorrow even better?*”
- 10. Place the minutes from this “**DO IT Plan**” **debrief** on nursing leadership meeting agenda, until you achieve your patient experience goals, and practices are hardwired.
- 11. Request a **One Hour Nursing Leadership Coaching Call** with Brian Lee or David Dworski, to break through barriers you’ve encountered with implementation.
- 12. Register every Nurse Leader for this webinar series, to ensure they receive the notices, Learning Guides, and Tools directly to their inbox. Set a goal for who should take the final series test to become recognized as a “**Certified HCAHPS Practicing Professional.**” (CHPP)

Participant Satisfaction Report

PLEASE PRINT

This Evaluation Page can also be found at: www.lads.customlearning.com/feedback.php

Email: review@cls.com

Password: [123456](#)

Or, Email/Fax this form: webinars@customlearning.com, / 403-228-6776

You've just heard from us, now we'd like to hear from you. Thank you.

We **totally employ** about # _____ full and part time staff, at _____ facilities.

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

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. The **S.E.R.V.E.** Mini-Poster and Brian's e-book *Keep Your Nurses for Life*™

Yes B. Interested in Scheduling Our **Team Coaching Call**

6. **P.S. – My Best Tip:** _____

More on Reverse

PLEASE PRINT

First/Last Name: _____

Organization: _____ Position: _____

Address: _____ Zip: _____

Bus. Phone:(_____) _____ Extension: _____ Cell: (_____) _____

*Email: _____