

Relationship-Based Nurse Communication

Communication with Nurses

HCAHPS Breakthrough Series

Thank You
Partners





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Master Relationship-Based Communication Skills That Heal

Question:

Are you caring for the patient's disease, or are you caring for them as a human being?

Relationship-Based Communication Defined

Shifts task-focused behavior to authentic communication with patients and their families.

Communication With Nurses Questions and Why They Matter

HCAHPS Domain – Communication with Nurses

Survey Question #1: Empathy

"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"/50th Percentile)

80%

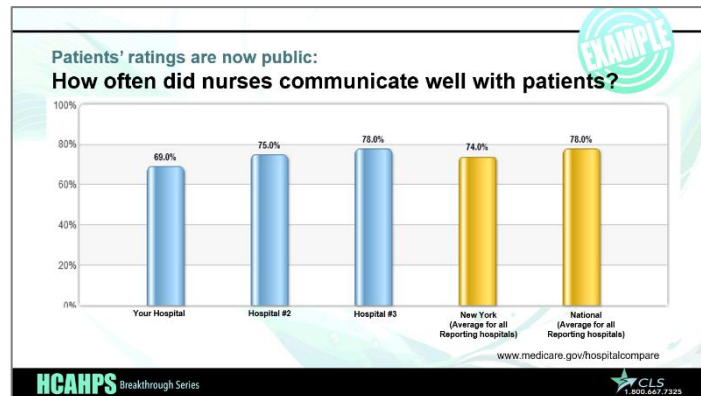
What's Yours? _____ %



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

“The patient doesn’t know if we’re killing them, but they sure do know if we’re being nice to them.”

- Brian Lee, CSP



Communication is a Vital Sign

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

—Michael Gibbons

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

Chat Time

Our patients are watching us

- + their families are checking up on us
- + Patient survey vendors
- + Joint Commission & State Surveyors are monitoring us
- + lawyers are circling around us
- + every breath and step we take

... they’re watching us!

Best Relationship-Builder Recommendation: “Daily Chat Time”

- Go be a friend
- For five minutes during hourly rounding, especially on the first day
- Sit down!
- Get personal
- Be open, friendly, and spontaneous
- Remember: most patients are starved to connect



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!

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

Conversation-Starters

- Where are you from?
- Kids/Family?
- Pets?
- Hobbies?
- What you do during the day?

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

Nursing is relationship-based care

- It is nurtured through authentic communication with patients and their families
- And "Chat Time" is the way to connect honestly and openly

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

Nurse Communication Key Questions

"The fool wonders, the wise man asks." – Benjamin Disraeli



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 the answer on their Care Board



Key Question #2: Empathy

During **Hourly Rounding** or use of **AIDET** or **SERVE**

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

AIDET & SERVE

A.I.D.E.T

- Acknowledge
- Introduce
- Duration
- Explanation
- Thank You

S.E.R.V.E

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

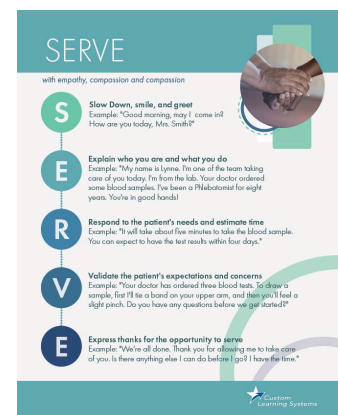
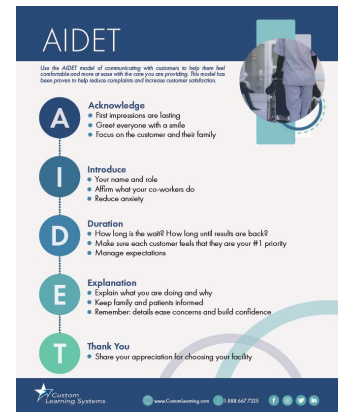
“Good morning, may I come in? How are you today, Mrs. Smith?”
- **Explain** who you are and what you do
 - Example:

“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...”





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?

Tools, Equipment and Resources

Communication Resources in the Patient’s Room

Here are 6 Tools Used by Highly Effective Nurses!

1. Customized Unit “Care Boards”

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

2. Wong-Baker Faces Chart

3. Help your Patients Recognize:

- Color-coded Scrubs for departments
- Staff photos
- Hospitalists by name
- Magnets for everyone with name and photo

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**.

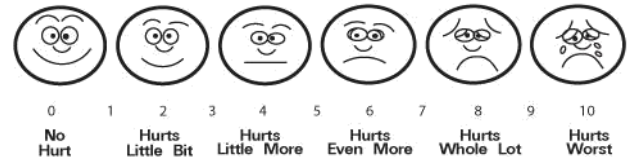
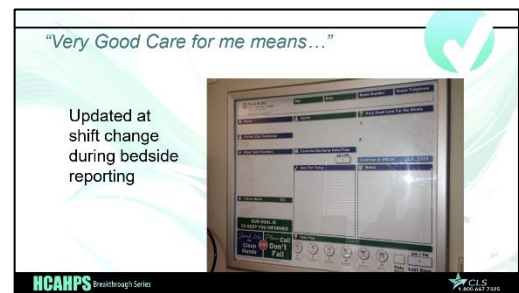
4. Notebook and Pen

- 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





Sentence Starters

Empathize with Sentence Starters

A “Sentence Starter” Is...

an easy way to communicate to your patients, in a positive way, so that they can better understand and accept new and important information.

Some health care professionals refer to sentence starters as...

- Key Words at Key Times
- Conversation Starters
- Empathizers
- Talking Points

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.”*

Communication Barriers

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

‘Mindful Listening’ Communicates Care

- Are you practicing active listening?

‘Mindful Listening’ is Two-Way Listening

- Head nods
- *“Uh-huh’s...”*
- *“and then what happened?”*
- *“Tell me more”*

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...”*
- *“Tell me more about the situation...”*

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...”*
- *“Many times, patients are curious about their new medication. I was wondering if you had any questions?”*



Use “behavior labelling”

Remember to narrate the care you give

- *“I’m pulling the curtains...”*
- *“I’m washing my hands...”*
- *“I want to be sure you know what to be aware of when you go home with this new medicine...”*

Two Questions:

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

Bedside Reporting

Question:

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

Introducing ‘Bedside Reporting’

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

At bedside, be sure to:

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

Situation Background Assessment Recommendation

Communicate and Share Information Using SBAR

S	Situation Briefly describe the current situation. Give a clear, succinct overview of pertinent issues.
B	Background Briefly state the pertinent history. What got us to this point?
A	Assessment Summarize the facts and give your best assessment. What is going on? Use your best judgement.
R	Recommendation What actions are you asking for? What do you want to happen next?

The SBAR technique provides a standardized framework for communication between members of the healthcare team about a patient's condition. SBAR is an easy-to-remember mechanism useful for framing conversations, especially critical ones, requiring immediate attention and action.

Using the SBAR model allows for an easy and focused way to set expectations for what will be communicated between members of the team, which is essential for developing effective teamwork and fostering a culture of patient safety.

SaferHealthcare



Why Implement Bedside Reporting?

- Integrates patient into the care team
- Promotes safer patient handoff
- Enhances patient engagement
- Fosters patient and caregiver trust
- Supports a “warm handoff”
- Improves patient communication
- Encourages a successful transition to practice environment for nurses
- Increases patient satisfaction

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...)

The Accountability First Step:

Who Will do What by When & How?

What’s the BEST idea you’ve heard on this webinar?

- _____
- _____
- _____

How soon will you put it/them to use?

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,
<input type="checkbox"/> Chair	Wearable, Communication Device
- ☐ 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

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HCAHPS Breakthrough Leadership Series

This Evaluation Page can be accessed online: [Click Here](#) to complete online.

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

You've just heard from me, now I'd like to hear from you. Evaluation is the "genius" of growth and we sincerely value your contribution to this learning experience. 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: _____

