

# Revolutionize Staff Responsiveness

*Responsiveness of Staff*

**HCAHPS** Breakthrough Series

Thank You  
**Partners**





# Revolutionize Staff Responsiveness™

## Responsiveness of Staff

*To create a culture of empathetic, timely, responsive service*

**Patient's Perception of Responsiveness** is based on:

- nursing's timely empathetic response to call lights and timely supportive help to the bathroom

This perception is also based on the responsiveness of many other staff positions...

Your patients may think that anyone in scrubs is a nurse.

Therefore, patients' perception of "responsiveness" may include anyone who enters their room – including their CNA, or...

- **Housekeepers**, and their empathic or indifferent conversation, or...
- **Dietary Staff**, who may or may not care that the meal is hot or tasty, or...
- **Therapist**, who cares about them, or sees patient as just another task to be completed, or...
- **Physician**... in a hurry to complete rounds, who doesn't bother to sit down

In fact, the two HCAHPS questions on "responsiveness" don't even mention the word 'nurse'...

- Which means...Patients' perception of "responsiveness" includes interaction with the **unit clerk** or telephone **receptionist** answering their call light phone...
- And the **ER Doc** who understands they're hungry or cold or frightened or in pain or exhausted, and...
- It includes **Transporters** and how prompt they are in moving a patient to the proper destination...

### Two Conclusions:

Empathetic, timely responsiveness is critical. Everyone is a caregiver.

***We are all First Responders!***

## Responsiveness Questions and Why They Matter

### *HCAHPS Domain – Responsiveness of Staff*

#### **Responsiveness Defined:**

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

In HealthCare that means to engage both a patient's physical and emotional needs... which directly correlates with the patient's perception of genuine care.

#### **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:

- 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.

### Domain Administrative Owners

CEO, CNO, COO, Nurse-Managers, Nurse Supervisors, and all Managers in all departments throughout the hospital

### Domain Staff Owners:

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

### Current National Threshold is:

(Rated a 4 – “Always”/50<sup>th</sup> Percentile)

**65%**

What’s Yours? \_\_\_\_\_%

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



## Make Time For Call Lights

### The Phases of Make Time for Call Light Mastery

#### *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** feels longer than occupied time. (Give patients events/education to look forward to)
- **Uncertain waits** are longer than known/ finite waits. (Under-promise-and-over-deliver on times; update if changes)
- **Unexplained waits** are longer than explained waits. (Don't keep patients in the dark. Explain. Explain. Explain.)

### 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  
Here's how...



### 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?**

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

<b>LEVEL A</b>	Urgent Call – as fast as we are able
<b>LEVEL B</b>	Normal Call – 5 to 7 Minutes
<b>LEVEL C</b>	Less Pressing Request – within 20 minutes

#### 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

### 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:

- 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

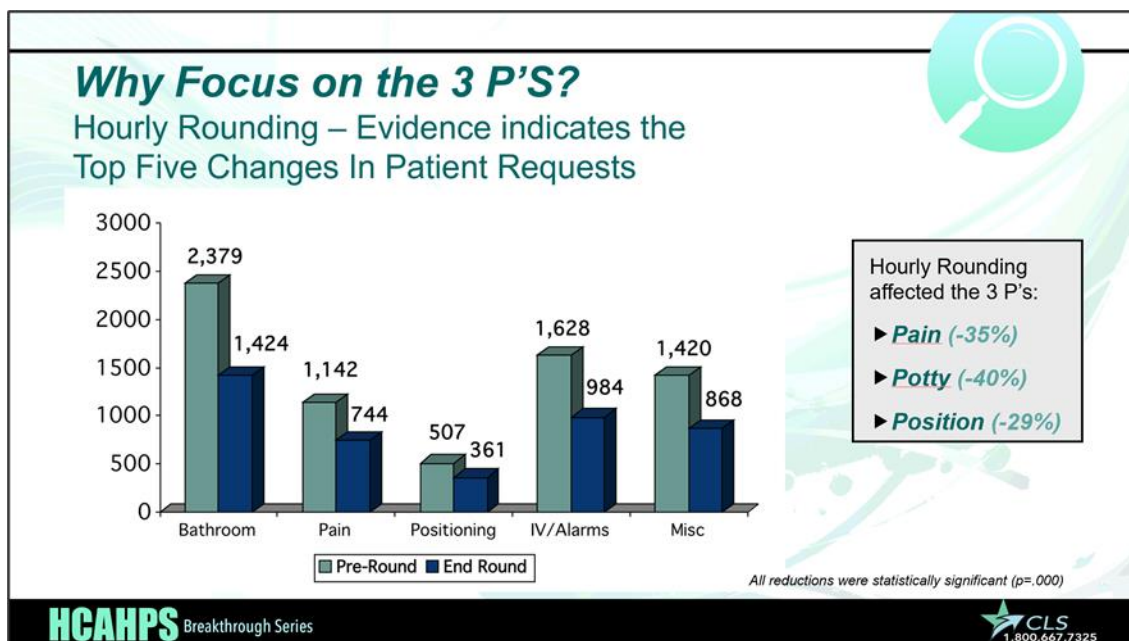
- **Pain:** Evaluate the pain level
- **Position:** Help the patient get comfortable
- **Potty:** Offer help using the toilet

### 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.

**Question:** Why so many nurse leaders struggle with Hourly Rounding?

**Answer:** **Lack of Nurse Buy-in!**

### How to get rounding to work

1. Conduct a unit-based nurse **focus group** to pinpoint the current culture
2. Schedule a **How to gain a Buy-in Workshop** (contact CLS for more information)
3. Use **LEAN** or **PDSA** as your improvement matrix
4. Utilize the **Rapid Cycle Improvement Planner**
5. Hold daily **Service Huddles**
  - a. Share rounding data, stories of safety & service
  - b. Hear complaints and grievances
6. Appoint a unit **rounding champion**
7. **Coach**, mentor and model
8. **Celebrate** and acknowledge units who improve

**Question:**

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

### The “License to Please” Empowerment Bundle

**Introducing the License to Please Empowerment Bundle**

**License to Please Empowerment Bundle**

1. Service Recovery
2. The Six-Foot Rule
3. The NO PASS Zone
4. The Platinum “Live It” Rule
5. Managing Up
6. License to Silence
7. Freedom to Clean

**HCAHPS** Breakthrough Series

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*“Give me a lever long enough...and single-handed, I can move the world”– Archimedes*

***Lever = Education***







## 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...”

## 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?

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#8  
Pain CareThe **HCAHPS**  
Breakthrough Series™ Webinars

## Team DO IT Plan

- ☐ 1. Continuously affirm and remind that relieving pain is Job #1
- ☐ 2. Use the Keys to Compassionate Pain Care as a checklist to ensure you are proactively managing your patient's pain:
  - Continuously assess pain, drawing upon a range of helpful tools
  - Proactively manage patients' expectations ahead of time
  - Employ all means possible to quickly respond to patient's concerns about their pain
  - Be non-judgemental, avoid myths/misconceptions, and anything not evidence based
  - Apply the healing power of touch, intentional presence, and empathetic non-verbal communication
  - Be proactive in preparing the patient for a pain-free recovery at home
- ☐ 3. Make a commitment to be a "pain care angel" and do whatever you can to clinically, morally, and ethically relieve and manage your patient's experience
- ☐ 4. Use this webinar as a reality check to self-identify your pain care biases and prejudices
- ☐ 5. Be alert to how your own cultural background can adversely influence how a clinical encounter plays out
- ☐ 6. Always remember: "pain is whatever the patient says it is"
- ☐ 7. Make managing patient pain expectations a priority protocol of your professional practice
- ☐ 8. Get really good at helping patients with coping skills
- ☐ 9. Stay ahead of the pain curve
- ☐ 10. Get crystal clear in your resolve to be your patient's number one pain care advocate
- ☐ 11. Learn to read body language, and monitor your own
- ☐ 12. Listen carefully to what your patient is telling you
- ☐ 13. Center yourself and practice intentional presence
- ☐ 14. Practice verbal "first aid" by making use of one or more of these sentence starters to ensure patients understand the importance of their pain care plan:
  - Adapt the wording to fit you and your conversational style
  - The key to effectiveness is sincerity
- ☐ 15. Take pride in creating your personal protocol to enhance your practice of professional nursing

# Tools & Resources

To support your team to achieve its HCAHPS performance improvement goals, we are pleased to offer these value added Educational Resources and Implementation Tools. For more information give us a call at 800-667-7325 x2202, or email [webinars@customlearning.com](mailto:webinars@customlearning.com).

Tools

- ☐ **Thirty Minute Coaching Call** *(Complimentary)*  
Problem solve & overcome barriers with this powerful value added Webinar Series benefit.
- ☐ **Brian Lee, CSP, HoF, Live Stream Keynote Presentation**
  - Magic of Engagement™ (90 minutes)
  - How to Win Back Every Single Patient™ (60 minutes)
  - How to Inspire Caregiver Heroes Everyday™ (60 minutes)
  - Reignite Your Community Reputation™ (60 minutes)
- ☐ **Ignite the Patient Experience™** (Administrative fees only)  
A comprehensive 2 day Service Engagement and dynamic 4 hour HCAHPS Leadership Seminar
- ☐ **The Everyone's a Caregiver® App**  
A time-sensitive web-based learning tool to educate and empower everyone in your hospital, and improve patient satisfaction scores.
  - HCAHPS based Patient Experience Skills for Everyone™
  - Relationship based HCAHPS Skills for Nurses™
  - The Patient Centered Clinic™
  - Transform the Resident Experience™
- ☐ **HealthCare Service Excellence Conference** - [HealthCareServiceExcellenceConference.com](http://HealthCareServiceExcellenceConference.com)
  - HealthCare Service Excellence Live Stream Summit
  - HealthCare Service Excellence Full 3 day Destination Conference
    - Includes the Annual CAHPS Symposium





Participant Satisfaction Report

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## HCAHPS Breakthrough Leadership Series

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*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. **Service Recovery** Tool Kit

Yes B. **Rapid Cycle** Improvement Planner

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

6. **P.S. – My Best Tip:** \_\_\_\_\_

\_\_\_\_\_ ☐ More on Reverse

**PLEASE PRINT**

First/Last Name: \_\_\_\_\_

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\*Email: \_\_\_\_\_

