Patient-Centered Communication: Change Your Words, Improve Their Care

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Kathleen C. Lynam
The tongue has no bones, but is strong enough to break a heart. So be careful with your words.

Greek Proverb
Session Objectives

• Understand need for increased individual effort to improve patient/family communication
• Understand it is not only what we say but what we do to ensure understanding that makes a difference
• Review RELATE™ and Words That Work™ as best practices in communication
• Review improved outcomes at Duke
Was Respect Only on TV?

What has changed?
This is what is on TV now
We have some challenges

AND THEN I SAID,

"THE DOCTOR WILL BE WITH YOU IN A MINUTE!"
And then there was this...
This is our Healthcare environment now!

Low Patient Satisfaction

Excessive Turnover

Unions
Volume Decreases

Patient Safety

Responsiveness

Patient Safety

Responsive

Disengaged Workforce

Wait Times

ED Throughput

Physician Alignment

Brand Awareness

Accountable Care

Inconsistent Accountability

CGCAHPS

Poor Quality

Value Based Purchasing

Functional - Dysfunctional Executive Team

HCAHPS Measurement

ICD-10 Infections

EMR Noise at Night

Reimbursement Challenges

Reducions in force

Cost Reductions

Healthcare Reform

Infections

Noise at Night

EMR

Reducions in force

Cost Reductions

Healthcare Reform

Infections

Noise at Night

EMR
What Our Patients are Saying

48% reported they were involved in their care

29% did not know who was in charge of their case

79% say their doctor “always” listened to them

76% say their doctors explained things in a way they could understand

Source: 2013 HCAHPS Survey National Results
Communication Through Patients’ Eyes

76% age 50 or older leaving a physician’s office/hospital were confused about what to do next.

50% surveyed have trouble understanding health care information.

40-80% of information is immediately forgotten by adult learners.

Source: Fierce Healthcare; ”New Campaign Aims to Focus Health Reform Implementation”
They say this thing is gonna close.

They say when?
Is it just a question of literacy?
<table>
<thead>
<tr>
<th>Assessment</th>
<th>Triage</th>
<th>PET Scan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intravenous</td>
<td>Stress Test</td>
<td>CT Scan</td>
</tr>
<tr>
<td>Hypertension</td>
<td>In the system</td>
<td>OOB ad lib</td>
</tr>
<tr>
<td>Medical Regime</td>
<td>Foley Catheter</td>
<td>Anti-emetic</td>
</tr>
<tr>
<td>Anti-embolic</td>
<td>Get your vitals</td>
<td>anti-hypertensive</td>
</tr>
<tr>
<td>stockings</td>
<td></td>
<td>anticoagulant</td>
</tr>
</tbody>
</table>
So Why Do We Need Words that Work in Healthcare Today?
Patient Needs

What happens when we do not address the fear component of a patient’s and their family’s experience?
Patient Expectations

- Don’t Harm Me
- Make Me Better
- Be Nice To Me

55% Somewhat to Very Worried about Wrong Treatment or Serious Infection while in hospital

Patient Empathy Study

1000 patients surveyed

94% have great fears about going into the hospital

Sources: Health Pulse of America Center for Survey Research – State University of New York, Stony Brook and Colleen Sweeney
The Truth is:

If You Have

Then You Cannot
Creating Consistent Patient-Centered Communication
RELATE™ and Words That Work™
In Action

- reassure
- listen
- explain
- answer
- express
- appreciation
- take action
Words That Work™

It is:

• planned communication
• a guide
• positive body language
• used by other industries
• a consistent message

It is not:

• mechanical
• restricting
• a rigid script
• phony

It is a way to Narrate Your Care and saves lives
Why does it matter?

GO

STOP

✓

✗
Words That Work™ are for:

• Managing Expectations
• Managing Up
• Narrating Your Care…Narrating Your Work
• Service Recovery
Managing Up
Managing Expectations
Narrating Your Care

Tell them WHAT you are doing

Tell them WHY you are doing it
Managing expectations in these settings

- Emergency Departments
- Inpatient Units
- Ambulatory Services
- Clinics
- Perioperative Services
- Behavioral Health
- Home Care
Duke University Health System
Communication Model

Make the Case
- Improve the patient experience
- HCAHPS/ Patient Satisfaction

Align with Values/Strategic Priorities
- Journey statement
- Patient and Family Centered Rounding
- RELATE ™ model for communication

Highlight Successes
- PFCC best practices
- Patient & family testimonials
- Tactical implementation updates
Step 1: “A” Align

Leaders must create alignment

- Identify vision
- Establish non-negotiables
- Listen to voice of patients
- Create plan
- Hone coaching skills (VC)

Leaders

- MD Leaders
- Nursing Leaders
- Charge Nurses
- Directors of Nursing
## Your Turn

<table>
<thead>
<tr>
<th>Key Behavior as Leader in ED</th>
<th>What does it look like?</th>
<th>How will we role model?</th>
<th>How do we hold ourselves accountable?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respect</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Rounding</td>
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</table>
ED Action Plan for Patient-Centered Care

What The Evidence Says:

- Studies support the idea that satisfied patient’s may be more likely to follow prescribed treatments and discharge instructions and less like to file complaints and lawsuits. Additionally, research indicates that patient satisfaction is related to employee satisfaction, improved morale and staff retention (Leading Practices, 2010).
- Emergency Department patient satisfaction is a key determinant in the choice of provider for future care and the ED is often the first impression the patient has on a hospital (Hedges et al, 2002).
- Crowded waiting rooms cause increased tension (Donel, March 2007)
- Recent study by ENA of 1000 nurses report that 86% had been the victim of workplace violence (Donel, March 2007)
- Waiting times is an important predictor of patient satisfaction. Increased waiting times changes the patient perspective, resulting in disappointment or even loss of control. “Waiting time has two dimensions: measured time and perceived time” (Mehmet, 2011)
- Patient perceptions are proportional to the amount of information they receive and the extent to which their experience meets the expectation rate (Mehmet, 2011)
- Waiting times for unknown reasons is perceived longer than a waiting time for a certain reason (Mehmet, 2011).
- Under conditions of inequality, the wait is perceived as longer than detected under conditions of equality (Mehmet, 2011)
- Critical wait times are estimated at 2 hours (Henry, November 2007)
- The association between overall patient satisfaction and wait time interval expectations is stronger than either the association with patient-estimated wait intervals or measured wait intervals (Hedges et al, 2002)
- Satisfaction seems to hinge not on how long the patient actually waits but whether this length is consistent with expectations (Boudreaux and O’Hea 2004)
- Patient experience can be improved by designing information and communications that set expectations for ED visit, reducing anxiety and confusion and helping patient’s plan appropriately for the experience. Patients and caregivers need clear information about the patient flow process and also need to know where they are in the queue. Better informed patients are more likely to be satisfied (Boudreaux and O’Hea, 2004)

<table>
<thead>
<tr>
<th>Target Patient Priorities</th>
<th>Behaviors We Will Demonstrate Every Patient Every Time</th>
<th>Words that Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff cares about you</td>
<td>• On initial interaction I will introduce myself, my role,</td>
<td>Say!</td>
</tr>
<tr>
<td></td>
<td>• Ask how patient how they would like to be addressed</td>
<td>Don’t Say</td>
</tr>
<tr>
<td></td>
<td>• Explain what you will be doing next, why, and how long it will take</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Thank patients for waiting and for their patience</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• reassure your patient that they are being cared for by a great team</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Offer self/team if patient/family has any questions/concerns</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• NO PASS ZONE</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• FAMILY/GUEST Policy/patient preference</td>
<td></td>
</tr>
</tbody>
</table>
Step 2: “B” Build

Leaders Must Engage Staff

Conduct employee rounding

Recognize and Reward employees doing the right thing
Leader Rounding on Employees

Traditional

• Management by walking around
• Chat with staff
• Wave and greet
• Assess work flow
• Assess environment
• Regulatory
• Clinical

BLG Focused

• Scheduled with leader
• Staff expect you
• Recognize high performers
• Role models behavior
• Information documented / shared with employees, leaders
• Consistently, not annually
Step 3: “C” Coach

Leaders Must Execute the Plan

Conduct patient focused rounding

Reward/ Recognize Staff who:
• Update white board
• Use Words That Work
• Manage expectations

Coach/hold accountable employees to integrate best practices
Tools and Tactics Deployed
To Sustain: the Work continues…

- Whiteboard auditing and reporting
- Weekly *Patient Perspective* newsletter with focus of Words That Work™ vs. “Words That Don’t Work”
- Staff recognition (e.g., shout-out, Press Ganey candy)
- Leadership rounding hardwiring using “For your safety” and “Thank you for choosing Duke ….”
Daily audits by CN and DON and MD
Getting to Every Patient Every Time

• Target specific behaviors to improve 2 problems: “Informed of Delays” & “Staff cared about you”

• Focus on specific behavior to hardwire each month with staff (e.g., narrate safety)

• Promote transparency of Press Ganey scores for “Informed of Delays” and “Staff cared about you” (e.g., publish in weekly newsletter)
Managing Expectations in Lobby

• **Goal:** Keep patients in lobby informed/updated and let them know someone CARES

• **Accountability:** Send secret shoppers to each hospital to provide crucial feedback in areas we can improve on from patient’s perspective
SURVEY SAYS!
ED Performance by Category

Duke Regional Hospital
Emergency Department Performance by Category

<table>
<thead>
<tr>
<th>Category</th>
<th>Baseline: 10/12-12/12</th>
<th>QTD: 1/14-3/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>20</td>
<td>37</td>
</tr>
<tr>
<td>Arrival</td>
<td>22</td>
<td>24</td>
</tr>
<tr>
<td>Nurses</td>
<td>25</td>
<td>57</td>
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<tr>
<td>Doctors</td>
<td>22</td>
<td>55</td>
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<tr>
<td>Tests</td>
<td>31</td>
<td>47</td>
</tr>
<tr>
<td>Family/Friends</td>
<td>47</td>
<td>80</td>
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<tr>
<td>Personal/Insurance Info</td>
<td>55</td>
<td>69</td>
</tr>
<tr>
<td>Personal Issues</td>
<td>22</td>
<td>57</td>
</tr>
<tr>
<td>Overall Assessment</td>
<td>37</td>
<td>76</td>
</tr>
</tbody>
</table>
DRH ED Performance by Category

Duke Raleigh Hospital
Emergency Department Performance by Category

Baseline: 10/12-12/12  QTD: 1/14-3/14
Mean Trends in the ED

- Goal: 87.1
- Mean: 84.6
- Data points for various months and years:
  - Jan '11: 82.4, n=313
  - Apr '11: 81.1, n=301
  - Jul '11: 83.6, n=303
  - Oct '11: 84.1, n=304
  - Jan '12: 83.3, n=279
  - Apr '12: 83.6, n=296
  - Jul '12: 85.4, n=335
  - Oct '12: 86.6, n=322
  - Jan '13: 85.1, n=318
  - Apr '13: 85.7, n=335
  - Jul '13: 86.4, n=340
  - Oct '13: 88.9, n=215
  - Jan '14: n=0

n = number of respondents
DRH ED Nurse Communication

Duke Regional Hospital
ED: Nurse Communication

Baseline: 10/12-12/12
1/13-3/13
4/13-6/13
7/13-9/13
10/13-12/13

- Nurses courtesy
- Nurse took time to listen
- Nurses attention to your needs
- Nurses informative re treatments
- Nurses concern for privacy

Large PG Rank
0
20
40
60
80
100
DRH ED Doctor Communication

Duke Regional Hospital
ED: Doctor Communication

Large PG Rank

38
22
82
62
55

Baseline: 10/12-12/12
1/13-3/13
4/13-6/13
7/13-9/13
10/13-12/13
QTD: 1/14-3/14

Doctors courtesy
Doctor took time to listen
Doctor informative re treatment
Doctors concern for comfort
The Power of Words
Let’s Change Our Words…and Improve Their Care

Thank You