

RESTORING CONNECTIONS

Supporting Patient and Family Centered Care-ALWAYS

ARE WE BECOMING DESENSITIZED TO THE PATIENT EXPERIENCE?

As organizations turn their focus toward patient experience, workforce engagement, operational improvements, and other critical priorities of our industry, there is increasing urgency around assessing and developing competencies to achieve desired performance. We know from our experience with our partners across the nation, that you cannot achieve greatness, let alone sustainable improvements, without cultural transformation for patient-centered excellence. Senior leaders must role model and own a culture of excellence. To do this, leaders must create accountabilities, and staff needs to execute at every opportunity.

Engaging the frontlines is one of the most frequently cited barriers to improving the patient experience. Yet, our world is so familiar with staff. They arrive at work for their shifts and know the realities of the healthcare environment. We have found it is all too easy to become desensitized to the perspective of the patient and family

The reasons are many for this desensitization and often include:

- Burnout
- Work has become routine
- Accountability gaps
- Lack of clarity or commitment
- Limited resources
- Overwhelming patient volumes
- New processes & technologies
- A toxic culture
- Not knowing how to do or say differently

Often these issues can darken our thinking, and they typically cause leaders and staff to lose sight of their purpose and why they come to work every day. In the most difficult situations, the employee becomes disengaged from their healing role and disconnected from the mission, vision, and values of their organization, as well as from the motivation for why they chose healthcare as a career.

WE LOSE OUR WAY WHEN WE FORGET OUR WHY

One of the first steps to building a service culture is to resensitize employees to patients is uncovering the why and creating renewed focus on the patient experience. For example, stereotyping or labeling patients is a red flag that leaders, staff, and/or physicians have become desensitized. Have you ever heard these words used in your organization?

- Pain med seeking
- Frequent flyer
- Druggie
- Non-compliant
- Difficult



Sadly, this list may sound all too familiar to you and your organization. Likely you could add to this list. Despite our best intentions, when these words are uttered, several things can occur:

- The patient can be treated differently, whether intentionally or not.
- Judgment can be passed onto the patient.
- Choices about time spent with the patient and the seriousness of their concerns are made.
- Patients and families become frustrated and angry— especially if they become aware of the comments.
- We can reinforce a tragic stigma for some of our most vulnerable populations.

We must ask ourselves, do any of these stereotypes or labels improve the quality of the patient and family experience? Or do these words diminish their (and our) experience in caring for them? Shouldn't we have zero tolerance for these words at our organization?

ALWAYS MEANS ALWAYS

Our industry is mandating an environment of heightened accountability through Patient Safety Organizations, CAHPS, core measures, Joint Commission compliance, and accountable care organizations. For example, as healthcare leaders it is unacceptable to us to skip or skimp on a key core measure process, like aspirin for a patient on arrival in the emergency department. When we stereotype or label a patient, we accept that “Always treating patients with courtesy and respect” or “Always ,”— key HCAHPS survey domains—are optional and therefore not very important.

When we stereotype or label a patient, we accept that “Always treating patients with courtesy and respect” or “Always listening carefully,”— key HCAHPS survey domains—are optional and therefore not very important. We coach our partners that the first step is this awareness. It can guide and empower our efforts and allow us to recognize how our behaviors and actions aren't consistent with an “Always” experience and what actions we can take to reconnect to those in our care.

A STARTING PLACE

The average length of stay for an acute care hospital is 4.5 days. This amount of time represents a typical work week for most people. But 4.5 days for a patient in the hospital is often a life-changing event. Healthcare leaders and staff must be sensitive, empathetic, and keenly aware that patients come into our care with fear, anxiety, and no framework for what it will be like to be in an ambulatory, emergency, or inpatient environment.

Here are some immediate actions that can launch the restore connections:

- Take your patient experience survey as if you were a patient in your own organization. Answer the questions from the patient's perspective. Then, identify the top three behaviors that you can personally change to improve the quality of their experience.
- Round on patients and their families. Take the time to ask, what has made your care excellent? How can we better serve our patients. Make it safe and meaningful for patients to have a voice

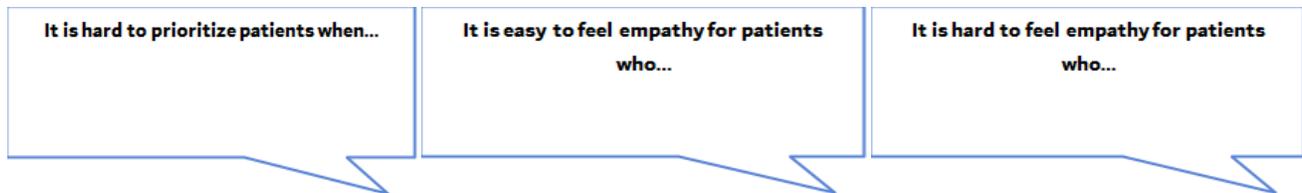


- Engage with patients and families to truly understand what has gone well during their stay. Ask them to share with you one thing that your organization could have done to better serve them.
- Visit the intensive care waiting rooms. Get perspectives from the families who are in crisis. Those encounters can have an immeasurable impact on your ability to empathize
- Take advantage of your PRC Patient Experience Survey Results. Review your outcomes, key drivers and listen to the Voices of your patients

SOLVE AS A TEAM

It is very important to engage staff in the process of resensitizing ourselves to the patient experience. Listen to the patient's perspective and give him/her a voice in finding solutions that will improve performance. This alone can go a long way to re-engaging and reconnecting staff with their teammates and those in their care. Round on your staff regularly and use unit and department meetings as platforms to uncover where there are struggles. Make a concerted effort to provide innovation and renewed commitment to your culture and patient experiences of care. Here are some steps and exercises that will help you get there:

Perform an exploratory exercise. Ask your team to identify the following:



- Discuss your answers in a safe zone where staff can speak purposefully and candidly
- Acknowledge some of your common labels or stereotypes
- Address barriers that can trip you up when attempting to eliminate patient labeling
- Communicate openly with the understanding that labeling is a non-negotiable expectation that we will practice and that we will hold ourselves to a standard of excellence every patient, every time
- Get help and support from your senior leadership team and those who are role models for the culture you are trying to create
- Don't be afraid to be vulnerable. It is ok to recognize the need to change. What is most important is what you do from this point forward

CREATE ZERO TOLERANCE

First, we must recognize the behaviors, words, and labels that have no place in a patient-centered environment. We must identify and understand the words that don't work and the labels that create a negative impression of the patient. What you permit, you promote. If you create zero tolerance for patient labeling, you also have to create and support a work environment where giving feedback to each other, whether a leader, staff member, or a physician, is accepted and encouraged.



COMMIT TO HIGHLY RELIABLE PATIENT EXPERIENCES THAT REFLECTS EXCELLENCE

Patient experiences can be largely driven by the level of positive interpersonal communication and teamwork. We must get rid of stereotyping, labeling, and negative, one-way interactions. We must evolve how we speak and interact with patients and families, which not only improves their perceptions of care, but also reduces preventable adverse events and improves quality outcomes.

CARES was designed by our PRC Excellence Accelerator team to create highly reliable patient experiences of care through behaviors. CARES is built to be something simple to remember, realistic to train and teach, easy to execute across your organization.



Our team was purposeful in the way it was designed so that every time you think of CARES. If you forget everything else and just remember CARES, you will be in a mindset of compassion and will already deliver 90% of a great patient experience.

For more information on CARES or how PRC Excellence Accelerator can help you build a consistently compassionate culture (and eliminate negative labeling), contact Barry Fleming at BFleming@PRCCustomResearch.com

