

WKBH HCAHPS For Clinical Staff

“How to Get from Very Good to Always”



Objectives

Upon completion of this course you will be able to:

- Identify the categories of the **HCAHPS** survey and how each applies to the nurse's daily interaction with patients.
- Determine how the staff's communication style and cultural sensitivity directly impacts **HCAHPS** seven categories.



HCAHPS

Hospital **C**onsumer **A**ssessment of **H**ealthcare **P**roviders and **S**ystems

- **What is HCAHPS?**

It is a way of reporting to the public how institutions are rated by their patients/consumers

- **Allows the government to determine:**

How hospitals compare in providing care to the patient/consumer



What's The Importance Of HCAHPS?

*The results are available to the public on **the internet** to help them select the best hospital for their needs.*

Consumer Rating

Our patients can rate us as the following:

- Never
- Sometimes
- Usually
- Always

The BHSF GOAL is

“ALWAYS”

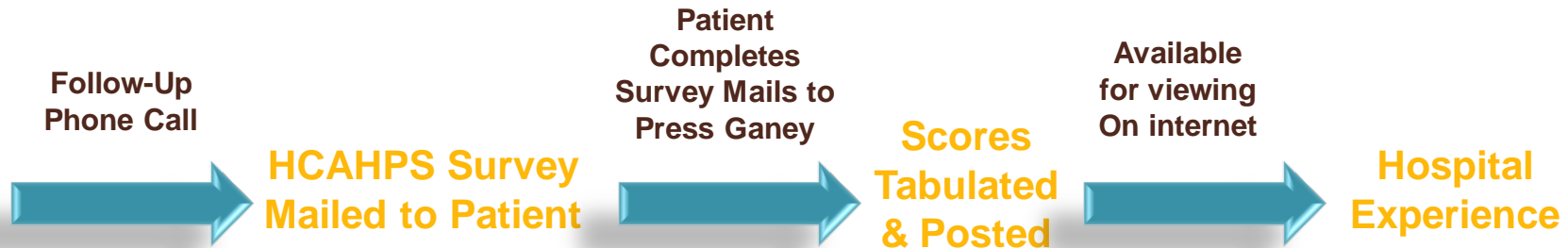
for

EVERYTHING

Patients Rate Us On Several Categories But These Directly Affect Nursing

- Communication with Nurses 
- Pain Management 
- Responsiveness of Hospital Staff 
- Physical Environment 
- Care from Doctors 
- Discharge Management 
- Medication Management 

How Does This Work?



Communication with Nurses

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

How can we achieve an “Always”?

By doing the following:

- Knock
- Greet
- Introduce yourself to the patient and family members
- Thorough Explanation - what you will do and why before doing it
- Is there anything else I can do for you?

How Can You Show Courtesy And Respect To Your Patients?

- If your ascom rings in the patient room tell the patient
“Excuse me – this is work related”
- Show **patience** and **empathy**
- Address patients and their families - **by title** (Mr. Jones)
“No Mama, pappy, honey, or sweetie”
- Use **please** and **thank you**
- Manage Up
“Speak highly of others”

Never Tell The Patient:

- We are short staffed today.
- I don't care.
- I'm so tired of this.
- I already told you.
- That's not my problem.
- I've never heard of that before.
- I don't have time to do that.
- That's against our policy. We can't make any exceptions.
- I only have 2 hours left. I can't wait to get off.

**If you hear a coworker say things like this we must remind them
of our standards at WKBH**

Behaviors That Can Not Be Tolerated Include:

- Glancing at your watch
- Rolling your eyes
- Chewing gum or candy
- Fidgeting (clicking a pen, twirling hair, picking teeth, folding arms)
- Exasperated exhales
- Placing hands over your mouth
- Frustrated, patronizing, sarcastic, caustic, or other negative tones
- Interrupting patients or family members
- Escalating the volume or intensity of the encounter
- Behaving impatient, bored, tired, unconcerned, unaffected, or distracted

If you see a coworker display behaviors like this we must remind them of our standards at WKBH

Behaviors To Avoid

- **Personal conversations** such as talking with colleagues, friends or on the phone while a patient or family member waits for you.
- **Doing something else or turning away** when a patient or family member is expressing a concern or needs something addressed.
- Failing to **address a patient concern/complaint.**

Communication with Nurses (2)

- During this stay, how often did nurses listen carefully to you?
- How well do **you** listen?



Active Listening Strategies

Active listening techniques have been associated with numerous benefits to patients:

- Improved clinical and functional health outcomes.
- Reported positive patient experiences.
- Enhanced diagnostic accuracy.
- Increased patient understanding, retention of information and adherence to prescribed treatment regimens.



When Patients Talk To Me, I Sometimes Find Myself Thinking About All The Work I Have To Do

“Focus completely on the patient”



Excellent Communication

Give patients and family members your complete and total attention. This will save time in the long run. Two or three minutes of focused attention during the initial encounter can save you from a dissatisfied, frustrated patient encounter hours later that takes 15-20 minutes.



Special Care And Attention

Communicating with elderly patients often requires special care and attention.

Tactics to help improve communication effectiveness as well as elderly patients' perception of communication quality include:

- Get down on the patient's level.
- Sit on a stool or chair.
- Get face to face and make eye contact.



Communication Strategies



- Make certain you have the patient's attention.
- Confirm that they can hear what you say.
- Speak clearly and avoid talking too fast.

Phrases That Can Not Be Said

- I can't help you. I'm too busy.
- Its not my job.
- I don't have time for this.
- We are understaffed.
- I'm not on duty.
- That's not my department.
- You must be mistaken.
- What do you want now?
- They're always messing this up.
- The computer screwed this up.



Excellent Communication

- Re-state what they are asking
- Validate their emotions and addressing their concerns

For Example: “If I heard you correctly, you are concerned about how you will care for yourself at home in your current condition. I understand that it can be scary, and I want you to know it’s OK to be concerned. We’re going to do everything we can to set up home care and therapy.”



Communication with Nurses (3)

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

Patients (and often family members or loved ones) want to know information such as:

What test will I have?

When will I have it?

Where will it be performed?

What are they looking for?

When will I find out the results?

What do they think they will find?

What are they going to do to me?

Who is going to do it?

Will it hurt?

Who will tell me the results?

What Can You Do To Help Explain Things In A Way That The Patient Will Understand?

- Give and go over written information on procedures using “non-medical” terminology.
- Explain plan of care, procedures, or medications during change of shift, hourly rounding, interdisciplinary rounds, manager rounding.
- Avoid medical jargon whenever possible.
- Provide a pen and notepad.



Remember that we have translation services available

Responsiveness Of Hospital Staff

During this hospital stay, after you pressed the call button; how often did you get help as soon as you wanted it?

Here is a tip to help with this question:

Tell patients (for non-emergency requests) it may take 5-10 minutes for someone to come in. Strive to meet this.

Remember that the patient does not consider their needs met until the request is actually fulfilled.



Responsiveness Of Hospital Staff (2)

How often did you receive help in getting to the bathroom or in using a bedpan as soon as you wanted it?

Remember That:

- Patients and family members have the expectation that urinals and bedpans should be emptied without having to ask.
- Explain that we perform Hourly Rounding and during Hourly Rounding, remember to say to them “Let me help you to the bathroom now.”
- If you place a patient on a bed ban, have your CP round regularly to empty bedpans and urinals.
- Have safety and/or lifting equipment available in the room for the frail, mobility-impaired, or severely obese patients.



Pain Management

During this hospital stay, how often was your pain well controlled?

- Use the appropriate pain rating scale for all patients and incorporate pain assessment into routine procedures.
- Educate and explain to patients the pain scale (1-10) and how to communicate pain and what to expect.
- Use pain posters inside patient rooms.
- Remember that appropriate pain management is a patient right.

Pain Management (2)

During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?

Tips to follow:

- Assess patients' pain regularly.
- Hourly rounding.
- Anticipate that they may have pain and the timing of it.
- Verbalize that **we will do everything we can to try to control their pain.**
- Be mindful of pain meds, comfort measures, distraction activities, and aromatherapy.

Medication Management

Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?

Tips:

- Patient friendly **MARs (Medication Administration Record)** - assure that we are giving it out and explain daily: ***Include the family***
- If a patient has a specific question on their medication while in the hospital use the pharmacist as a resource
- Upon discharge they can call their local pharmacist

Medication Management (2)

Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?

Tips:

- Provide all information on medications both orally and in written form.
- Ensure that written information is understandable by persons of low reading levels (5th grade or below).
- Print from patient information from Micromedix.
- If the patient or family has questions that you can not answer please contact pharmacy.

Discharge Management

During this hospital stay did doctors, nurses, or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?

Tips:

- When rounding on your patients make sure that you discuss the help they need at home, get them to talk about how they took their medications before they were admitted, who fixed their meals and who bathed them and notify social work.
- The expectation is for nursing or any other discipline that has educational information for the patient to place it in the discharge folder and pull out the teaching material inside and review it with the patient and the family.

Help You Need At Home

- As standard practice, deliver a take-home packet for every patient. Include the name and telephone number of a person the patient can contact with questions after they get home. Provide written instructions on what to do at home.
- Inform patients of everything that is being done for them to arrange for home care equipment as it is being done. Frequently update patients on the progress of these arrangements. Let patients know what the hospital has communicated to the agency (e.g., special needs, requests, equipment).



Help You Need At Home (2)



When speaking to the patient, ask him or her if they may need help at home. Ask and ensure that family members or loved ones will be present and available to help them at home. If not notify the Social Worker.

Remember That:

- All patients should get a discharge folder.
- Provide written instructions on what to do at home.

Help You Need At Home (3)

Call in the Social Worker to help discuss the help they may need at home. Inform patients of everything that is being done for them which will ensure that they have the following help if needed:

- Home care services
- Equipment
- Physical Therapy
- Medication prescriptions





Discharge Management

During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?

Tip:

Discharge plans are extremely important for this question. The patient and family must understand the discharge plan and any questions or concerns need to be addressed during the patient's hospital stay.

Additional Tips



- Ask the patient and family if they have questions about what to do when they get home.
- When giving routine medication, get the patient talking about their medications. Review the purpose and side effects. Discuss how they would take that medication at home if appropriate. Remember we need to take every opportunity to get the patient ready for discharge.
- Review all patient education materials with the patient and family. Have a discussion, pull out the information from their discharge folders and “show and tell” while reviewing the information.

Additional Tips (2)

- Take every opportunity to reinforce teaching, ensure that patients have a better understanding of their illness at discharge than when they entered the hospital.
- Encourage patients to write questions down prior to discharge and to use the notepad, or the whiteboard.
- Provide written instructions on what to look for at home. Review these with the patient and family and place in the discharge folder. You are expected to do this frequently as patients may forget.



Our patients want to be
Cared About not just **Cared For**



Conveying the Message

Over 90% of our message is communicated through our body language and tone of voice:



- **Non-Verbal - 55% (body language)**
- **Tone of Voice - 38%**
- **Words - 7%**



Cultural Sensitivity

Remember that what you think you are expressing non-verbally may be perceived differently by someone from another cultural background.

Use good judgment. Learn cultural norms. Always ask permission to hug someone.



Our Commitment

To treat our patients...

as we would want to be treated...

if it was our family member...

...On the other side of the sheets

What Are The Things That I Can Do **AIDET Recap**

Acknowledge — Greet people with a smile and use their names if you know them. Attitude is everything. Create a lasting impression.

- *"Good morning/afternoon, Ms. Jones. We've been expecting you and we're glad you are here."*
- *"Good morning/afternoon, Mr. Smith. Welcome to Sharp. We want to make your visit as convenient as possible. Would you please take a moment to confirm that we have your most current information?"*

What Are The Things That I Can Do **AIDET Recap (2)**

Introduce — Introduce yourself to others politely. Tell them who you are and how you are going to help them. Escort people where they need to go rather than pointing or giving directions.

- *"My name is Susan and I will be conducting your test today. I am a certified ultra sonographer and I do about six of these procedures a day. The doctors say that my skills are among the best. Do you have any questions for me?"*
- *"Mrs. Smith, you will be seeing Dr. Green today. He is an excellent physician. He is very good at listening and answering patient questions. You are fortunate that he is your physician."*

What Are The Things That I Can Do **AIDET Recap (3)**

Duration — Keep in touch to ease waiting times. Let others know if there is a delay and how long it will be. Make it better and apply service recovery methods when necessary.

"Dr. Heart had to attend an emergency. He was concerned about you and wanted you to know that it may be 30 minutes before he can see you. Are you able to wait or would you like me to schedule an appointment for tomorrow?"

What Are The Things That I Can Do **AIDET Recap (4)**

Explanation — Advise others what you are doing, how procedures work and whom to contact if they need assistance. Communicate any steps they may need to take. Make words work. Talk, listen and learn. Make time to help. Ask, "Is there anything else I can do for you?"

"The test takes about 30 minutes. The first step is drink this solution and the we'll have you wait 20 minutes before we take a blood sample. Would you like to read while you wait?"

What Are The Things That I Can Do **AIDET Recap (5)**

Thank You — Thank somebody. Foster an attitude of gratitude. Thank people for their patronage, help or assistance. Use reward and recognition tools.

- *"Thank you for choosing West Kendall Baptist Hospital. It has been a privilege to care for you."*
- *"Thank you for your call. Is there anything else I can do for you? I have the time."*

Congratulations!

You have successfully completed this portion of the course and are ready to take the quiz.

Before you exist, you may review the content once more. Please complete the quiz in order to complete this course.

Take the quiz and score at least 80% to successfully complete the quiz. After passing the quiz, provide us with your valuable feedback in the brief evaluation so that we may continue to improve our courses. The evaluation is **not** required for successful completion of this course.

Thank you!

HR Learning Management