COMPASSIONATE CONNECTED CARE: CLINICAL STRATEGIES TO REDUCE PATIENT SUFFERING

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Objectives

• Understand the reason behind the development of a new care model focused on the patient experience
• Discuss the “why” behind challenging survey questions
• Introduce the care model framework of Compassionate Connected Care™
• Discuss the six themes of Compassionate Connected Care™
• Identify strategies that will provide significant and sustainable improvement in the patient experience
Where We Are Today

• Mandated improvement in the patient experience
  • HCAHPS expansion
  • Pay for performance/VBP
  • Informed patients
• Healthcare organizations scrambling to make the grade and drive reimbursement
• Educational programs with packed curricula that focus on tasks
• Productivity driven operations that negate sustainability
• Focus on reimbursement, regulation, accreditation, and clinical perfection
What It All Means to the Patient

The care of the nurses depends on which nurse. Some were wonderful and some could have stayed home. We never knew day to day & night to night what kind of care would get. Some info would get passed on and some would not. One nurse yelled at him over and over & we kept telling her the patient was passed out and needed help.

Nurses focused on issues related to quality scores (cking. ID, etc.,) rather than individualized care specific to my particular diagnosis, treatment & needs.

My nurse was over worked. She had 6 total pt. to her self. I was the only one could walk, the other 5 where total care. That's why she could not help me as much.

I want to make sure that staff aren't more technical focused. Have compassion and empathy while doing their jobs. Great nurses/physicians overall!

I had a revolving door of doctors. Each one complained about the treatment I received from the one before, including my primary care physician.

Significant issues with unit mgr. after reporting tech assigned to my care was seen not adhering to isolation protocol. When leaving another pt's room who was in isolation - nurse mgr. was defensive, argumentative & rude.
What it Means to the Caregiver

- Balancing cost and quality
  - Reimbursement
  - Productivity
  - Clinical perfection
  - Regulatory and accreditation demands
- Changes in caregiver education/preparation
- Generational diversity
- Physician issues
- Staffing issues
- Leadership issues

And every day it’s

One more thing....
The Pressures are Real

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<th>Year</th>
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</tr>
<tr>
<td>2017</td>
<td>25% 25% 5%</td>
<td>45% 25% 5%</td>
</tr>
</tbody>
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Engagement on the Job

RN Commitment by Tenure

\[ F(1, 7) = 160.21, \ p = .000 \]
Engagement at The Bedside

RN Commitment by Direct Patient Care

\[ t(37,205) = -9.38, \ p = .000 \]

- DIRECT: \( n = 35,692 \)
- NO DIRECT: \( n = 1,515 \)
Common Myths

- Only disgruntled people answer surveys
- The patients always say things are fine when we round but our scores are terrible!
- We can’t provide exceptional clinical service and exceptional patient satisfaction – something has to give!
- The scores are all over the place and we haven’t changed the way we take care of patients
- We can’t focus on patient satisfaction when we are short staffed all the time.
- The survey questions don’t make sense – how do they really measure patient satisfaction?
Survey Questions Explained
Respect

Friendliness/courtesy of the nurses

• This item measures how nurses approach meeting patients' needs.
• Scoring highly in this area does not require that nurses perform any additional tasks or duties but simply conduct their existing activities in ways that build relationships with the patient and family.
• No other staff group in the hospital will communicate with your patients and families as regularly or frequently as nurses.
• This measure assesses the sum of these interactions.
Responsiveness

Promptness in responding to the call button

• This question addresses the patient's perception of staff responsiveness.
• The question primarily assesses how quickly staff get to the patient's room after the call but also can access how long it takes staff to fulfill the patient's request.
• Patients' expectations are tempered by an acute awareness that nurses are busy.
• The most common reasons patients call is because they are in pain or their equipment is making noise or malfunctioning.
• Expectations for the time it takes to fulfill each request will also be adjusted based upon the relative severity or importance of the request.
Nurses’ attitude toward your requests

- This question assesses how the nurse performs his or her duties in meeting patients’ needs.
- Attitude is reflected in verbal and nonverbal behaviors such as body position, tone of voice, hand and arm movement, facial expressions, etc.
- Consciously and unconsciously, people evaluate visible and audible clues of other people in order to assess the situation-patient evaluations, favorable or unfavorable, will be based on these clues.
Amount of attention paid to your special or personal needs

- This question assesses the effort patients believe that hospital staff made to understand and meet their minimum requirements for care.
- These needs may be unique and highly variable necessitating an assessment, documentation and integration into the care plan.
- The capacity to adapt and personalize health services is becoming a core competence that will determine the success of health care organizations in the future.
- Meeting personal requirements is an almost universal definition of customer service and satisfaction.
Information

How well the nurses kept you informed

• This question measures the patients' evaluation of the adequacy of nurses' provision of information throughout the hospitalization.

• The patient expects to understand what will happen, when it will happen, why it will happen, who will make it happen, where it will happen, how it will happen and what the end result will be.

• Numerous studies have shown that the simple act of providing information is strongly, positively associated with patient satisfaction.
Skill of the nurses

This item measures patients' perceptions of how effective nurses are in executing their duties and responsibilities.

Patients do not judge clinical competence relative to professional standards; rather, various cues influence a patient's perceptions of a nurse's expertise:

- Professional appearance (e.g., attire, grooming, cleanliness, free of perfume or smoke odors, etc.)
- Adherence to safety guidelines (e.g., wearing gloves when touching patients' surgical sites or wounds)
- Adherence to physicians' orders (e.g., following the medication schedule)
- Nurses' communication skills and understandability of his/her speech
- The effectiveness of collaboration, communication and coordination across disciplines and throughout the care continuum.
- Number of attempts to successfully accomplish a procedure (e.g., How many tries were necessary to set up the patient's catheter? How many attempts were made inserting the IV?).
- Maintenance of patients' privacy and confidentiality.
- How nurses, physicians and other hospital staff treat each other.
- Responsiveness to patients' needs.
Accommodations and comfort for visitors

- This question measures the patient's perception of how well the hospital made it easy and comfortable for people to visit.
- During difficult times, families and loved ones draw strength from each others' presence.
- Patients not only appreciate their presence, but can be quite concerned for the comfort and well-being of their visitors--as if they were in the patient's home.
- The scope of this question ranges from the responsiveness of staff to meeting to the amenities offered in the patient's room and hospital at large.
Discharge

Speed of discharge process after you were told you could go home

- This question measures the patient's perceptions of how long it took to get out of the hospital after the physician told the patient that they were going home.
- Once the physician makes the announcement, a clock starts in the patient's mind.
- The efficiency of the process will be reflected in the patient's perceptions.
Consistency is Key

Service Variance Calculator

\[
\frac{90\%}{\text{% of individuals}} \times \frac{90\%}{\text{% of behaviors}} \times \frac{90\%}{\text{% of the time}} = \frac{73\%}{\text{% of Expectation Delivered}}
\]

Source: Adapted from Deanna Frings; Wheaton Franciscan Healthcare
Compassionate Connected Care ™
Compassionate Connected Care™

Clinical Excellence: Connecting clinical excellence with outcomes

Operational Excellence: Connecting efficiency with quality.

Caring Behaviors: Connecting engagement with action.

Culture: Connecting mission, vision, & value with engagement.
Compassionate Connected Care™ Themes

Acknowledge Suffering
   We should acknowledge that our patients are suffering, and show them that we understand.

Body Language Matters
   Non-verbal communication skills are as important as the words we use.

Anxiety is Suffering
   Anxiety and uncertainty are negative outcomes that must be addressed.

Coordinate Care
   We should show patients that their care is coordinated and continuous, and that “we” are always there for them.

Caring Transcends Diagnosis
   Real caring goes beyond delivery of medical interventions to the patient

Autonomy Reduces Suffering
   Autonomy helps preserve dignity for patients
Best Practices

- Interdisciplinary rounds/collaboration
- Involve the patient in their care
- Managing up
- Whiteboard maintenance
- A different version of the Ps:
  - Proximity, Proactivity, Positioning, Pace
  - Proximity – sit down next to the patient
  - Proactivity – proactively supply information
  - Positioning – make eye contact, assure that the patient can see
  - Pace – go at the patient’s pace, not your own; repeat, write it down, teach back
Remember the Patient

Remember: your patient is **scared**

Remember: your patient has **lost** almost all control

Remember: they **hurt** and they are the ONLY judge that matters

Remember: YOU are likely their only means of **information**

Remember: they need **compassion**
Questions/Discussion

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