Nurse Communication: How To Create Powerful and Effective Patient-Centered Care

Lyn Ketelsen, RN, MBA
Studer Group Coach
# HCAHPS Correlation Studies

<table>
<thead>
<tr>
<th>HCAHPS Composite</th>
<th>Jul 2010-Jun 2011 Correlation with Patients who gave a rating of 9 or 10</th>
<th>Oct 2010-Sep 2011 Correlation with Patients who gave a rating of 9 or 10</th>
<th>Jan 2011-Dec 2011 Correlation with Patients who gave a rating of 9 or 10</th>
<th>April 2011-Mar 2012 Correlation with Patients who gave a rating of 9 or 10</th>
<th>July 2011-June 2012 Correlation with Patients who gave a rating of 9 or 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always quiet at night</td>
<td>.564**</td>
<td>.559**</td>
<td>.555</td>
<td>.553**</td>
<td>.568**</td>
</tr>
<tr>
<td>Doctors always communicated well</td>
<td>.620**</td>
<td>.604**</td>
<td>.606</td>
<td>.613**</td>
<td>.617**</td>
</tr>
<tr>
<td>Nurses always communicated well</td>
<td>.796**</td>
<td>.786**</td>
<td>.771</td>
<td>.770**</td>
<td>.773**</td>
</tr>
<tr>
<td>Pain was always well controlled</td>
<td>.724**</td>
<td>.717**</td>
<td>.710</td>
<td>.699**</td>
<td>.702**</td>
</tr>
<tr>
<td>Patients always received help as soon as they wanted</td>
<td>.698**</td>
<td>.703**</td>
<td>.686</td>
<td>.679**</td>
<td>.681**</td>
</tr>
<tr>
<td>Room was always clean</td>
<td>.647**</td>
<td>.634**</td>
<td>.611</td>
<td>.602**</td>
<td>.599**</td>
</tr>
<tr>
<td>Staff always explained about medicines before giving them to pat</td>
<td>.669**</td>
<td>.647**</td>
<td>.643</td>
<td>.641**</td>
<td>.626**</td>
</tr>
<tr>
<td>Yes, patients were given information about what to do during the</td>
<td>.581**</td>
<td>.561**</td>
<td>.564</td>
<td>.580**</td>
<td>.572**</td>
</tr>
<tr>
<td>YES, patients would definitely recommend the hospital</td>
<td>.901**</td>
<td>.900**</td>
<td>.898</td>
<td>.898**</td>
<td>.898**</td>
</tr>
</tbody>
</table>

Source: The table above was updated 5.3.13 using 3Q11-2Q12 CMS data.
Who Does it Well… Nurse Communication
Top Organizations in Attendance

Data Based on 3Q11-2Q12 CMS Update, by Discharge Date

*90th %tile is equivalent to top box score of 85
Other Composites influenced by Nurse Communication

- Pain
- Medications and Side Effects
- Patients Received Help
- Physician Communication
- New Care Transition Measures
Organizations Coached by Studer Group Outperform the Nation across HCAHPS Composites

Source: The graph above shows a comparison of the average percentile rank for Studer Group Partners that have received EBL coaching since Oct 2008 and non-partners for each composite; updated 5.2.13 using 3Q11-2Q12 CMS data.

Copyright © Studer Group. Please do not quote, cite, or disseminate without Studer Group authorization.
Organizations Coached by Studer Group Outpace the Nation in HCAHPS Improvements

Average Change in Top Box Results in One Year
Studer Group Partners vs. Non Partner

- Patients who gave a rating of 9 or 10 (high)
  - Non-Partner Change: 1.3
  - SG Partners Change: 1.6

- Clean and Quiet
  - Non-Partner Change: 1.1
  - SG Partners Change: 1.3

- Discharge Instructions
  - Non-Partner Change: 1.2
  - SG Partners Change: 1.5

- Patients always received help as soon as they wanted
  - Non-Partner Change: 2.0
  - SG Partners Change: 2.5

- Yes, patients would definitely recommend the hospital
  - Non-Partner Change: 0.7
  - SG Partners Change: 1.3

- Staff always explained about medicines before giving…
  - Non-Partner Change: 1.0
  - SG Partners Change: 1.8

- Pain was always well controlled
  - Non-Partner Change: 1.0
  - SG Partners Change: 1.4

- Nurses always communicated well
  - Non-Partner Change: 0.80
  - SG Partners Change: 1.6

- Doctors always communicated well
  - Non-Partner Change: 1.0
  - SG Partners Change: 1.0

Source: The graph compares the change in one year in “top box” results achieved by Studer Group partners vs. non-partners. Change is from 3Q10-2Q11 to 3Q11-2Q12. The “top-box” is the most positive response to HCAHPS survey questions.
Driving Performance

Diagnose
- Assess

Treatment
- Actions

Systems
- Tools
  - Techniques
  - Processes

Teach
- Skill Development
  - Skill Labs

Validate
- Rounding
  - Direct Observation
  - Skill Labs

Coach

Reward
The Questions in this Composite

- During this hospital stay, how often did the nurses treat you with courtesy and respect?
- During this hospital stay, how often did nurses listen carefully to you?
- During this hospital stay, how often did nurses explain things in a way you could understand?
The New CTM Questions (Jan. 2013) are rooted in Communication

- During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left. *They listened*

- When I left the hospital, I had a good understanding of the things I was responsible for in managing my health. *They explained*

- When I left the hospital, I clearly understood the purpose for taking each of my medications. *They explained*
Execution Framework

Evidence-Based Leadership\textsuperscript{SM}

STUDER GROUP\textsuperscript{®}:

**Objective Evaluation System**

**Leader Development**

**Must Haves\textsuperscript{®}**

**Performance Gap**

**Standardization**

**Accelerators**

**Aligned Goals**
- Develop goals to create urgency, focus, or awareness of the drive to improve Nurse Communication domain in HCAHPS

**Aligned Behavior**
- Huddles
- Nurse Leader Rounds
- Hourly Rounding\textsuperscript{℠}
- Follow up Phone calls
- KWKT – Narrate care
- Individualized Patient Care
- Whiteboards
- Reward and recognize or coach/counsel as appropriate to reinforce behaviors and achievement of results

**Aligned Process**
- Processes that are consistent and standardized
- Process Improvement
  - PDCA
  - Lean
  - Six Sigma
  - Baldrige Framework
- Software
The Power of Words
Nurses – The most trusted profession

For 10 years in a row, nursing has topped the list of the most trusted profession: Gallop Research Corporation annual study of Honesty and Ethics.

“The public's continued trust in nurses is well-placed, and reflects an appreciation for the many ways nurses provide expert care and advocacy.”

Karen Daley, President of the American Nurses Association
Listening – Don’t

- Don’t overuse multi-tasking – physical or mental
  Sacred Time – first 2 minutes
  Answering patients’ questions
- Don’t talk over the end of patients’ sentences
- Don’t talk with your back to a patient
- Don’t leave the TV on when discussing care plans or other important information
Listening – It’s Not Just our Ears

- We must also listen with our eyes
- Patients, families and customers send us non-verbal cues
Listening – Do’s

- Manage pain so patients are in a place where they can benefit from the information we share
- Use strategies such as repeating back and asking probing questions
- Use Key Words at the Key Times

- “Mr. Jones, as I was listening to your wife, she has many questions about your new medication…”
- “I was listening to you speak about your pain and it occurred to me that we could try….”
Courtesy and Respect

Starts with listening and explaining; always includes the family

Behaviors matter!

**Actively Coach** the factors of engagement and add these to every competency that requires human interaction

- Active Listening
- Eye contact
- Tone of voice
- Appropriate speed of speech
- Appropriate use of touch
- Not multi-tasking
- Appropriate use of humor/emotion
- Physical positioning – sitting, kneeling, etc.
- Energy mirrors the needs of the patient
Addressing Communication challenges

- Language Barriers – use interpreters and interpreter software whenever possible
- Cultural Diversity of staff – not an excuse not to meet the needs of the patient
- Technology – computers, phones. Be proactive and include the patient whenever possible

Take a moment and introduce yourself to those around you and discuss some of the communication challenges you face and get ideas from your peers!
If we don’t explain what we are doing and why – we have no hope of patients getting better

If we explain but do it in a way that they don’t get it - we have no hope of patients getting better
Best Practices – Hardwire the full scope of the Patient Care Model

Hourly Rounding®
1. Use opening Key words: Round
2. Perform scheduled tasks
3. Perform 3P’s
4. Additional Comfort measures
5. Environmental assessment of room
6. Closing Key words
7. Tell when you will return
8. Log the round

Bedside Shift Report
1. AIDET® introduction
2. Communication of current state and plan of care
3. Teach back reinforcement of important patient care information such as drug side effects

Individualized Patient Care
1. Ask what 2-3 things will ensure excellent care
2. Write on board
3. Used by all members of the care team
4. Ask each shift to reinforce listening

Post visit calls
1. Questions designed to assess patients progress at home
2. Listening with more than your ears

Nursing and Patient Care Excellence
AIDET® and Key Words at Key Times

- Narrate the care – be more verbal in our approach with patients
- Avoid silent assessments
- Hardwire AIDET® and Key Words at Key Times
  - Introduction – when can I stop?
  - 5 objectives to be met in every interaction, regardless of how brief
Hardwire the Use of Communication Boards

- Customize them for your facility or care area
- Focus on the use of the information by the whole care team
- Gaps in data on the board don’t fulfill the promise to patients and families
Validation

- Nurse Leader Rounds – focused on communication and validating that our best practices are in place. Are we having the impact we expect from the patient and families perspective?

- Shoulder-to-shoulder direct observation and immediate feedback to staff on implemented best practices. Are we coaching behaviors?

- Whiteboard and Hourly Rounding® log checks – Have we fulfilled the promise?

- Skill labs – Do you know with certainty the skills your staff demonstrate? Are you and your staff doing these things every patient, everyday – Always?
Communication Impact

“After completing my rounds on a patient, the patient’s son followed me out of the room. He proceeded to tell me that he was a physician that worked at a competing hospital. He was so impressed with bedside shift report because he was kept completely informed and the report answered any and all questions that he had in regards to his mother’s care.”

Laurene Carlin, Nurse Manager from Geisinger Wyoming Valley
Nurse Manager Patient Rounding Impact

Patients who ‘strongly agree’ that a nurse manager visited them daily have higher Rate Hospital and Nurse Communication scores.

Survey Question: “A nurse manager or leader visited me about my care daily.”

Data Source: Kaiser Permanente Program wide All IP combined average results (Jan 2010 – Aug 2011)

National 75th percentile for Rate Hospital is 73% and for Nurse Communication is 80% (CMS 2010Q1-Q4)
Bedside Shift Report

Tactic and Tool Implemented:
- Bedside Shift Report

Florida ED, >104K ED visits, Admissions=38,498
Resources

HCAHPS Handbook

- Filled with actionable tips proven to improve patient perception of care. A “PDR” for healthcare professionals
- Broken out by composite so readers can zero-in on specific parts of the survey
- Gain the keys to sustaining gains maximize reimbursement

The Nurse Leader Handbook

- Reward and recognize positive behaviors
- Hold crucial conversations with high, middle, and low performers
- Use Key Words to drive quality outcomes
- Teach and implement service recovery
- Answer tough questions
- Talk to the C-Suite in a way that gets results

Learn more at www.firestarterpublishing.com
Human Responsibility

When you know you have a solution to a problem that is causing pain for someone – you have a human responsibility to act, and to do so with all urgency.

~ Quint Studer
Thank you

Lyn Ketelsen RN, MBA
850-934-1099
lyn.ketelsen@studergroup.com
www.studergroup.com