



Take a Seat! Effective Communication Strategy to Improve Patient Experience

April 20, 2023

Housekeeping

- All participants are muted.
- **Audio Settings:** ability to select your speakers and adjust your volume.
- **Chat:** for sharing of ideas, interacting with speakers and attendees; not for promoting services and products. Make sure you choose **'Everyone'** in the dropdown in the chat box.
- **Q&A:** for submitting questions to review at the end of the webinar



- Receive follow up email tomorrow with webinar slides, recording and link to survey.

PX Continuing Education Credits

- This program is approved for 1 PXE.
- In order to obtain patient experience continuing education credit, participants must attend the program in its entirety and complete the evaluation within 30 days.
- The speakers do not have a relevant financial, professional, or personal relationship with a commercial interest producing health care goods/services related to this educational activity.
- No off-label use of products will be addressed during this educational activity.
- No products are available during this educational activity, which would indicate endorsement.

This webinar is eligible for 1 patient experience continuing education (PXE) credit. Participants interested in receiving PXEs must complete the program survey within 30 days of attending the webinar. Participants can claim PXEs and print out PXE certificates through Patient Experience Institute. As an on demand webinar, it offers PXE for two (2) years from the live broadcast date.



Our Speakers



Debi D'Alba, CPXP
Director, Patient Experience
Yale-New Haven Health System
Greenwich Hospital



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Patient Experience Coordinator
University Hospitals

GREENWICH HOSPITAL

Chance to Chat

April 20, 2023



GREENWICH HOSPITAL



Yale
NewHaven
Health
Greenwich
Hospital

Facts About Greenwich Hospital



174 Adult Med/Surg Beds
32 Bassinets



2,000 Employees



Over 1,000
Medical Staff



58,106
Patient Days



400,968
Outpatient Visits



40,209
ED Visits



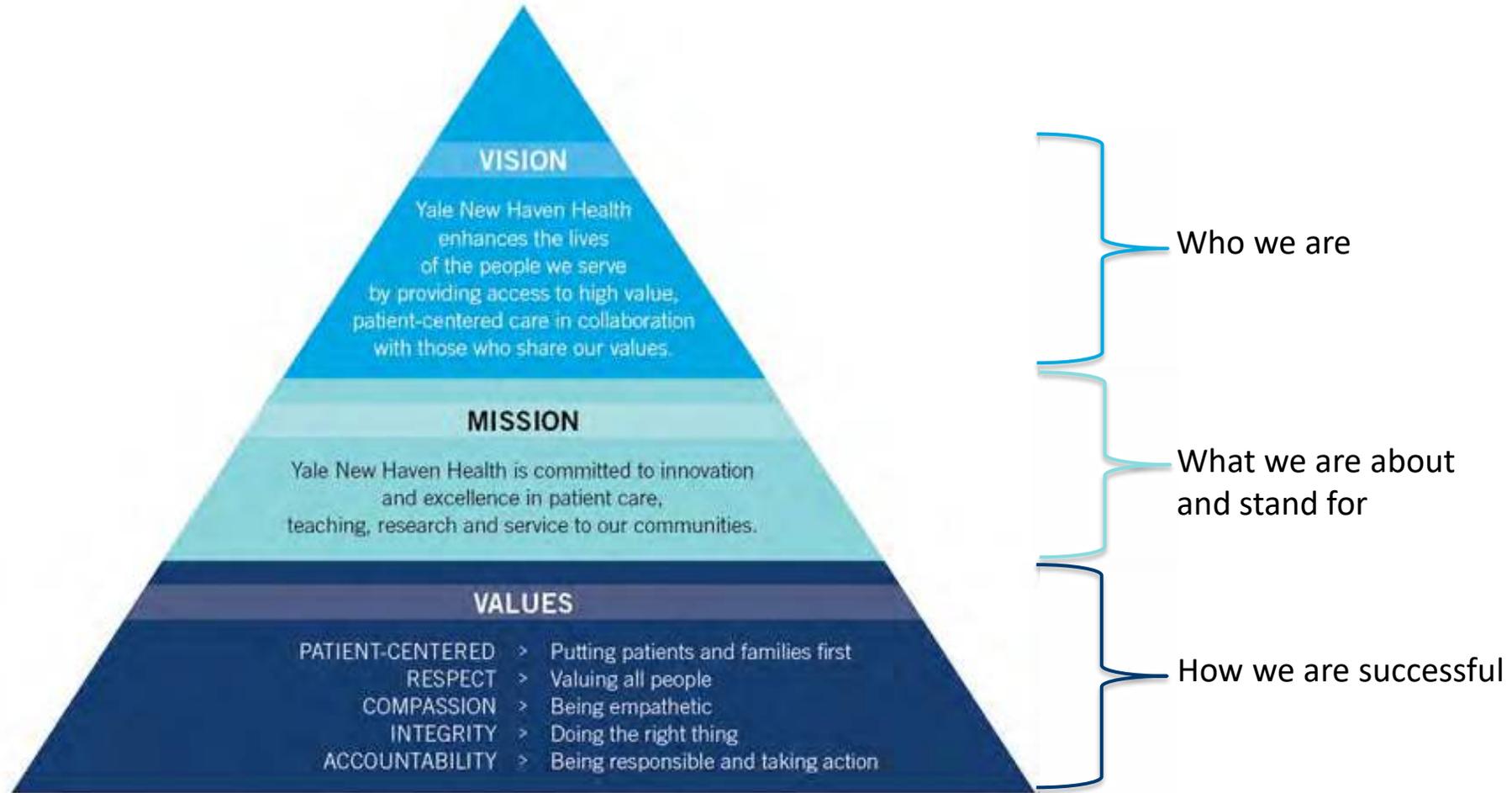
13,523
Surgeries



Greenwich Hospital Accolades



VISION, MISSION AND VALUES

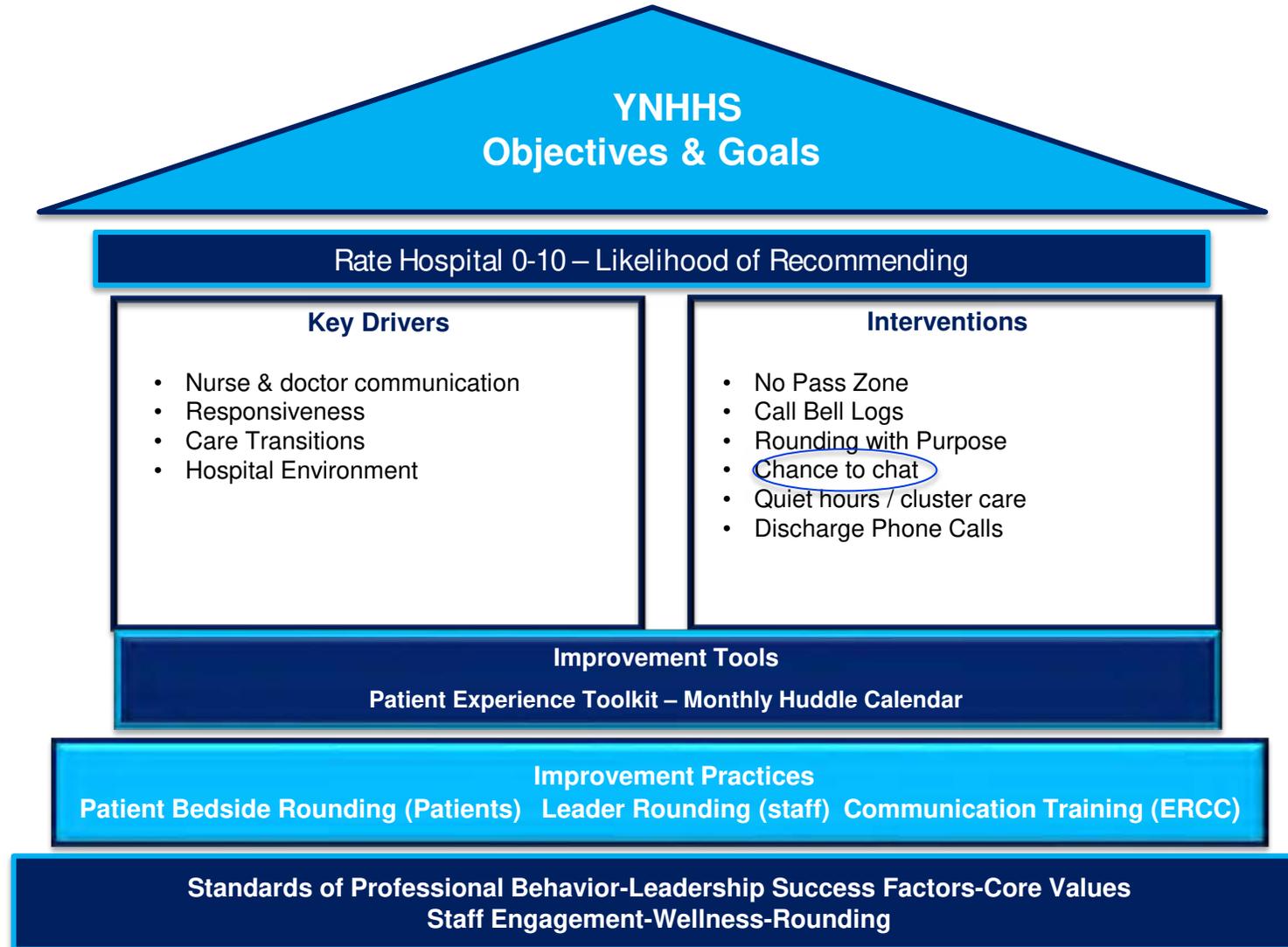


YaleNewHavenHealth



Yale
NewHaven
Health
Greenwich
Hospital

YNHHS Objectives and Goals



One focus, exceptional experience, our care signature



Patient and Family Engagement (PFE) Innovation Unit



Greenwich Hospital, in partnership with the Connecticut Hospital Association, began a devoted unit in January 2019 to pilot process improvements and determine their value to the organization's culture of providing patient-centered care. As part of the initiative, our Patient and Family Advisory Council worked with the multidisciplinary team in Surgery to identify new ways to engage patients and families. Chance to Chat was our 1st process improvement pilot!



Chance to Chat Implementation



The Surgery Unit multidisciplinary team implemented “Chance to Chat” which focuses on staff intentionally setting aside a few minutes getting to know their patients.

Staff were encouraged to sit down, getting eye level with their patients.

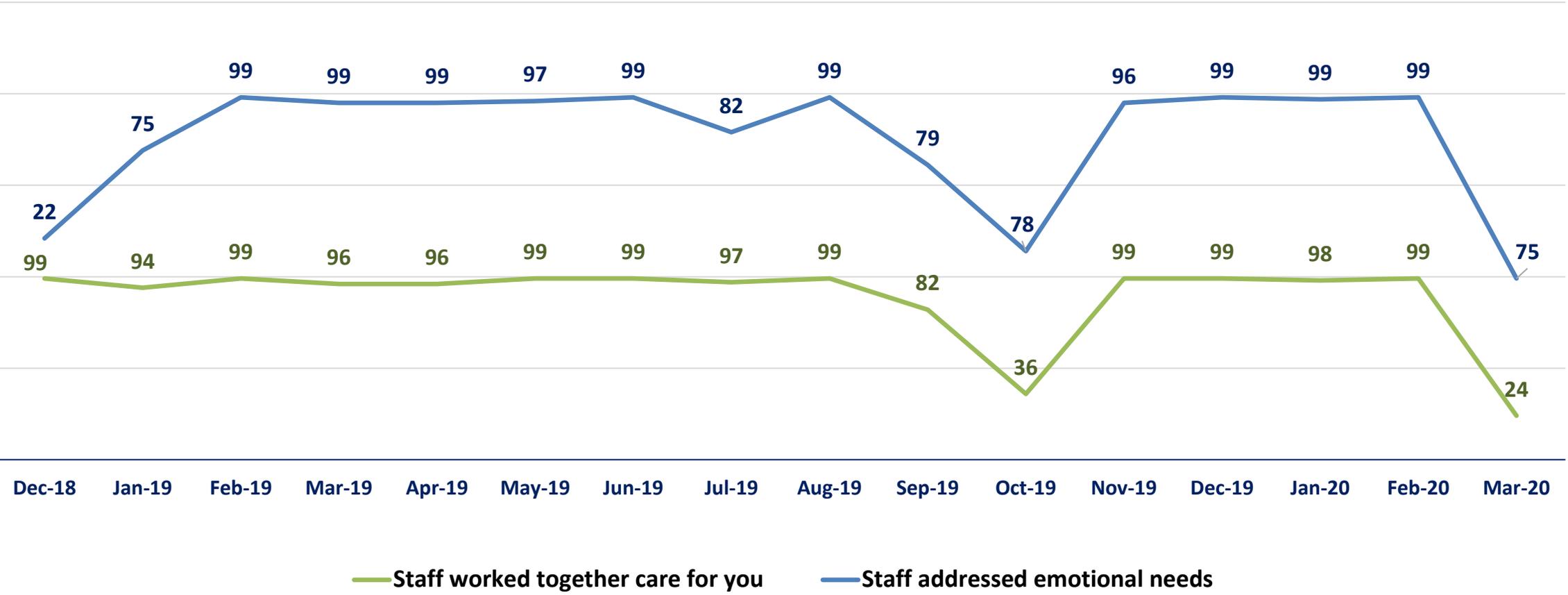
Talking points (break the ice) were provided to all participants of all disciplines from housekeeping, physical therapy, food service, secretaries, physicians, and all nursing staff.

A binder was created in which all staff wrote out stories/facts about what they learned from patients in the time they spent with them (typically once/shift).

Stories discussed and shared during morning safety huddles. A staff member’s entry was chosen monthly; staff received a certificate of recognition.



Press Ganey – Surgery Unit A & B



Move to Patient Bedside Rounding *Spring 2022

Builds upon & transforms YNHHS's current 'Rounding with Purpose'/5Ps:

- From a 'tactic' to a cultural norm
 - *It's our **'Care Signature'***
- Improves the Patient Experience:
 - Reduces stress, anxiety, fear, pain...suffering.
 - Increases patient safety, comfort, perception of responsiveness, communication/connection with the care team.
 - ***Helps patients feel 'cared about'***
- Supports the staff in **efficient care** delivery by bundling 'connections' with care delivery.



What's Different?

YNHHS Rounding with Purpose	PBR – 4 C's (Front-line staff)
<ul style="list-style-type: none"> • Make a personal connection • Use opening key words to < anxiety 	<p>Connect with Compassion (Values)</p> <ul style="list-style-type: none"> • Actively listen; minimize distractions; <u>heart-to-heart/eye-to-eye</u> • Introduce self; convey positive intent • Personalized, intentional & powerful language • Use empathetic statements • Clear communication; validate understanding
<ul style="list-style-type: none"> • Provide clustered care • Address 5 Ps <ul style="list-style-type: none"> • Pain • Potty • Position • Proximity (w/in reach) • Preferences (to enhance comfort) • Assess additional comfort needs 	<p>Check & Care</p> <ul style="list-style-type: none"> • Observe: safety/comfort; non-verbal cues • Clinical/Physical Needs: O2, Comfort, Positioning, Toileting, Hydration/Nutrition • Perception of needs met: Safety, Clinical and person-centric needs (preferences, holistic needs, values)
<ul style="list-style-type: none"> • Prior to leaving ask: Anything else? I have time 	<p>Collect & Correct Concerns</p> <ul style="list-style-type: none"> • Invite questions • Use structured communication to inform/respond • Offer blameless apology prn
<ul style="list-style-type: none"> • Inform: one of us will be back w/in hr • Update whiteboard 	<p>Commit</p> <ul style="list-style-type: none"> • Follow-up & follow-through • Communicate (vs document)

Elevate the YNHH Patient Experience

Enhanced Relationship-Centered Communication

What:

- Improving communication skills
- Enhancing Care Signature
- Increasing clinician/professional satisfaction
- Decreasing levels of burnout



When: Always...every person, every time.

How: An interactive and engaging series of three, two-hour workshops that teaches communication skills to improve patient outcomes, patient experience and clinician professional satisfaction.

A structured, evidence-based, patient-centered way to communicate with patients, loved ones and staff to:

- Make patients feel heard, understood and cared-for
- Optimize time spent with patients responding to their needs and questions
- Create rapport, respond with empathy and assess understanding
- Enhance peer to peer communication

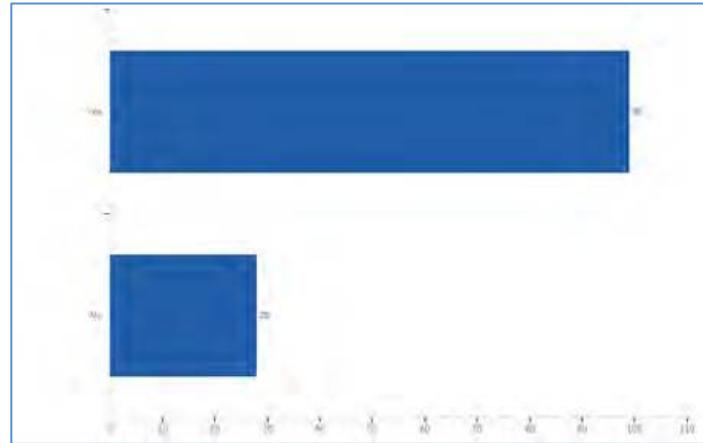


Evidence that Better Communication Drives Improvement

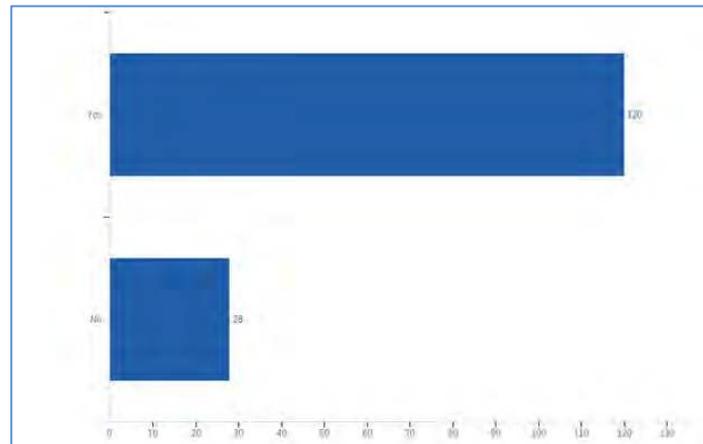
- ✓ Engagement
- ✓ Satisfaction
- ✓ Workload stress
- ✓ Medical malpractice
- ✓ Team collaboration
- ✓ Decreased burnout



Feedback from YNHH Attendees



78%
Responded
ERCC skills made
their workday
more efficient



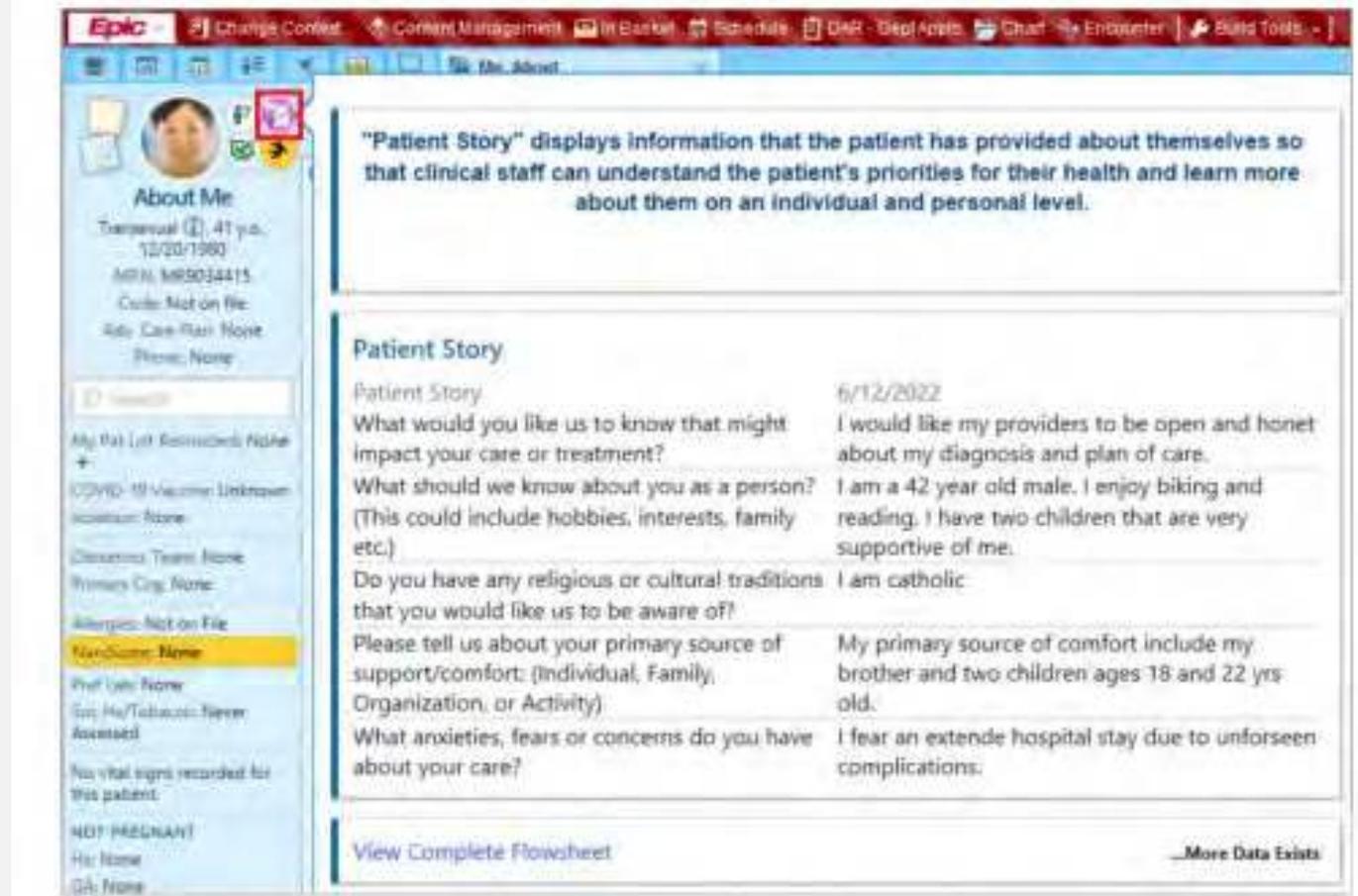
81%
Responded their
interactions with
patients are
more fulfilling



Innovative Tools– Patient Story in Storyboard

Patient Story is an opportunity for patients to share personal details about themselves with their medical providers. It is accessible to clinical staff via the Storyboard in Epic.

Each patient can fill out their Patient Story as a questionnaire through their MyChart and their responses are visible in the Patient Story icon in the Storyboard.



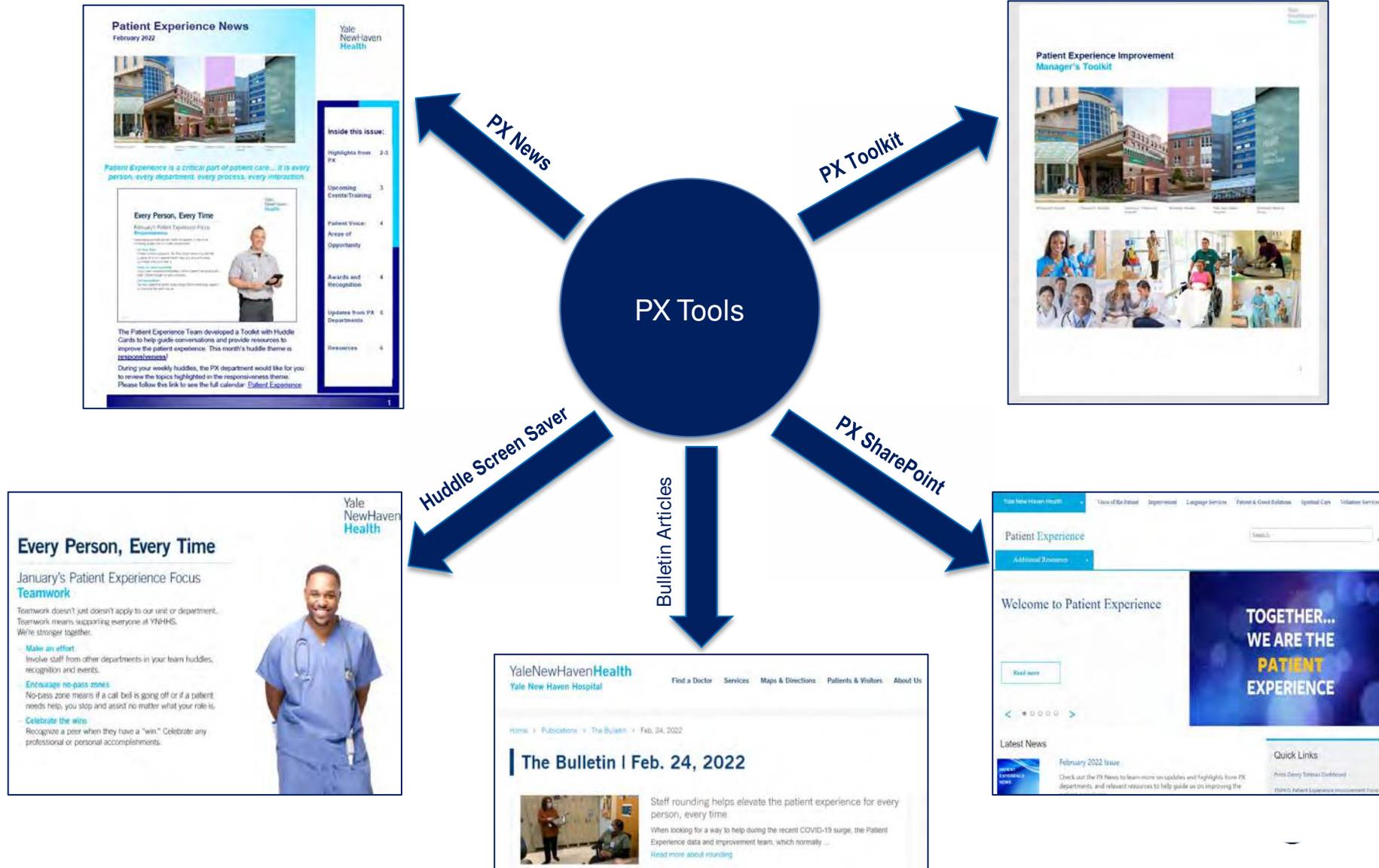
The screenshot displays the Epic Patient Story interface. On the left, the 'About Me' section includes patient information: Terrence J., 41 y.o., DOB 12/20/1980, MRN 889034415, and a note that 'Cults: Not on file'. Below this, various medical history fields are listed, with 'Allergies: Not on File' highlighted in yellow. The main area on the right is titled 'Patient Story' and contains a questionnaire response dated 6/12/2022. The questions and answers are as follows:

Question	Answer
What would you like us to know that might impact your care or treatment?	I would like my providers to be open and honest about my diagnosis and plan of care.
What should we know about you as a person? (This could include hobbies, interests, family etc.)	I am a 42 year old male. I enjoy biking and reading. I have two children that are very supportive of me.
Do you have any religious or cultural traditions that you would like us to be aware of?	I am catholic.
Please tell us about your primary source of support/comfort: (Individual, Family, Organization, or Activity)	My primary source of comfort include my brother and two children ages 18 and 22 yrs old.
What anxieties, fears or concerns do you have about your care?	I fear an extended hospital stay due to unforeseen complications.

At the bottom of the interface, there are links for 'View Complete Flowsheet' and 'More Data Exists'.



Patient Experience Tools



Thank You!



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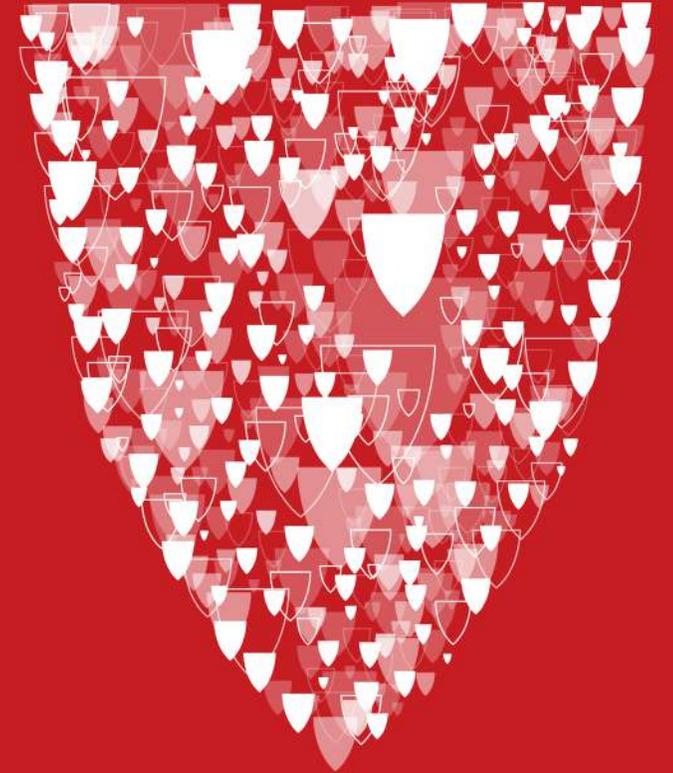
Debi.D'Alba@greenwichhospital.org



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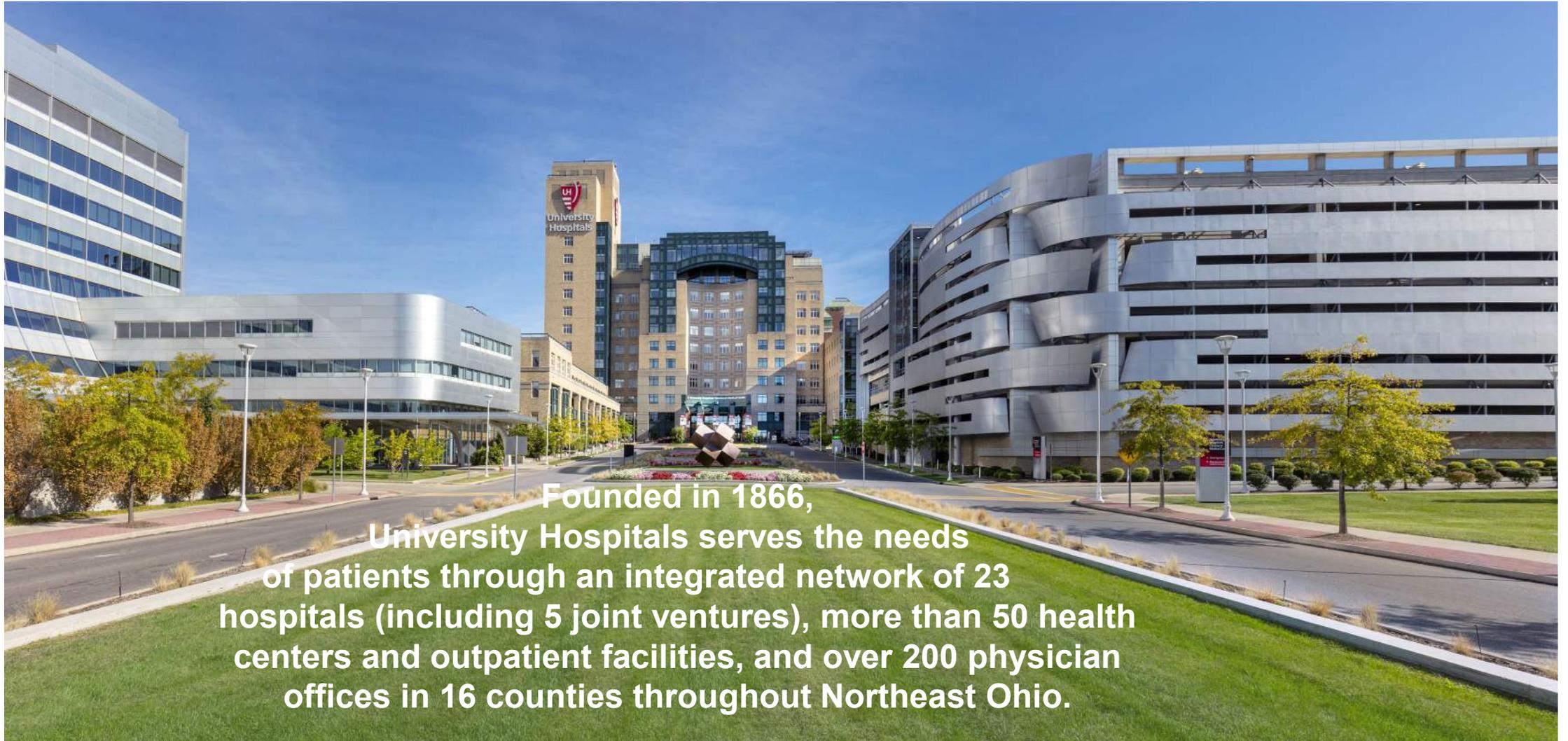
Take a Seat Slides

- Slides 3-4: About University Hospitals
- Slide 5: Commit to Sit: A Communication Strategy
- Slides 6-7: Communication is Key
- Slide 8: Commit to Sit May Help Patient Advocacy
- Slide 9: A Piece of the Puzzle
- Slides 10-12: Lean on the Literature
- Slides 13-17: Implementing a Program, Examination of Data
- Slides 18-19: It's Not Enough to Just Sit
- Slides 20-21: Communicate the Why
- Slides 22-23: Survey Comments Validate Commit to Sit
- Slide 24: Coming Soon, Physician Sitting Audits
- Slide 25: Obstacles
- Slide 26: Take-Aways
- Slide 27: Commit to Sit Video
- Slide 28: Appendix, AIDET and TRUST
- Slide 29: Close



Dr. Ben-Meir, UH Surgeon

About University Hospitals



UH Overview



MISSION

To Heal. To Teach. To Discover.



VISION

Advancing the Science of Health
and the Art of Compassion.

- \$5.3 billion system annual revenues and ~1 million unique patients/year
- 30,000 + physicians, nurses, employees
 - Northeast Ohio's second-largest employer
 - Forbes' 2022 Best Large Employers – highest ranking of OH's comprehensive health systems
- 3,000+ registered beds
- Flagship quaternary care, AMC, UH Cleveland Medical Center
 - 1,185 residents and fellows & 100+ resident training programs
 - Affiliated with NEOMED, CWRU School of Medicine, Oxford University and Technion Israel Institute of Technology
- UH Seidman Cancer Center, part of NCI-designated Case Comprehensive Cancer Ctr.
- Top funded research program in the nation
 - \$170 million in funding
 - ~4,300 active clinical trials and research studies underway; 260+ COVID-19
- UH Rainbow Babies & Children's Hospital, among top children's hospitals in U.S.
- UH MacDonald Women's Hospital, Ohio's only hospital for women

Commit to Sit: A Communication Strategy

What is Commit to Sit

Grab a seat. A simple act like grabbing a chair, sitting down and giving patients undivided attention can go a long way in fostering a trusting relationship. Studies have shown that physicians who sit during a patient interaction are perceived as spending more time with their patient than those who spend more time standing. Standing gives patients the impression that they are being rushed. (Anthony Orsini, DO; Internet PX Contributor)

Several studies have shown that patients perceive that sitting physicians were in the room about 40% longer than those that stood at the bedside

Commit to Sit:

- Improves patient-centered, compassionate care
- Builds a relationship of trust and respect with the patient
- Is about continuous care, quality and safety improvement
- **Improves patient experience scores**
 - Simply sitting instead of standing at a patient's bedside can have a significant impact on patient satisfaction, patient compliance, and provider-patient rapport, all of which are known factors in decreased litigation, decreased lengths of stay, decreased costs, and improved clinical outcomes. (Swayden KJ, Connelly LM, Moran JS, McMahon JK, Arnold PM. Effect of sitting vs. standing on perception of provider time at bedside: a pilot study. Patient Educ Couns. 2012 Feb; 86(2): 166-71.

Commit to Sit works with all caregivers; when any caregiver sits, they give the impression of spending more time and being more compassionate. (NRC)

Side-Story: Tale of Two MD Visits, Mom's ED Experience

- An inpatient will see an average of 18 different health care professionals during a hospital stay (New Zealand Medical Journal)

Commit to Sit: Communication is Key

Latest (January 2023) Hospitalcompare HCAHPS Survey Results

Patients who reported that their nurses "Always" communicated well.

National average: 79%
OH average: 80%

- 1 in 5 inpatients believe we could communicate better

Patients who reported that their doctors "Always" communicated well.

National average: 80%
OH average: 79%

Commit to Sit: Communication is Key

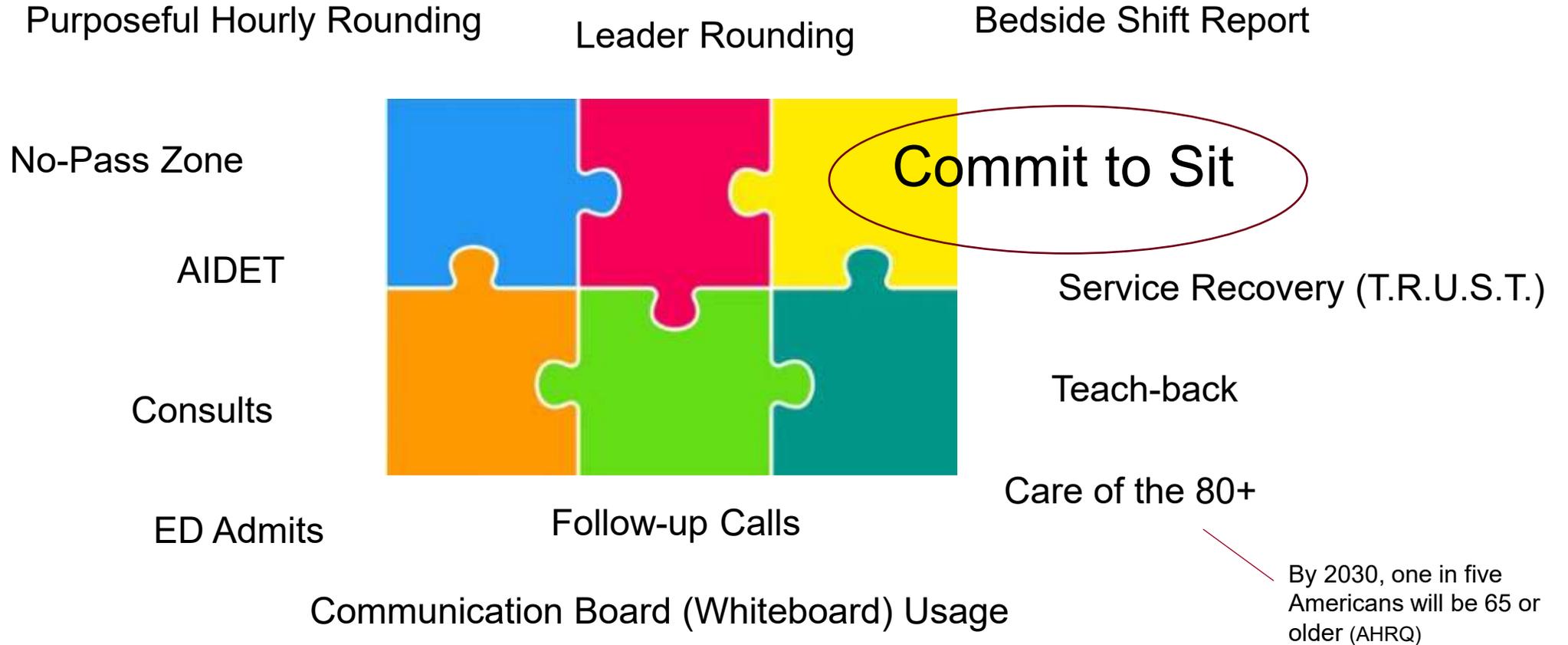
Regarding Communication

- Patient and family-centered communication saves time and money, while improving health care quality. (Zolernik and DiMatteo, 2007)
- Patient-centered communication results in fewer diagnostic tests, referrals, and subsequent office visits. (Stewart et al., 2000)
- Patient-centered care is critical to addressing racial, ethnic, and socioeconomic disparities in health care and disparities in health outcomes. (Society of Internal Medicine's Disparities Task Force; 2011 and Rao JK et al., 2007)
- Physicians who communicate well with their patients find their work less stressful and more fulfilling than those who do not. (Yi MS et al., 2007)
- Improved communication has been shown to improve physician satisfaction and retention. (Pathman et al., 2001 and Suchman et al., 1998)

- Healthleaders Webinar, March, 2023:
 - Patients are 7 times more likely to recommend a health care facility if they reported being treated as a unique individual. (NRC)
 - Patients are 267% more likely to report trusting their provider if they felt like the provider truly listened to them. (NRC)

- 60%... Percentage of hospitalized patients that could accurately describe their diagnoses when they left the hospital. (Yale School of Medicine, 2013)

Commit to Sit: A Piece of the Puzzle



Commit to Sit: Lean on the Literature



Patient Experience Journal
Volume 3, Issue 2 – Fall 2016, pp. 67-72

Innovations in Practice

Improving the patient experience through a commit to sit service excellence initiative

Cari D. Lidgett, MSN, RN, *Texas Christian University Doctorate of Nursing Practice Student, lidgett5@yahoo.com*

Abstract

Effective communication between nurses and patients positively impacts patient care, outcomes, and the patient experience. While in the hospital, patients receive information from multiple caregivers and are often overwhelmed and confused. Nurses make up the majority of interactions with patients and are in an ideal position to improve the patient experience from the front lines. The purpose of implementing the Commit to Sit service excellence initiative was to positively impact the patient's perception of nurse communication by nurses sitting with their patients during each shift. Outcomes were measured by the overall nurse communication composite on the Press Ganey survey, as well as the composite components of treating patients with courtesy and respect, listening carefully, and explaining understandably. Patients perceive caregivers as spending more time at the bedside when sitting versus standing.

Keywords

Nurse communication; patient experience; commit to sit; caring; relationship; Press Ganey satisfaction survey; quality; HCAHPS

Improving the Patient Experience

The Press Ganey Satisfaction Survey along with the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) questions produce an all-inclusive overview of the patient experience. Press Ganey survey questions evaluate how well a service was provided, while HCAHPS questions measure the consistency at which a service was provided. Healthcare organizations only receive credit for activities that are recognized as always carried out. The challenge is to not only continuously improve the quality of care, but to also improve the patient's perception of care.¹

The Nurse Communication composite of the Press Ganey survey includes treating patients with courtesy and respect, listening carefully, and explaining understandably. The composite is scored based on patient perception, only receiving credit when "always" is selected. The medical telemetry ended 2014 at the 9th percentile for overall Nurse Communication identifying it as the greatest opportunity for improvement in 2015. Prior to the spring departmental brainstorming session, the nursing supervisors were notified of the Nurse Communication focus to provide them an opportunity to talk with staff and gather ideas and feedback to bring to the meeting. Nursing supervisors, nurse managers, and the director of the medical telemetry, neuro-telemetry, intensive care, and

- Patients perceive caregivers as spending more time at the bedside when sitting versus standing.
- Commit to Sit consistently increased the percentage of "**ALWAYS**" answers by patients for Listening carefully, as well as the overall Nurse Communication Domain.

Commit to Sit: Lean on the Literature

Randomized Controlled Trial > J Hosp Med. 2016 Dec;11(12):865-868. doi: 10.1002/jhm.2634.

Epub 2016 Jul 5.

Sitting at patients' bedsides may improve patients' perceptions of physician communication skills

Susan E Merel¹, Christy M McKinney^{1 2}, Patrick Ufkes³, Alan C Kwan³, Andrew A White¹

Affiliations + expand

PMID: 27378679 DOI: 10.1002/jhm.2634

Abstract

Sitting at a patient's bedside in the inpatient setting is recommended as a best practice but has not been widely adopted. Previous studies suggest that a physician's seated posture may increase the patient's perception of time spent in the room but have not included hospitalists. We performed a cluster-randomized trial of seated versus standing physician posture during inpatient rounds on a hospitalist service at an academic medical center. Patients whose physician sat were significantly more likely to rate their physician highly on measures of listening carefully and explaining things in a way that was easy to understand. The average time spent in the patient's room was approximately 12 minutes and was not affected by physician posture. Patients' perception of the time their physician spent in their room was not affected by physician posture. Sitting at the bedside during rounds does not increase the amount of time spent with the patient but may improve patient-physician communication. Journal of Hospital Medicine 2015;11:865-868. © 2015 Society of Hospital Medicine.

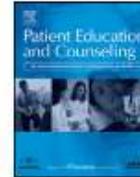
Conclusion: Sitting at the bedside during rounds does not increase the amount of time spent with the patient but may improve patient-physician communication.



Contents lists available at ScienceDirect

Patient Education and Counseling

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Communication study

Effect of sitting vs. standing on perception of provider time at bedside: A pilot study

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ABSTRACT

Objective: Patients commonly perceive that a provider has spent more time at their bedside when the provider sits rather than stands. This study provides empirical evidence for this perception.

Methods: We conducted a prospective, randomized, controlled study with 120 adult post-operative inpatients admitted for elective spine surgery. The actual lengths of the interactions were compared to patients' estimations of the time of those interactions.

Results: Patients perceived the provider as present at their bedside longer when he sat, even though the actual time the physician spent at the bedside did not change significantly whether he sat or stood. Patients with whom the physician sat reported a more positive interaction and a better understanding of their condition.

Conclusion: Simply sitting instead of standing at a patient's bedside can have a significant impact on patient satisfaction, patient compliance, and provider–patient rapport, all of which are known factors in decreased litigation, decreased lengths of stay, decreased costs, and improved clinical outcomes.

Practice implications: Any healthcare provider may have a positive effect on doctor–patient interaction by sitting as opposed to standing during a hospital follow-up visit.

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Conclusion: Simply sitting instead of standing at a patient's bedside can have a significant impact on patient satisfaction, patient compliance, and provider–patient rapport, all of which are known factors in decreased litigation, decreased length of stay, decreased costs, and improved clinical outcomes.

Commit to Sit: Implementing a Program

Consider adding a “sit” question to your PX surveys. Regarding CAHPS, additional questions can be added to the surveys after the standard questions. Added at UH:

HCAHPS

Did the doctor sit at the bedside while talking to you?

- Yes
- No

_____ 1 of 9 additional inpatient questions UH added

ED, UC

Did the provider sit down while talking with you?

- Yes
- No

ED

Did the nurse sit while explaining your discharge information?

- Yes
- No

CGCAHPS

During the most recent visit, did the provider sit while talking with you?

- Yes
- No

Commit to Sit: Implementing a Program

Monitor the resulting demographic data

HCAHPS

Demographic	Value	%	n
Dr sat at bedside when talking	Yes	47.45	1,442
Dr sat at bedside when talking	No	52.55	1,597

ED MD

Demographic	Value	%	n
Provider sat to talk	Yes	40.83	1,973
Provider sat to talk	No	59.17	2,859

ED RN

Demographic	Value	%	n
Nurse sat/explain discharge info	Yes	32.35	1,536
Nurse sat/explain discharge info	No	67.65	3,212

CGCAHPS

Demographic	Value	%	n
Prov sit while talking w/pat	Yes	85.01	25,304
Prov sit while talking w/pat	No	14.99	4,462

Commit to Sit: Implementing a Program

Monitor survey results/differences

HCAHPS

PX Scores

Dr. sat at bedside crossed with MD Domain:

Dr. sat at bedside, No	Top Box (% Always)	All PG DB Rank	N
Communication w/Doctors Domain	70.60	9 th	1,587

Dr. sat at bedside, Yes	Top Box (% Always)	All PG DB Rank	N
Communication w/Doctors Domain	86.78	91 st	1,440

Dr. sat at bedside, Total	Top Box (% Always)	All PG DB Rank	N
Communication w/Doctors Domain	78.31	48 th	3,027

- Scores are much higher from patients that recall the doctor sitting at the bedside
- More patients in Q1 have said doctors did not sit

Commit to Sit: Implementing a Program

Monitor survey results/differences

ED

PX Scores

Provider sat crossed with Doctors Overall:

Provider sat to talk, No	Top Box (% VG)	All PG DB Rank	N
Doctors Overall	50.97	3 rd	2,838

Provider sat to talk, Yes	Top Box (% VG)	All PG DB Rank	N
Doctors Overall	71.15	62 nd	1,965

Provider sat to talk, Total	Top Box (% VG)	All PG DB Rank	N
Doctors Overall	59.22	17 th	4,803

- Doctors Overall is much higher with patients that said the Doctor sat to talk (Top Box 20% higher)
- Providers are not sitting often enough (more no than yes)

21.7% of adults had one or more ED visits in the past year (CDC, 2019)

Commit to Sit: Implementing a Program

Monitor survey results/differences

CGCAHPS

PX Scores

Dr. sat crossed with MD Communication Domain:

Provider sit while talking w/patient, No	Top Box (% Yes, def.)	All PG DB Rank	N
Physician Commun. Domain	86.73	3 rd	4,460

Provider sit while talking w/patient, Yes	Top Box (% Yes, def.)	All PG DB Rank	N
Physician Commun. Domain	94.46	68 th	25,302

Provider sit while talking w/patient, Total	Top Box (% Yes, def.)	All PG DB Rank	N
Physician Commun. Domain	93.31	44 th	29,762

- MD Domain is much higher with patients that said the Provider sat (68th vs. 3rd)
- Nearly 4,500 patients/surveys have said the provider didn't sit

- The average primary care visit is 17.4 minutes (Health Service Research)
- Patients often forget as much as 80% of what's said in the doctor's office (Ailene Gerhardt, Patient Advocate)

Commit to Sit: It's Not Enough to Just Sit

While committing to sit may build trust and improve patient experience scores, it's paramount to also help caregivers improve their communication skills.

Entering a Patient's Room

In an Advisory Board webinar on patient and family engagement, Beth Israel Deaconess Medical Center shared that when they asked ICU patients: What is the hardest thing about being in the ICU at Beth Israel, the number one concern was:

The terror of strangers intruding without explanation

It may be useful to have a room entering process. For now, remember AIDET and...

- Take a deep breath, knock and ask for permission to enter
- Introduce yourself and explain your role
- Acknowledge everyone in the room, every time
- Perform hand hygiene

Commit to Sit

- Engage the patient and family with good eye contact
- Ask: May I sit down for a moment to discuss your care with you?
- Listen well, don't interrupt
- Use plain language
- Ask open-ended questions, employ Teach-Back
- Tell the patient when you will return
- Thank the patient

11 Seconds: Doctors listen to their patients for an average of just 11 seconds before interrupting them
(National Institutes of Health)

Commit to Sit: It's Not Enough to Just Sit

Helping physicians improve their communication skills

- Share Key Behaviors
- AIDET
- Listening and Compassion
- Share Colleague Tips →
- Skills Labs
- Learning Bites and Micro Moments with Peter (Dr. Pronovost, Chief Quality Officer)
- Shadowing/Coaching
- The Vital 2 Minutes (Effective Openings and Closings)
- Properly navigating the exam and the computer
- Kindness Campaign (The Power of Positivity)

Physician Tips

Dr. Jennifer Velotta

- I always make sure I sit down when talking to patients in the office. Don't look at the computer at all unless looking up something that the patient is asking me about. I want as much direct eye contact with patients as possible to make them feel comfortable and open to asking any questions they may have.

Jacob Wolf, ND, LAc, Dipl. OM

- Be there for the patient – I sit in front of my patients, looking at them without my computer in the way. I invite them to share what is bringing them in today and then actively listen. I'm often surprised how many patients say that they have never felt that their concerns were acknowledged in past visits.

Dr. Julie McClave

- Try to sit down and listen. It is a small step towards making your patient feel comfortable and heard.

Commit to Sit: Communicate the Why

Share program details with the organization

- Placing a story in the organization's PX newsletter



The quarterly UH Patient Experience newsletter has a simple mission - to celebrate, to inform, and to improve the patient and family experience at University Hospitals.

In this issue:

HCAHPS Back to Basics • Accreditation • Women's Choice Award
CPXP • Caregiver Spotlight • Caregiver "Nametags"



BACK TO BASICS

In each quarterly newsletter, we highlight a Patient Experience survey and explain why it should be important to us.



HCAHPS 101? Why is connecting to each patient so important?

HCAHPS is a patient experience survey required by the Centers for Medicare and Medicaid Services for all US hospitals. Patients can rate their experience from the bedside up to discharge. Their insights help hospital leaders better understand patient needs and address areas for improvement.

[READ MORE](#)



What is Accreditation and why it is important for hospitals?

Commit to Sit: Communicate the Why

Share program details with organization

- Share the message and data in leadership, department and staff meetings, huddles

UH Commit to Sit: A Best Practice

Based on studies and research regarding patient experience and outcomes, sitting at the patient's bedside during your rounds and interactions with your patients is a best practice in healthcare today, for the reasons listed below.

- Sitting at the patient's bedside improves patient-physician relationships and communication, improving overall quality of care and patient compliance of their care.
- Any healthcare provider may have a positive effect on doctor-patient interaction by sitting as opposed to standing during a hospital follow-up visit.
- Patients commonly perceive that a provider has spent more time at their bedside when the provider sits rather than stands. Studies show that patients perceive that sitting physicians are in the room about 40% longer than they are when they stand at the bedside.
- Patients with whom the physician sits with report a more positive interaction and a better understanding of their condition.
- It's important to put yourself at the same level as your patient. For a patient, it can be a frightening, disempowering feeling to have people standing over you. Sitting at the patient's bedside and being at their level allows them to express their concerns more openly.
- Sitting instead of standing at a patient's bedside can have a significant impact on patient satisfaction, patient compliance, and provider-patient rapport, all of which are known factors in decreased litigation, decreased lengths of stay, decreased costs, and improved clinical outcomes.

REMEMBER SIMI

Sit with the patient

Introduce yourself

Make eye contact

Include the patient in the plan of care

Commit to Sit: Patient Comments Validate the Sit (Inpatient, Providers)

- Dr. Weido held my hand during a severe vasospasm. Dr. Ramicone **sat bedside and explained things to my wife and I**. He had a nice bedside manner and took our questions and concerns seriously. He **never seemed like he was in a hurry**. (Parma)
- Dr. Matasan **sat down to talk**. Rare these day. (Ahuja)
- Dr. Cohen-Levy **sat with my family** for an extended period at the end of surgery, **answering all questions**. (Cleveland)
- Curt, the PCA, was very kind. The RN, AI, was very informative and kind. Dr. Muni did a **great job explaining medical care**. He followed up and **sat down in the room**. (Geauga)
- Dr. Kelly **sat & talked** with me & **explained everything** he did. Even took my splinter out of my hand. (Portage)
- The **staff and doctor are so kind and caring**. This is the first hospital that I was in that **a doctor sat and talked to me**. (Cleveland)
- Dr. Nish – **sat with us and explained everything** well. The nurse taking care of me, she was very helpful and provided me with information on my condition. (Elyria)
- Dr. Nova – G.I. dr., **sat with me and spent extra time explaining things** to me; helped me feel better about my health; and was so very kind and friendly. (Parma)
- I have never had the care I received here. Staff went above and beyond. Dr. Sippey was wonderful! She **sat down and explained everything** in complete detail to my wife. (Samaritan)
- Randy NP – He **sat with me daily & answered all my questions** the entire nursing team took an interest in me especially McKenna, Noeula, and Anne. (Ahuja)
- Dr. resident: Eric, he **sat by my bed and discussed my situation, listened & then questioned**. Had suggestion of over the counter ointment for arthritic pain & recognized my pain could originate from gout. Eric is a podiatry graduate. (Parma)
- Dr. Prasai Dirgha Raj, he was very caring, and **sat and talked about any problems you had** whether medical or personal. I was very impressed with him! (Portage)

Commit to Sit: Patient Comments Validate the Sit (Inpatient, Nurses & Others)

- Cheryl **sat down with me and guided me** through what was making me anxious. (Geauga)
- Thank you to Kevin, Dan and Mary. Kevin tried not to wake me while checking on me. Mary **sat and talked like we were friends**. (Elyria)
- The nurse in the PACU, Kayleigh, **sat with me & chatted the whole time when I was scared**. (Cleveland)
- I wish I could remember her name... **she sat by my bed & had a very meaningful conversation** with me about our relationships with our own parents. As a soon to be 1st time mom, that meant a lot. (Lake)
- Robert – aide – **sat & talked w/me in the middle of the night when I could not sleep to calm me**. (Geneva)
- Sharita – nurse floor 8 – Amazing and patient. Very knowledgeable and caring. Bernie – **cleaned room, sat with my family and was caring during a bad moment**. (Cleveland)
- Nurse Sandy – **pulled up a chair & we had a very good conversation** about how the children we raised are trying to raise us!!! LOL. (St. John)
- Kim – she **sat and talked with me the night of admission** – I was in disbelief of the day's circumstances and she shared her family's details and I shared mine which **took my mind off the day and allowed me to rest**. (Elyria)
- Kevin was **like a friend and sat with me the night before the surgery**. There were many others who were **kind and compassionate**. Too many to list! (Elyria)
- Jamie, RN – she was so **kind & helpful**. She **sat w/me & explained everything, cried w/me, loved her!** (Cleveland)
- One w/knee problems, Paula. She took a lot of extra time with me. Had a bad reaction to medicine & **she sat & did her charting while calming me down** for 3 hours straight. (Samaritan)
- Jimmy & Elsa. Actually all my nurses were good to me but those 2 were awesome. I couldn't sleep so **they came and sat with me & talked till I was tired** at night. (Cleveland)

Commit to Sit, (Coming Soon): Auditing Physician Sitting

- Sodexo Experiencia tool
- Nurse leaders shadowing physicians to audit sitting compliance
- Track and share results and best practices
- Initially working with hospitalists and heavy admiters

Commit to Sit: Obstacles



- ← • There aren't enough chairs (we've purchased more chairs)
- Not enough time (often, sitting involves no more time than standing)
- Semi-privates: there is nowhere to sit
 - Per NRC: Not having a place to sit is a real issue... While it is ideal to sit, orienting oneself towards the person, getting at eye level, and placing a hand on the headboard/exam table also gives the impression that care providers are fully present, not rushed and have time.
- Consults on board
 - Average patient has 2.9 (UH-LH, 2018) consults on their case; Is everyone on board?

Commit to Sit: Summary

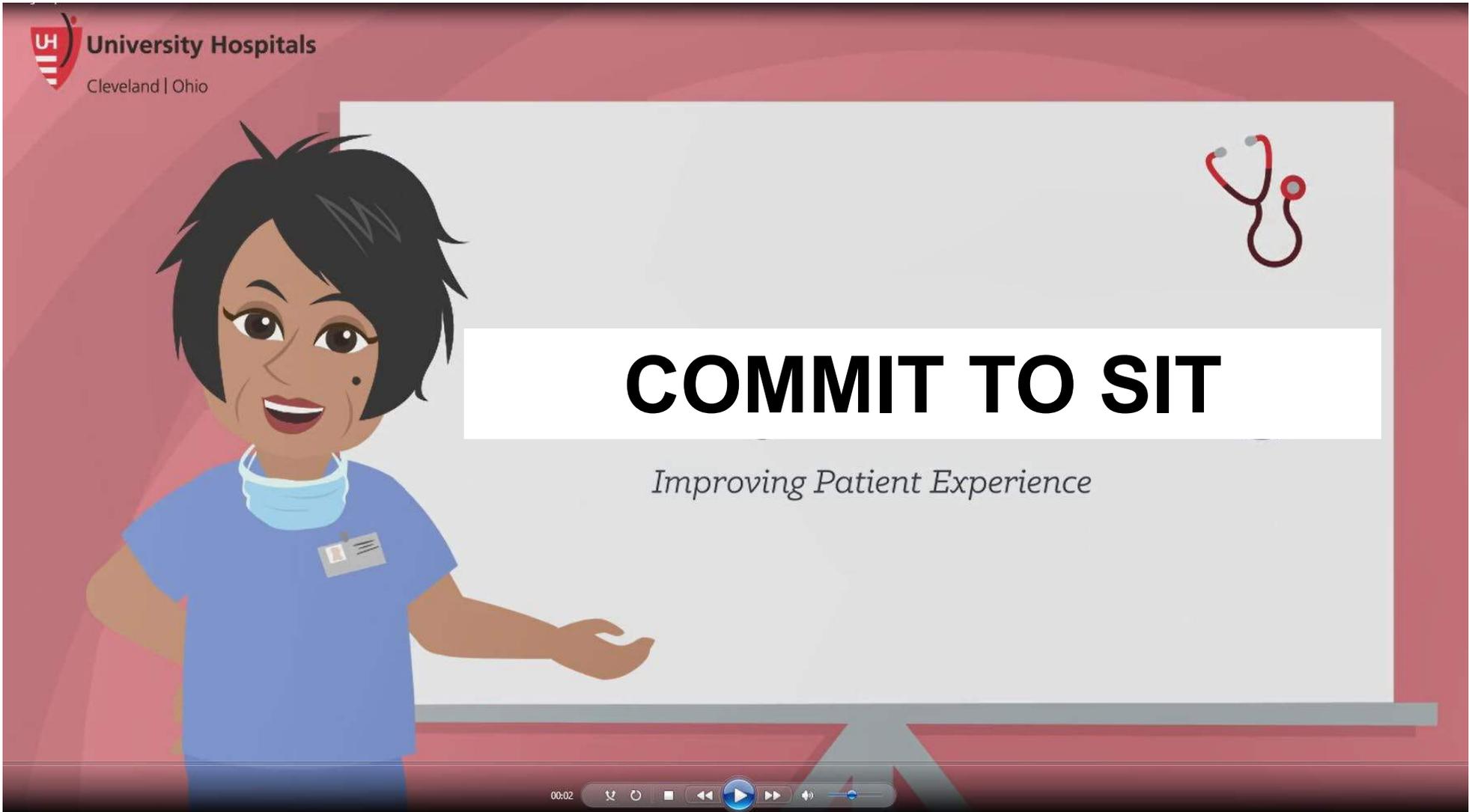
5 Take-Aways

1. Pleasing patients and avoiding service recovery concerns often boils down to improving communication.
2. Sitting with patients may improve care, quality, safety, and patient experience scores. Commit to Sit is an ideal first key behavior to implement with your caregivers.
3. Studies have shown that physicians who sit during a patient interaction are perceived as spending more time with their patient than those who stood. A standing physician is often perceived as rushing through the interaction.
4. Add a “sit” question to your PX surveys; Obtain a baseline and strive for improvement quarter to quarter.
5. Just sitting is not enough. In rolling out the initiative, offer caregivers suggestions on improving their communication skills.

Last Word

“In every talk I gave at the hospital, I reiterated how important empathy is, especially for frontline workers. By understanding what a person really wants and needs, you’re able to give them the best care.” (Dr. Herbert Pardes)

Commit to Sit: Coming this Summer, UH Animated Video



Commit to Sit: Appendix

AIDET PROTOCOLS

ACKNOWLEDGE

- Say hello, use their name, make eye contact

INTRODUCE

- Introduce yourself, share your expertise, describe your role

DURATION

- Time related to tests, length of stay, your involvement

EXPLAIN

- Explain tests, medication, diagnosis, choices

THANK

- Thank them for allowing you to care for them

UH TRUST (Service Recovery) = Take time, Recognize, Understand, Say sorry, Thank



PX Continuing Education Credits

- This program is approved for 1 PXE
- In order to obtain PXE, participants must attend the program in its entirety and complete evaluation within 30 days.
- Use the PXE link at the end of the evaluation to claim PXE credit at the Patient Experience Institute's PXE Portal.

Upcoming Events & Programs

WEBINARS

April 25 | State of Human Experience 2023: Fundamentals and the Future of Experience

May 4 | Caring on Wheels: Staff Wellness and Motivation

May 11 | Lonely No More: Bedside Visit Programs

May 23 | Ensuring Volunteer Programs Support Patient Experience Initiatives

CONNECTION CALLS/PX CHATS

April 27 | PX Chat: Supporting the Workforce

May 12 | PX Chat: Patient, Family & Community Engagement

May 17 | Lost Belonging Workgroup

PROGRAMS

May 4-18, 2023 | CAVS Exam Preparation Course



Access our vast library
of on demand patient
experience webinars.

Scan to learn more:



*Webinars are included in membership
with the Institute.*



Thank you!