cahps® transcript

A Breakthrough Approach to Improving CAHPS Communication Performance

April 2012 • Podcast

Speaker
Wendy Leebov, Ed.D., CEO, Leebov Golde & Associates

Moderator
Lise Rybowski, Consultant, CAHPS User Network; President, The Severyn Group

Presentation Available
https://www.cahps.ahrq.gov/News-and-Events/Podcasts.aspx

Lise Rybowski
Slide 1
The Agency for Healthcare Research and Quality's CAHPS User Network welcomes you to the CAHPS podcast series on improving patients' experiences with care. I'm Lise Rybowski from the Severyn Group and I work on quality improvement projects for the CAHPS Yale team. I'm here today with Wendy Leebov, a nationally recognized expert in leadership effectiveness, staff retention, and the quality patient experience. Prior to her current role, Wendy served the Albert Einstein Healthcare Network in Philadelphia for over 20 years in roles such as VP of Human Resources and Associate VP of Organization and Staff Development.

In our earlier podcasts in this series, we talked about why improving patient experience is so important and began discussing some of the factors that are important to any quality improvement effort, such as organizational culture, leadership, and teamwork. Then we talked about ways to identify areas to improve. Today we're going to dive right into strategies that can be used to improve the patient experience. Wendy, you gave us some great insight into the power of HR policies and practices for QI in a previous podcast, and we're delighted that you could join us again to share some strategies for improving communication.

Now Wendy is going to use examples for the CAHPS Hospital Survey. But these strategies are applicable to any setting. I'll now turn it over to Wendy. Thanks Wendy.

Wendy Leebov
Slide 2
You're welcome and thank you, Lise. I'm very happy to be here today to talk with people about a breakthrough approach to improving your performance on CAHPS or whichever surveys you use to monitor your improvement and drive improvements for the future.

Wendy Leebov

Slide 3

I'm wondering, do you identify with any of these facts?

- your HCAHPS scores are disappointing,
- have you tried many strategies and the scores just don't seem to move?
- Do your employees insist that while you seem to have room for improvement in your scores, they think they're doing a really great job?

Slide 4

My goal today is to address these concerns and these frustrations that stem from these facts. I would like to describe to you an evidence-based breakthrough approach to enhancing the patient experience, and with that your scores should see improvement as well.

Slide 5

Now to get into this approach, let me ask you this. Imagine that a patient says to you and exclaims to you, "I'm in terrible pain, I want more medicine now!" Think to yourself, what would be the first thing you might say if they say to you, "I'm in terrible pain, I want more medicine now"? Let me explain a communication model to you and then we'll go back to that example and apply this model, so that I can describe the mental model that drives the quality improvement I'll be addressing.

Slide 6

This model is called Heart-Head-Heart Communication and it suggests that there are actually two aspects of communication. One is communication from the heart and the other is communication from our heads. The heart-to-heart side is really about feelings, personal attention, and caring. The head-to-head side is really about information, tasks, activities, and solutions. The more cognitive side is head-to-head communication and the more emotional, affective side is heart-to-heart communication.

Slide 7

And both heart and head communication have great benefits. When we speak heart-to-heart, patients and families feel important, cared for, and understood, and they can hear the head-to-head part much better because there's less static. When we speak head-to-head, the patient and family get valuable information and they appreciate our answers and solutions, so both are very important.

Slide 8

But the fact is these days we're very busy, and this tends to make most people very task-oriented and most communication is from the head, much less from the heart, because of this task orientation. And the result is that patients and families often view our teams as uncaring, sometimes even heartless.

Slide 9

Now let's go back to the example where the patient exclaims to the nurse, "I'm in terrible pain, I want more medicine now!" If you responded from your head, you might say such things as "how would you rate your pain, from one to ten?" or "you can have more medicine in 20 minutes" or "where is your pain exactly?" If you respond instead from your heart, you might say with empathy, "I'm so sorry you're in pain," "it must be very hard for you," or "I want to help you so you can feel comfortable."

Slide 10

Now the ideal is to balance heart and head communication. And a technique which I really think is helpful involves starting from the heart and then including a head message and then ending with heart again. So, for example, to our patient in pain, you could say first from the heart: "I'm so sorry you're in pain, I want to help." Then from the head: "Let me talk to your doctor and see if there's something that might work better for you." And then ending with heart: "I really want to ease your pain." And you have a much more complete, satisfying, and healing message for the patient on the receiving end.

Slide 11

Now communicating with heart, caring communication or I call it the language of caring, has been shown to improve performance on many HCAHPS items.

Slide 12

And as I see it, there are two approaches that people tend to use to improve performance on the CAHPS surveys. One I call the shotgun approach. With the shotgun approach, people identify several specific items in which they want to see improvement and then they address a strategy to each of the specific items. So that's the shotgun approach: one item after another.

In contrast to that is what I consider the bowling approach. With bowling you aim the ball at the sweet spot of the center pin and if you hit that pin at its sweet spot, then it not only falls down but it has an impact on all the other pins. And caring communication is really that center pin. If you make improvements in the communication of caring by all members of the staff, then you will see improvements on many CAHPS and patient satisfaction survey items.

Slide 13

You'll see improvements in response to pain, did people do everything to help pain, did they treat you with courtesy and respect, did the nurse listen carefully, did the nurse explain things understandably. And then also the questions about the quality of people's overall experience and whether they're likely to recommend the organization to other people and to return if they need health care in the future. So caring communication is a powerful, high leverage, high impact factor that has a very positive effect on improving the quality of the patient experience.

Slide 14

I'm showing you on this next series of slides a few results from organizations that have focused on caring communication as a major strategy for improving HCAHPS performance. The blue arrow shows the intervention when all staff are trained to communicate with heart, to communicate they're caring in a much more explicit manner.

Slide 15

With that kind of training, the scores on the question "would you return" go dramatically upward, more than ten percentage points for inpatient telemetry, CCU, PCU, Ortho, and OB/GYN.

Slide 16

And the question of "would you recommend the inpatient experience," again you see a ten percentage point improvement after this kind of training.

Slide 17

Now what are the skills that constitute training in caring communication? Because some people are going to think well, I'm already caring, I have these skills. Well, the fact is people are certainly caring. That's not the

issue. The issue is: are they engaging in the behaviors that actually communicate they're caring and make their caring felt? And I've identified seven specific skills that are heart-to-heart communication skills that make our caring felt. And I'd like to say a little bit about each.

Slide 18

The first skill, and if I could only have one this would be the big one, involves presence or mindfulness. And this builds trust with patients and families in a way that no other skill does.

Slide 19

Presence involves quieting our racing minds and giving our entire focus, our undivided respectful attention to the patient or family member we're with for those precious few moments when we're actually with them. The staff member needs to fully experience where they are, who they're with and what they're doing. And fortunately, presence is learnable.

Slide 20

And presence makes a huge difference in many of the concrete situations that people are handling every day, like hourly rounds. If you pop your head in the door and say "need anything," you're not functioning with presence and hourly rounds are not going to be that high impact. But if you're very present to the patient when you stop in, it's going to feel like a personal experience and a positive experience. In the ED, when doctors sit down with a patient, even when they don't have any new information, they get much higher ratings than if they said exactly the same information standing up. The difference? Presence. They're sitting, they're focused, they're tuned in.

Then what about caregivers who use the computer when they're with patients? Many patients report feeling that caregivers are more interested in the computer than they are in them. And the issue there is that when the patient is talking, the staff member needs to be present to that patient and then alternate their attention back to the computer, but not try to multitask or do both at once, because that interferes with the patient-caregiver relationship.

Slide 21

The second language of caring skill involves acknowledging feelings, reflecting back the feeling that you feel is coming from the other person with words like "gee, you sound upset" or "you look exhausted" or "I imagine these results must be quite a relief for you." The fact is people feel understood when we show regard for their feelings, not just for the content of what they say.

Slide 22

Imagine a nurse stepping into a patient room and saying "how are you feeling today" and the patient says "fine." Well, a nurse who's listening only to the content of what the patient is saying might respond "great." But the fact is that patient doesn't sound like they feel fine at all. It would be so much more powerful, personal, and high impact if the nurse instead said to the patient who says "fine," said, "gee, you sound a little down," which will help the patient open up and really feel heard.

Slide 23

An example of acknowledging feelings, let's say a patient exclaims, "Now what do you want to do to me, haven't you done enough tests already?" Instead of answering just with information, "Well, yes, there are a couple more tests we do need to do," how about responding with heart by acknowledging feelings: "Wow, you sound frustrated with all that we have done with you. It's got to be so difficult"?

Slide 24

The third language of caring skill involves non-verbal communication, because the fact is people read our non-verbal behavior to see if we actually care. There are so many ways I could say "I'll be with you in a minute." I could say "I'll be with you in a minute," and that doesn't sound caring. Or I could say "I'll be with you in a minute," and people would read my tone and my non-verbal behavior as very caring. Now since there are so many non-verbal behaviors that have an impact on the patient experience, how do we help staff be more effective, and knowing too that there are cultural differences in the meanings attributed to various non-verbal behaviors. And fortunately there's a rule of thumb that works very well.

Slide 25

And that is for us to match our non-verbal behavior to that of the other person. It's sort of a form of non-verbal listening.

Slide 26

So that means when someone is angry, they appear angry, respond non-verbally with a look of intense concern. If they have a sense of urgency in their bodies, then respond with a sense of urgency on our part. Meet calm with calm; consciously adjust our eyes and expressions so that these mirror the other person's.

Slide 27

The fourth skill: explaining positive intent. The fact is our routines are not routine for others. So we need to tell the person how what we're doing benefits them. They'll feel our caring and be much more likely to cooperate.

Slide 28

Examples: not just closing the door, but saying "I'm closing the door to protect your privacy." Or our first response to a complaint: instead of just saying "Tell me more," how about "You know what, I really want to help you, so tell me more about this"?

Slide 29

The fifth skill is the blameless apology. And this involves expressing heartfelt regret that the person is somehow suffering. It means not blaming yourself or others. So examples of blameless apology are "I'm sorry this wasn't what you were expecting" or "I'm so sorry you were inconvenienced" or "I'm really sorry this has been so uncomfortable for you." So it's expressing sincere regret using those magic words "I'm sorry."

Slide 30

What isn't blameless apology? Things like this: "I'm sorry but it wasn't my fault," "Gee, I'm really sorry; it's a zoo in here," or "I'm sorry you had to wait; we're really short-staffed." In all of those situations, people were using the words "I'm sorry," but attributing blame to management, the organization or someone else, deflecting blame. A blameless apology sounds like this: "I'm sorry this wasn't what you were expecting. I'm so sorry you were inconvenienced."

Slide 31

The sixth skill, the gift of positive regard, essentially includes thanks, appreciation, compliments, and admiration, especially powerful when people least expect these. And in difficult situations, people expect us to be defensive. With positive regard, we can often transform difficult situations.

Slide 32

Example: what can we say to express positive regard to a patient's daughter who is hounding us to get results from tests on her father, every day "where are they, where are they," hounding us, making us nuts? Well, instead of saying "I said as soon as these results come in, I'll be happy to share them with you," how about

saying, "You know what, your father is so fortunate to have you in his corner advocating for him. As I mentioned, I am definitely going to find you when I have his results so I can share them with you." Positive regard instead of defensiveness.

Slide 33

The last language of caring skill, I call the caring broken record. And this is really great in tough situations where the staff member sort of feels pushed against the wall, and in fact in situations like that, that's where a communication frequently breaks down and people slip and do something or say something that really isn't caring. And the caring broken record is useful when you have already done all you can and the person is still not satisfied.

Slide 34

The caring broken record includes two parts. First of all, your bottom line message on which you have good reason not to back down, your basic message, and the second part of the caring broken record is the caring. You need to combine your bottom line message with lots of heart.

Slide 35

Example: a patient insists on smoking. Well, they're not allowed to smoke. So you could just say "Well, I'm sorry, there's no smoking allowed here," but that's going to escalate the situation. Patients don't want to hear that. If your bottom line is that you cannot allow them to smoke, you've got to say that; you have to insist on it. But how do you do that in a caring way? So, for example, using the language of caring you could say "It's got to be very frustrating to not be able to smoke here and I'm sorry that it's so uncomfortable for you. The fact is for the sake of all of our patients and staff, for their safety and health, there is no smoking here." So that kind of message has lots of caring and your bottom line, which is no smoking here.

Slide 36

So what I've done is walk quickly through seven specific skills that communicate from the heart. These are skills that make our caring felt and they balance in a wonderful way all of the task-oriented communication that is happening and is so prevalent today.

Slide 37

So in this short presentation, I've aimed to describe an evidence-based breakthrough approach to enhancing the patient experience. And with that, helping you improve your scores, whether it's on HCAHPS, CG-CAHPS or other patient satisfaction or experience surveys. And that breakthrough approach is helping all members of the health care team, clinical people and non-clinical people alike, communicate their caring. As I said before, people are caring, that's a given, but they don't get credit for it and they don't have a positive impact on the people they serve unless they actually express their caring.

Slide 38

So with that I'll end, and I do hope this presentation has been helpful to you. Thank you.

Lise Rybowski

Thank you, Wendy, so much for sharing your expertise with us today. The strategies you presented really sound like easy and practical ways to create caring communication.

Slide 39

In our next podcast Melinda Karp will be joining us to share some strategies for improving coordination of care. You can download all of the podcasts in this series at the CAHPS User Network Web site at www.cahps.ahrq.gov. That's www.c-a-h-p-s.a-h-r-q.g-o-v [www.cahps.ahrq.gov].

Slide 40

For more information on strategies to improve the patient's experience, check out the CAHPS Improvement Guide on this Web site. This guide has a lot of useful information from planning a QI initiative to specific strategies that you can use. You can also access other quality improvement resources, such as case studies detailing the use of CAHPS survey results for quality improvement. The CAHPS User Network also offers free technical assistance and can be reached by calling the CAHPS Help Line at 1-800-492-9261 or via email at cahps1@ahrq.gov. That's CAHPS, c-a-h-p-s, the number 1, at [@] a-h-r-q.g-o-v [cahps1@ahrq.gov]. We thank you for joining us and we look forward to bringing you more stories and experiences from users of CAHPS surveys.

(END OF TRANSCRIPTION)