



HeartBeat

ON THE QUALITY PATIENT EXPERIENCE



RESHAPING
THE CULTURE
OF CARE

Insights, tips, tools and resources to help you achieve the unparalleled patient, family and employee experience

Soapbox: CAHPS Scores Rise While Patients Suffer!

By Wendy Leebov, Ed.D., Partner; Language of Caring



My sister is suffering. One hospitalization after another--for cellulitis, vasculitis, hip surgery gone awry, pulmonary and endocrine issues, and as if that's not enough, new this week, spontaneous fractures in her back. She is in agonizing pain, and she does everything humanly possible to avoid pain medication, because, with it, she says she's unable to keep watch and manage her own care. She feels too vulnerable to take meds to relieve her pain.

I ask her, "How are people on the care team treating you?" And she says, "Fine, I guess." I ask her to elaborate. What does, "Fine, I guess" mean? And she says, "Every time I go home, I get these surveys, and they ask me how often people do different things. And I give good scores, because people do those things often. But I feel so alone--anonymous, and no one seems to get what I'm going through. And they don't ask about that on the surveys."

Think about this. My sister gives high ratings, because people do the HCAHPS actions often. And she expresses deep appreciation of the individuals who truly connect with her and are shining lights in her daily experience. At the same time, she is suffering terribly and feels like some of her caregivers are either clueless about her suffering or don't care.

Meanwhile, the high HCAHPS scores go to the executives, the unit leaders and the Board, and on to the staff as well. And everyone thinks, "We're doing well. Our HCAHPS scores are going up." Meanwhile, my sister continues to suffer, feeling alone and anonymous.

It's ironic. You can do very, very well on HCAHPS without providing a healing environment. You can do very, very well on HCAHPS without making patients feel special. You can do very, very well on HCAHPS without personalizing care, and without acknowledging or easing the patient's suffering.



INSIDE THIS ISSUE

1 CAHPS SCORES RISE WHILE PATIENTS SUFFER!

2 WENDY RECOMMENDS

3 QUOTEWORTHY

4 NEWSBYTE

5 STAFF MEETING ACTIVITY: WORK TEAM BEHAVIORS

6 LANGUAGE OF CARING WEBINAR - HOW TO BE A POWERHOUSE CHANGE AGENT FOR THE PATIENT EXPERIENCE

7 FREE WEBINAR OVERVIEW OF LANGUAGE OF CARING PROGRAMS

You can do very, very well on HCAHPS without providing a healing environment.

HCAHPS monitors behaviors that are necessary, but not sufficient. They are not enough. Consider “Nurse Courtesy and Respect.” Very important, but this item stops short of asking about personal connection, empathy and caring. HCAHPS doesn’t ask about these anywhere.

Plea. Yes, we need ever-rising HCAHPS scores in order to thrive under Value-Based Purchasing. But ever-rising HCAHPS scores don’t mean we’re doing well in alleviating unnecessary suffering or deeply acknowledging people who are enduring unavoidable (and sometimes avoidable) suffering.

Press Ganey’s Strategic Insights Report (2013) reveals their plan to develop analytics that help healthcare organizations achieve true patient-centered care by identifying and eliminating sources of avoidable patient suffering. They provide the following chart that shows the many “Sources of Suffering” in the patient experience.

SOURCES OF SUFFERING		
Unavoidable <i>(Provider’s goal: mitigate)</i>		Avoidable <i>(Provider’s goal: eliminate)</i>
Associated with Diagnosis	Associated with Treatment	Associated with Healthcare Delivery System Dysfunction
Examples		
Symptoms of disease including pain	Post-operative pain	Unnecessary pain resulting from failure identify and treat the source
Loss of functioning (temporary or permanent)	Loss of functioning (temporary or permanent)	Hospital acquired conditions
Fear or anxiety arising from the implications of the diagnosis for health and functioning	Fear or anxiety regarding outcome of treatment	Fear or anxiety resulting from lack of coordination and teamwork, lack of respect shown to patient, and loss of trust in providers
	Fear or anxiety due to unfamiliar processes, disruption in daily life, and loss of control	Misdiagnosis
	Side effects	Unnecessary waits

Source: Press Ganey

I would add to the “Avoidable Suffering” side of this chart the suffering that comes from feeling alone and anonymous, even as members of the care team are carrying out their tasks.



What to Do. Here’s my starting list of seven ways you can engage your team to heighten their sensitivity to suffering and encourage action and initiative to relieve suffering.

Build the communication skills needed. Employ the Language of Caring.

Seven Ways to Reduce Patient and Family Suffering	
1. Learn from patients and families	<ul style="list-style-type: none"> • Patient stories, patient and family advisory group program/panel on suffering...and what you did and could have done that you didn't do • Patient rounding on suffering
2. Tackle the AVOIDABLE	<ul style="list-style-type: none"> • With your own team, brainstorm a list of ways the people you serve suffer • Divide these items into Avoidable versus Unavoidable • Identify a punch list of things you can do to eliminate AVOIDABLE suffering, and make an all-out effort to address these
3. Address the barriers and staff excuses	<ul style="list-style-type: none"> • Not knowing how to respond, what to say • Not wanting to open can of worms • Powerlessness to fix • Too busy to listen
4. Build the communication skills needed. Employ the Language of Caring	<ul style="list-style-type: none"> • Make it okay to show emotion • Inquire about it; help the patient talk about their feelings • Be present to the person; bear witness • Express empathy; acknowledge their feelings • Legitimate and validate the person's feelings • Show your support nonverbally- your facial expressions, eyes, and appropriate touch
5. Avoid insensitive and ineffective approaches	<ul style="list-style-type: none"> • Reassuring (unless you have a very convincing explanation of why) • Discounting • Pooh-poohing • Avoiding, staying entirely task-oriented
6. Celebrate and inspire relief of suffering through sharing of stories	<ul style="list-style-type: none"> • During rounding with staff, in huddles and staff meetings, ask, "Tell me about a time this week when you relieved a person's suffering."
7. Make relief of suffering a Must-Have, not a Nice-to-Have	<ul style="list-style-type: none"> • Build "Acts of human kindness" into every person's job description • Make it a performance review factor

Consider these approaches and then please, send me your thoughts and approaches, and I'll share them too. Send to:

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Simone Weil was a French philosopher, mystic, and political activist. Her life was marked by an exceptional compassion for the suffering of others. About suffering, she said this: "The capacity to give one's attention to a sufferer is a very rare and difficult thing; it is almost a miracle; it is a miracle."

**WENDY LEEBOV
RECOMMENDS**

In this article, Dr. Lee discusses what social networks can tell us about how to make empathy a healthcare epidemic. [***How to Spread Empathy in Health Care***](#) by Thomas H. Lee, MD; HBR Blog Network; July 17, 2014


QUOTEWORTHY

“The most basic and powerful way to connect to another person is to listen. Just listen. Perhaps the most important thing we ever give each other is our attention.... A loving silence often has far more power to heal and to connect than the most well-intentioned words.”

Rachel Naomi Remen


NEWSBYTE

Take a look at the gap between what consumers want from their providers and their actual experience. This shows we have work to do! Survey polled 1068 US adults who had seen at least one healthcare provider in the last 12 months. Study by Evidence Communication Innovation Collaborative of the IOM Roundtable on Value & Science-Driven Healthcare and *Consumer Reports*:

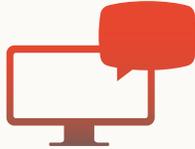
Communicating with Patients on Healthcare Evidence: Behaviors	% who want their providers to do this	% who said that their providers do this
Listen	82	62
Explain risks and options	68	55
Take the time to understand their goals and concerns	54	47
Discuss the option of not pursuing treatment or test	47	38
Coordinate care	62	42


STAFF MEETING ACTIVITY

Staff Meeting Activity:

Work Team Behaviors

- Pose this situation: “Imagine a crew team out on the river. Four people are rowing their hearts out, four are admiring the scenery, and two are doing all they can to sink the boat.”
- Ask people how this applies to the work team.
 - Which behaviors are like “rowing our hearts out?”
 - Which behaviors are like “admiring the scenery?”
 - Which behaviors are like trying to “sink the boat?”
- Ask people to suggest the moral of the story, as they see it.



LANGUAGE OF CARING WEBINAR SERIES PRESENTS...

TUESDAY,
September 30,
2014
1-2 PM
(EDT)

How to Be a Powerhouse Change Agent for the Patient Experience

Margaret Mead said, *“Never doubt that a small group of thoughtful, concerned citizens can change the world. Indeed, it is the only thing that ever has.”*

Patient experience champions worldwide are acting as change agents who inspire and engage others to embrace and enhance the patient and family experience. In this webinar, drawing on Malcolm Gladwell’s landmark book **The Tipping Point**, Wendy, Dorothy and Jill will address how you can use your power and influence to engage others and advance the patient experience in your organization. They will also discuss how you can lead the way to the tipping point—the point at which your organization’s strategies stick, becoming consistent and sustainable.

HIGHLIGHTS:

- How you can personally spark an epidemic of commitment and improvement related to the patient experience
- Seven key change agent roles with illustrative examples
- The “Stickiness Factor” and how you can ensure that short-term improvements become sustainable and lead to transformation

**SPACE IS LIMITED
REGISTER NOW!**

WHO SHOULD ATTEND?

- Patient experience champions, organization development professionals, steering team members, executives, all levels of leadership, program coordinators, project managers

WEBINAR FACULTY



Presented by Wendy Leebov, EdD, Dorothy Sisneros, MS, MBA, and Jill Golde, MA—partners at Language of Caring— a powerhouse trio who share a passion for reshaping

healthcare organizations to become communities of caring. They’ve served as development professionals, instructional designers, strategists, and coaches. Together, they provide high-impact consulting services, supporting healthcare organizations with culture change strategies, training and tools for enhancing the patient, family, and employee experience.

INDIVIDUAL \$49
GROUP (PER CALL-IN LINE) \$199

If your system wants to purchase several call-in lines, [contact us](#).



YOU AND YOUR COLLEAGUES ARE INVITED TO A FREE WEBINAR OVERVIEW



**August 27, 2014
12-1 PM (EDT)**

REGISTER NOW!



**August 20, 2014
12-1 PM (EDT)**

REGISTER NOW!

- Discover how these blended learning programs are helping organizations achieve breakthroughs in the patient experience and patient/family-centered care, as measured by CAHPS improvement
- Learn how these programs work and their specific components
- Preview our awesome new Client Portal for easy access to videos, all materials and and sustainability resources
- Get to know our implementation services that help you jumpstart your strategy and accelerate your results
- Ask your questions!

SIGN UP TODAY!
SPACE IS LIMITED



Language of Caring

Achieving an unparalleled patient experience and a culture of caring through exceptional communication.



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Jill Golde, MA, Dorothy Sisneros, MS, MBA and Wendy Leebov, EdD—partners at Language of Caring.

If you like this HeartBeat, please forward it to others. If someone else sent this to you, please subscribe at www.languageofcaring.com.

Join our LinkedIn Group “**Quality Patient Experience and HCAHPS Improvement**” and add to the rich discussions about the quality patient experience. AND please send us an INVITE so we can connect. Thank you!

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