Safeguard Patient Safety: The Communication Solution

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Jill Golde has indicated no conflict of interest to disclose
Language of Caring

- We partner with healthcare organizations to create a remarkable patient and family experience by strengthening communication.
- We offer breakthrough skill-building strategies:
  - The Language of Caring for Staff
  - The Language of Caring for Physicians: Communication Essentials for Patient-Centered Care

www.languageofcaring.com
Communication failures are at the root of >70% of sentinel events.

JCAHO, National Patient Safety Goals; 2005
Silence Kills

Study by Vital Smarts & Am. Assoc Critical Care Nurses; 2005

• 84% of doctors have seen coworkers take shortcuts that endanger patients
• 88% of doctors see others show poor clinical judgment
• Fewer than 10% of physicians and nurses confront colleagues about concerns
• The 10% who speak up report better patient outcomes, work harder, and are more satisfied at work
• When more people speak up, we see fewer medical errors, increased patient safety, higher productivity, and lower turnover
Errors are inevitable.
We need a JUST CULTURE

Features

• Shared accountability for safety
• Staff report errors and error-prone systems and openly discuss with managers and peers
• Leaders make it safe to speak up – and no repercussions
• Leaders promote learning from these events
• Staff see leaders as responsive
Strategies to Improve Patient Safety

• Most strategies focus on *staff* input and reporting.

• More organizations are finding ways to encourage *patients and families* to open up, speak up, and speak out.

Strong Focus: Communication
Processes That Improve Communication

• SBAR: Communication protocol
• Safety Audits
• Safety Rounds
• Multi-disciplinary rounds & goal sheets
• Involvement of patient/family advisors in safety Initiatives
• Team STEPPS
• ...and much more
Common Methods Hospitals Use to Educate Staff –for Better Communication

• Presentations by experts
• Videos
• Practice scenarios
• SBAR practice worksheets
• Poster campaigns and visual reminders (bookmarks, cards, lanyards, t-shirts)
• Power Points
• Champion role
• Web-based training
• …and more
Session Goals

• Identify the “Language of Caring” --- the concrete communication skills that earn patient/family trust, openness, confidence and engagement AND reduce the fear of speaking up

• Pinpoint a powerful conversation model that helps employees initiate effective hard conversations with colleagues
Driving Principle 1: To feel safe in our caring hands, people want care to feel personal.

- When the people we serve perceive us as impersonal and preoccupied, they hesitate to voice their concerns.
- We can make sure care feels personal --- by how we communicate.
Driving Principle 2: We are not Disney. *Patients and families are highly anxious.*

- When patients are anxious, they are LESS likely to speak up.
- We need more than task-oriented communication. We need anxiety-reducing, caring communication.
Driving Principle 3: 
To ease anxiety with caring, it’s not enough to BE caring. We need to EXPRESS our caring.

- If we don’t communicate our caring, patients and families think we don’t care, and they are much less likely to express their concerns.
- In these days of extreme task orientation, staff need support and skills to communicate their caring!
Grounded in These Principles: Communication Practices That Build Trust and Encourage Open Communication

- Do-able without adding staff
- Encourage open communication
- Demonstrated results
- Gratifying for staff and patients alike
Best Practice 1: Careboard Conversations
---A Standardized Process That Ensures Personalization

• Reduces anxiety and builds trust and confidence early on—by design
• Focuses on the power of “presence”
• Triggers a chain of OPEN communications throughout the patient’s experience
Rebecca’s Sign: A True Story
To: Medical Staff and Employees
Re: Rebecca Roberts

- Intelligent creative artist
- Talented published writer
- Poet
- Magnificent human being
- X-rays show grossly positive sense of humor
- ALLERGY: Severe allergy to being treated as a child or a “hip”
- ANTIDOTE: Massive doses of sensitivity and care p.r.n.
- PROGNOSIS: Strolling summer sunsets
CareBoard Conversations

*Jumpstart a PERSONAL connection. Earn trust.*

- Immediately, interview the person (with no stethoscope or chart in hand)
- Listen with total presence
- Check back that you’ve heard them right.
- Thank them for sharing
- Ask permission to jot down highlights for all to see, so they can connect too
Jim Harris--
Prefers “Jim”

Harriet and Jim married 39 years

Children: Mel, Gabe and Linda

7 grandchildren!
Rosie 6, Casey 12
Josie 4, Harry 6, Mickey 3
Andy 3, Janie 1

Dog-Spanky

Loves golf, making waffles for the kids, Yankees

Nurse: Patsy Hermann (“Patsy”)  
Dr. Hammond 433-9091

Family rep: Harriet Harris  
Today’s goal: 3 walks
If the patient can’t share, engage the family.

Linda

- Daughter, wife, sister, grandma of 3
- Lawyer
- Marvin Hamlisch groupie
- Loves auctions
- Philanthropist
- 1st woman president of synagogue
- Best applesauce in world
It takes 3-5 minutes and saves many more by building patient trust and confidence.

And these are essential if we want patients and families to speak up

.....about concerns, errors, observations, and more.
After the Careboard Conversation:

• State your intent:  “Our team wants you to get well. And we see this as a partnership.”

• Explicitly INVITE concerns—about safety, meds, care, and service:  “I want you to know that everyone on our team and I personally want you to speak up whenever you have any concerns or questions. We want you to feel clear, comfortable and safe… And we’re asking your help.”
Best Practice 2: Build staff skills in communicating caring

• Remove the disconnect between caring on the inside and *showing it* on the outside.
• Effective communication of caring is key to earning rapport, trust and openness.
“I’m in terrible pain! I want more medicine NOW!”
Two Kinds of Communication

Heart

Feeling, Caring, Empathetic

Head

Thinking, Doing, Explaining, Fixing
Both 🧠 and ❤️ have benefits!

When we speak from the heart:
• Patients and families feel important, cared for, and understood
• They can hear the head-to-head part much better

When we speak from the head:
• The patient and family get valuable information
• They appreciate our answers and solutions
These Days

- We’re very busy, and this tends to make us very task-oriented.
- Most communication is from the HEAD, much less from the HEART.
- The result: Patients and families may view us as uncaring and disconnected.
1. Patient to nurse: “I’m in terrible pain! I want more pain medicine NOW!”

HEAD Responses
• “How would you rate your pain from 1 to 10?”
• “You can have more medicine in 20 minutes.”
• “Where is your pain exactly?”
• “I’ll check with the doctor to see if there’s some other medicine that might work better.”

HEART Responses
• “I’m so sorry you’re in pain!”
• “It must be very hard for you.”

Did you respond first from HEAD or HEART?
The Ideal: Heart-Head-Heart Sandwich

“I’m in terrible pain. I want more medicine NOW!”

“I’m so sorry you’re in pain. I want to help.”

“Let me talk to your doctor and see if there’s something that might work better for you.”

“I really want to ease your pain.”
Language of Caring: Skills for *Communicating with HEART*

1. The practice of presence
2. Acknowledging feelings
3. Showing caring nonverbally
4. Explaining positive intent
5. The blameless apology
6. The gift of appreciation
The First Skill—
To build trust with our patients and families, one skill is key above all others--

Presence
Language of Caring Skill 1: The Practice of Presence

**Mindfulness**

- Quiet your racing mind.
- Focus your whole self on the other person. Give them your undivided, respectful attention.
- READ THEIR CUES.
- Fully experience where you are, who you’re with, and what you’re doing.
When PRESENCE makes a BIG difference

When a person voices a concern

Hourly Rounds
When a Person Voices a Concern

• If you appear rushed or distracted, they will most likely stop talking.
• If you are not present to them, you will miss cues… about confusion, discomfort, concern
Language of Caring Skill 2: Acknowledging Feelings

Reflect back the feeling with words like “You seem....” or “You sound....”

- “You sound upset.”
- “You look exhausted.”
- “I imagine these results must be quite a relief for you.”

People feel understood when we show regard for their feelings.
• Nurse: “How do you feel about your care here so far?”

• Patient: “Fine.”
Acknowledging Feelings: Examples

Situation 1

– Patient: That pill doesn’t look familiar. Did I take that before?”

Situation 2

– Nurse to physician: “Are you sure that drug is safe for Mrs. Jones. She takes so many medications!”
Language of Caring Skill 3: Showing Caring Nonverbally

People “read” our nonverbal behavior to see if we care.
You: “Is there anything you’re concerned about?”

Patient: “No”
Language of Caring Skill 4: 
Explaining Positive Intent

Our routines are not routine for others. 
Tell the person how what you are doing benefits them.....
And make sure it does!
Explaining Positive Intent

• Patients and families DESERVE an explanation of why we do what we do to and for them.

• Patients, families and coworkers need to know our purpose so they can be more engaged partners—so they can tell us when we’re off-base and also help us achieve these purposes.
Example

• Staff: “Please, lean back. I want to make you comfortable.”

• Patient: “But that doesn’t make me comfortable! It makes my neck hurt!”
Language of Caring Skill 5: The Blameless Apology.

• When a person complains, listen well and encourage the whole story.
• If you become defensive or blaming, the person might shut down.
• Express heartfelt regret that the person is somehow suffering.
• Don’t blame yourself or others.
  • “I’m sorry this wasn’t what you were expecting.”
  • “I’m so sorry you were inconvenienced.”
  • “I’m really sorry this has been so uncomfortable for you.”
Blaming vs. Blameless Apologies: Examples

An apology that blames (not good)
• I’m sorry but it wasn’t my fault.
• I’m really sorry. It’s a zoo in here. ”
• I’m sorry you had to wait. We’re really short-staffed. ”

A blameless apology (better)
• “I’m sorry this wasn’t what you were expecting. Tell me more.”
The Blameless Apology

<table>
<thead>
<tr>
<th>Situation</th>
<th>Blameless Apology?</th>
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<tbody>
<tr>
<td>Coworker said the doctor won’t listen to her concern about a medication interaction that could hurt the patient.</td>
<td></td>
</tr>
<tr>
<td>The patient complains that the nurse doesn’t wash her hands before touching her.</td>
<td></td>
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</tbody>
</table>
Language of Caring Skill 6: The Gift of Appreciation

- Thanks
- Appreciation
- A compliment
- Admiration

...when people least expect it!
Appreciation: Examples

• “Thanks for inviting my thinking, Dr. Patterson. Your being so open-minded is really great!”
• “Thanks for sharing your concern. When you speak up about your concerns, it helps us do the right things for you and keep you safe!”
• “Your observations are very helpful to me. Your father’s lucky to have you as his advocate.”
• “Thanks, Helen for supporting me in that tough conversation with the care team.”
Heart-Head-Heart Communication

1. The practice of presence
2. Acknowledging feeling
3. Showing caring nonverbally
4. Explaining positive intent
5. The blameless apology
6. The gift of appreciation
Best Practice 3
with Impact on Patient Safety:

Build employee skills in courageous conversations
CUS: A Verbal Alarm

Developed by Agency for Healthcare Research and Quality

• Common practice in auto plants: “The assembly line must never stop.”
• Toyota made a change: “When you see any kind of problem, STOP THE LINE!”
• Within weeks: Dramatic improvement in safety and quality
CUS Words

C
I am Concerned.

U
I am Uncomfortable.

S
This is a Safety issue.
Billy Evans
Joe Wilson
Use the **Caring Feedback Model** to develop the initial statement

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
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<tr>
<td><strong>S</strong></td>
<td>Positive, respectful opening</td>
</tr>
<tr>
<td><strong>T</strong></td>
<td>Appreciation and positive purpose...</td>
</tr>
<tr>
<td><strong>A</strong></td>
<td>Facts and concern</td>
</tr>
<tr>
<td><strong>R</strong></td>
<td>Here’s the situation....</td>
</tr>
<tr>
<td><strong>T</strong></td>
<td>Consequences</td>
</tr>
<tr>
<td><strong>U</strong></td>
<td>This is a safety issue because.... Why I’m concerned...</td>
</tr>
<tr>
<td><strong>T</strong></td>
<td>Respect again</td>
</tr>
<tr>
<td><strong>S</strong></td>
<td>Suggestion or request</td>
</tr>
<tr>
<td><strong>S</strong></td>
<td>What I want/believe is right...</td>
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Encourage use of the **Caring Feedback Model** to develop the initial statement.

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Strengths of the Caring Feedback Model

• Focuses on the common goal—safe, high quality care
• Depersonalizes the conversation: “It’s not about you and me. It’s about the patient.”
• Avoids judging: Don’t refer to who’s right or wrong.
• Identifies what needs to happen for **us** to do the right thing **for the patient**.
Oops!

“I’m the doctor and he is MY patient. How many years of medical school did YOU have? I decide what’s best for MY patient.”
Fancy Footwork

• “You’re off-base.”
• “I won’t accept that.”
• “This is your problem, not mine.”
• “You can’t be serious!”
• “There are very good reasons for this.”
• “You have a point, but...”
• “I WON’T TAKE NO FOR AN ANSWER.”
• “This is absolutely ridiculous.”
• “No way.”
• “Let me talk to your boss.”
• “How dare you!”
In the face of resistance:

• Persist. Use the Caring Feedback Model, repeating your main message---with caring.

• If you can’t change the person’s mind:
  – Notify a supervisor or house doctor
  – Take action yourself to protect the person in danger.
The Essence

Team Member: “You seem certain that this procedure is necessary.”

Colleague: “Yes, I’m doing what I think is right!”

Team member:
  Caring: “I know you want to do right by your patients.”
  Repeat message: “Still, the fact is, this might complicate the patient’s recovery; and I strongly suggest that we stop.....”
**Patient in ICU after Hip Surgery**

<table>
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<tr>
<th>Role</th>
<th>Dialogue</th>
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<tbody>
<tr>
<td>Doctor</td>
<td>“She doesn’t know what she’s talking about. That’s impossible. Don’t stop the drug. Tell her it’s the right thing.”</td>
</tr>
<tr>
<td>Nurse</td>
<td>“I know you want to do the right thing for the patient. I suggest that we stop that medication.”</td>
</tr>
<tr>
<td>Doctor</td>
<td>“Look, I’m the doctor and I know that this medicine could not be causing the problem. It will help soon.”</td>
</tr>
<tr>
<td>Nurse</td>
<td>“That may be. And I do respect your expertise. Still, since the patient’s delirium seems worse, I do think we should honor the family’s wish and stop that medication.”</td>
</tr>
<tr>
<td>Doctor</td>
<td>“Her sister knows nothing. Families engage in magical thinking.”</td>
</tr>
<tr>
<td>Nurse</td>
<td>“I realize it might be annoying for you to be second-guessed by family members. Still, this is a safety issue. Since stopping the medication isn’t life-threatening, I do think we should stop that medication. I really appreciate your reconsidering.”</td>
</tr>
</tbody>
</table>
Keys to Success

- Prepare, so you can do a good job.
- Get very clear on your positive intent & your request/suggestion.
- If you feel the fear, do it anyway.
- If you don’t succeed, STOP THE LINE.
  - Immediately notify a supervisor or house doctor
  - Take action yourself to protect the person in danger.
Recap

• *CareBoard Conversations* and the *Language of Caring* build trust with patients and families and encourage them to speak up.

• *CUS* and the *Caring Feedback Model* are powerful communication tools that help employees initiate *effective* hard conversations with colleagues and get the results they want for the patient’s sake.
### Recap of Best Practices

<table>
<thead>
<tr>
<th>Design into your care process intentional relationship-building with patients, families and coworkers (CareBoard Conversations)</th>
</tr>
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<tbody>
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<td>Engender openness and reduce anxiety with the Language of Caring -- with patients, families and coworkers</td>
</tr>
<tr>
<td>Use CUS and the Caring Feedback Model to hold effective hard conversations</td>
</tr>
</tbody>
</table>
Your Roles

• Role model and champion of caring communication and a Just Culture of openness and collaboration ---all for the patient’s (and the organization’s) best interest
• Driver of and coach for courageous conversations
For Breakthroughs in the Patient Experience

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