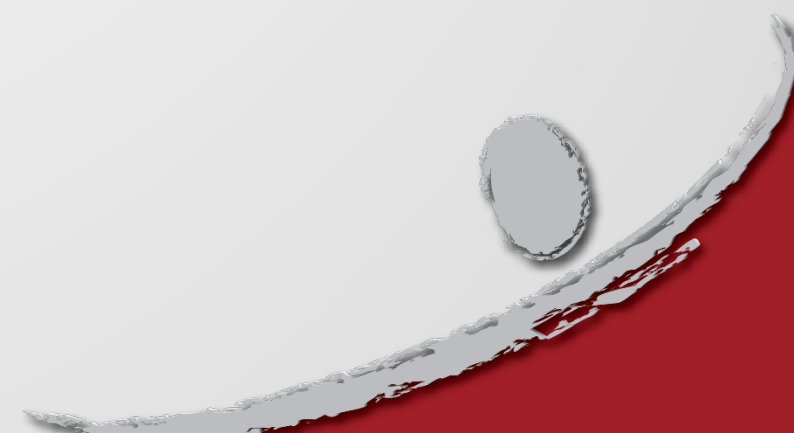


Clear, Concise Communication to Improve Health Care Outcomes

PREMIER THERAPY
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Presenters:



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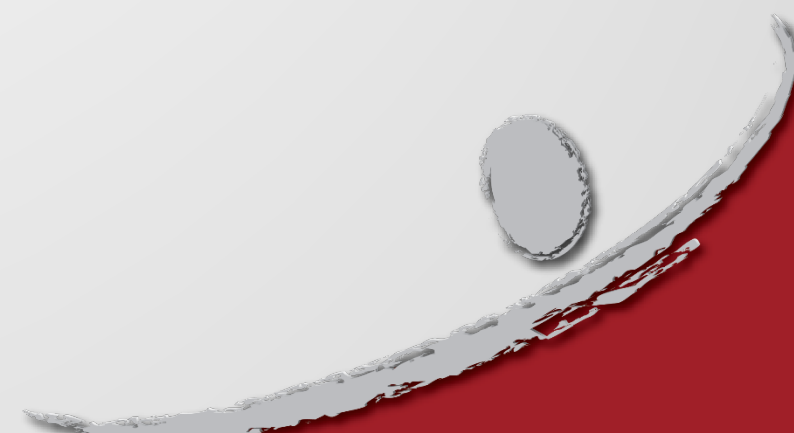
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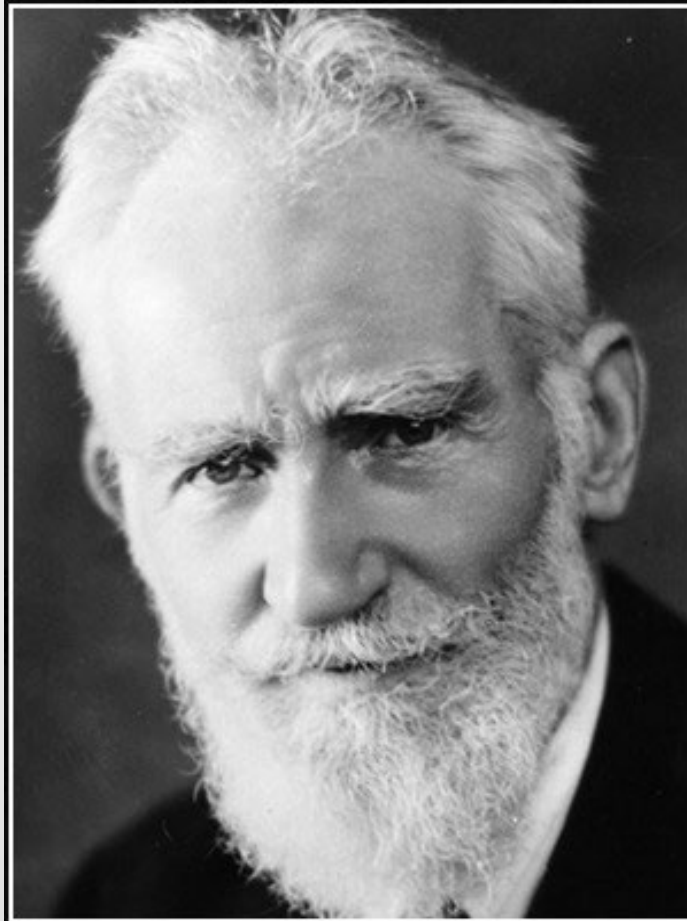
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Objectives:

- Define ways in which poor communication affects all levels of facility performance
- Define common pitfalls and barriers that could lead to poor patient, family, and facility outcomes
- Describe at least 3 effective programs and strategies that work to promote concise communication and outcomes



What is Effective, Clear, Concise Communication?



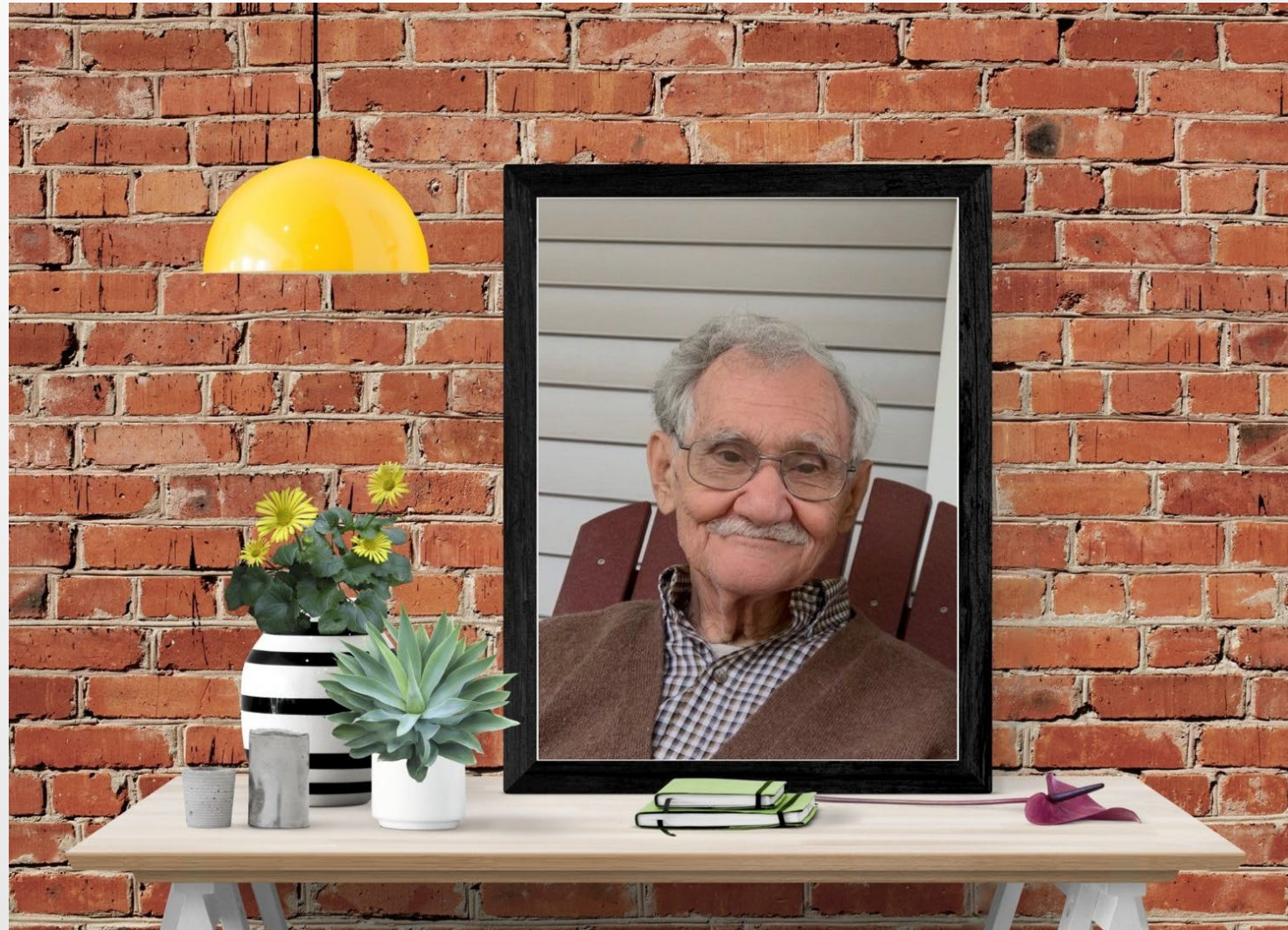
The single biggest problem in communication is the illusion that it has taken place.

— *George Bernard Shaw* —

AZ QUOTES

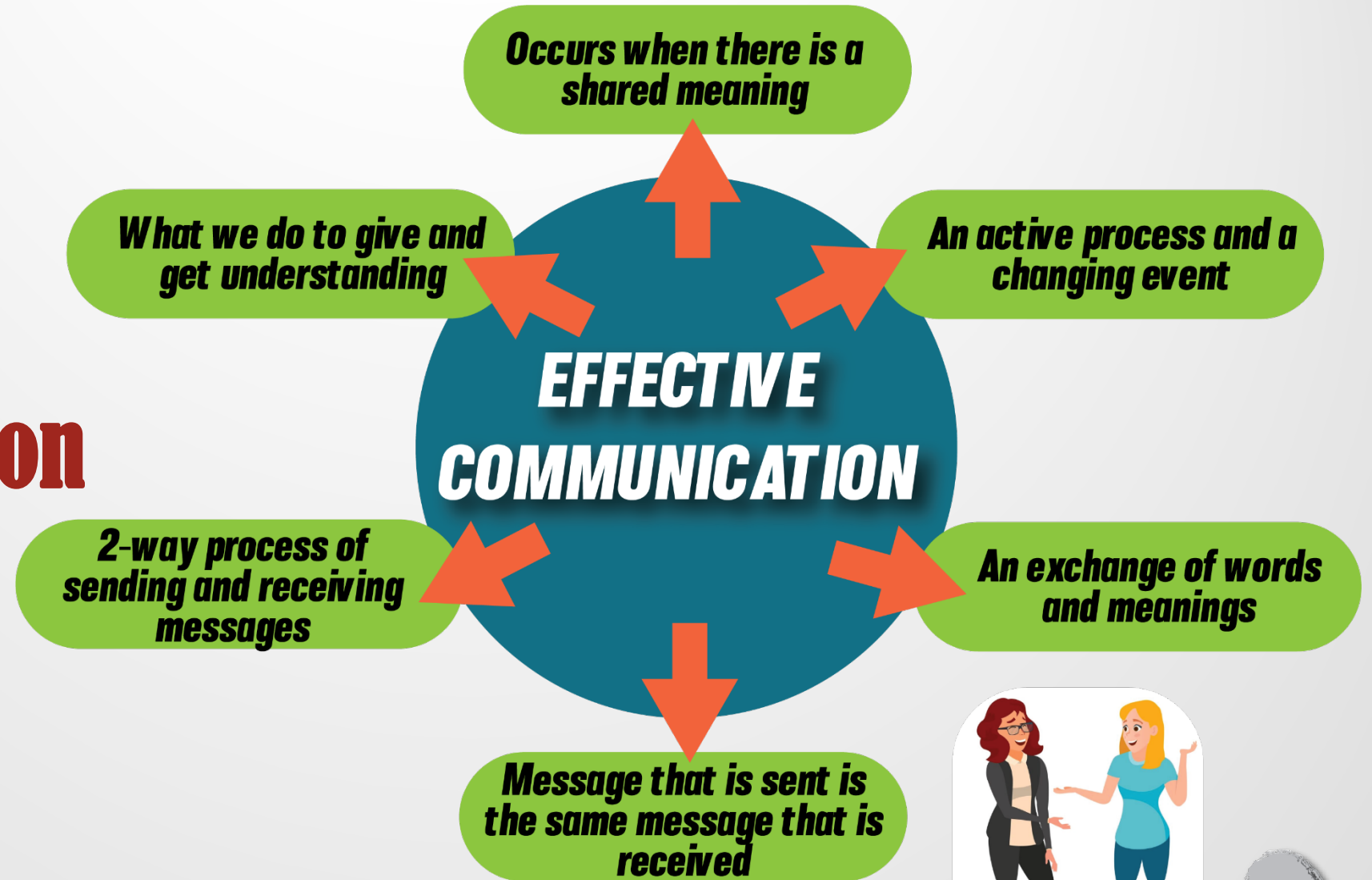
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Albert's Story



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Effective Communication



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Training on effective, clear, concise communication:

- Decreases medical errors
- Improves outcomes
- Improves satisfaction (resident, family, and staff) contributing to increases resident safety

*Source: AHRQ Safety Program for Long-Term Care: HAI/CAUTI Long-Term Care Safety Modules,
<https://www.ahrq.gov/hai/quality/tools/cauti-ltc/modules.html>*

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Effective, clear, concise communication is:

- A process by which needed information is exchanged between individuals, departments, or organizations
- When information needed to keep residents safe is received and understood as intended

Source: AHRQ Safety Program for Long-Term Care: HAI/CAUTI Long-Term Care Safety Modules, <https://www.ahrq.gov/hai/quality/tools/cauti-ltc/modules.html>

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Effective, clear, concise communication...

- Contributes to resident safety
- Improves staff satisfaction and morale

*Source: AHRQ Safety Program for Long-Term Care: HAI/CAUTI Long-Term Care Safety Modules,
<https://www.ahrq.gov/hai/quality/tools/cauti-ltc/modules.html>*

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Effective vs. Ineffective Communication

Effective and Clear

- Shared Goals/Model
- Adaptability
- Team Orientation
- Community Trust
- Performance/Outcomes
- Resident Safety

Ineffective and Unclear

- Negative Resident/Survey Outcomes
- Wastes Time/Resources
- Breeds Resentment and Distrust
- Causes Complacency/Conflict
- Lack of Coordination/Follow up

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Survey Assessment of Effective Communication Systems

- ☺ Does your current approach support your current organizational strategy/structure? Does it work? Has EHR helped or hindered?
- ☺ Do your policies/procedures include communication protocols?
- ☺ Have you set and measured progress in your communication efforts? Area of QAPI Process? **TOOL SUGGESTION: QAPI Communication Plan Worksheet**
- ☺ Does your staff consider current systems as just paperwork and valueless?

Source:: Gebelein, et al. Successful Manager's Handbook, Develop Yourself Coach Others, 7th edition, Epredux, 2007

Source: QAPI Communication Plan Worksheet <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/CommunPlan.pdf?msclkid=2c17b4d0cfd011ecb4eface676a9461d>

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Functional Communication

- ☺ Encourages open exchange of information and viewpoints
- ☺ Provides others with access to information
- ☺ Uses communication methods appropriate to the situation
- ☺ Shares timely, updated information with relevant parties
- ☺ Communicates the message that every idea is worthy of consideration

Source: Gebelein, et al. Successful Manager's Handbook, Develop Yourself Coach Others, 7th edition, Epredux, 2007

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Fostering Open Communication

- Are contrary opinions expressed in a positive, constructive manner?
- How do others feel about your willingness to hear other viewpoints?
- Are facility leaders expressing reactions and opinions without intimidating others unintentionally?

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Delivering the Message

- Provide clear direction and priorities
- Clarify roles and expectations among staff
- Set measurable goals, hold people accountable
- Ensure meetings are productive, conduct process checks and redirect when necessary for best use of time

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Listening

Defined: The act of hearing a message and communicating understanding

- Shows that you understand what people mean, not just what they say.
- If you listen only to the words, you are not going to get the whole message.
- A majority of the message is conveyed nonverbally.

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Evaluation of Listening Skills

Typically, do you or someone in your community:

- Interrupt the speaker?
- Show impatience or disinterest through verbal and nonverbal actions?
- Suggest solutions before the problem is fully explained?
- Spend more time talking than listening?
- Let your mind wander and miss what is said?
- Begin formulating a response instead of listening to the speaker?

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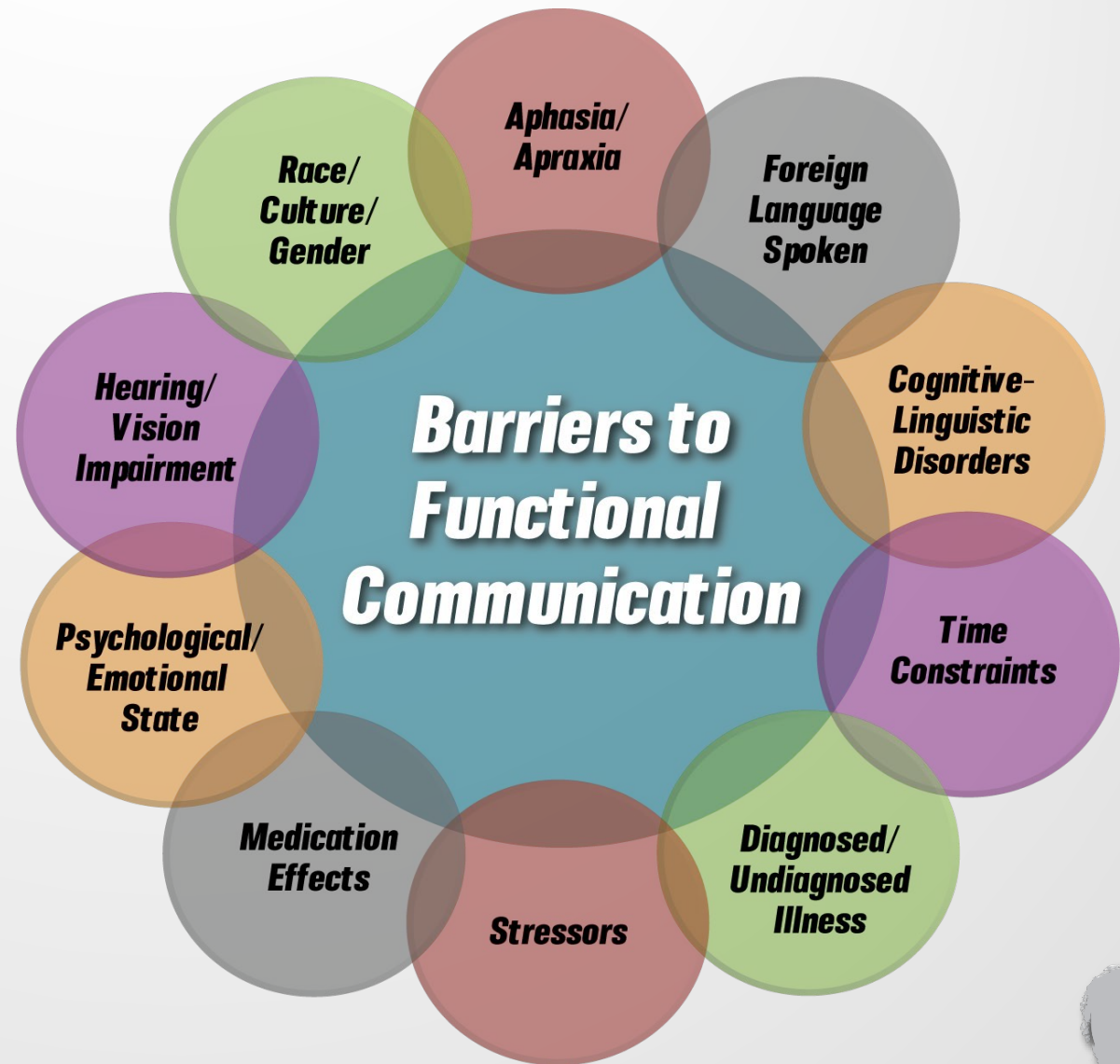
Listening Effectively

- Help people understand that listening to a problem doesn't mean they are obligated to solve it
- Ask questions to clarify others' points of view
- Paraphrase to show that you are listening and to help you understand what is being said
- Seek out individuals who are shy or reluctant and encourage them to share their thoughts

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External and Internal Factors That Contribute to Communication Breakdown



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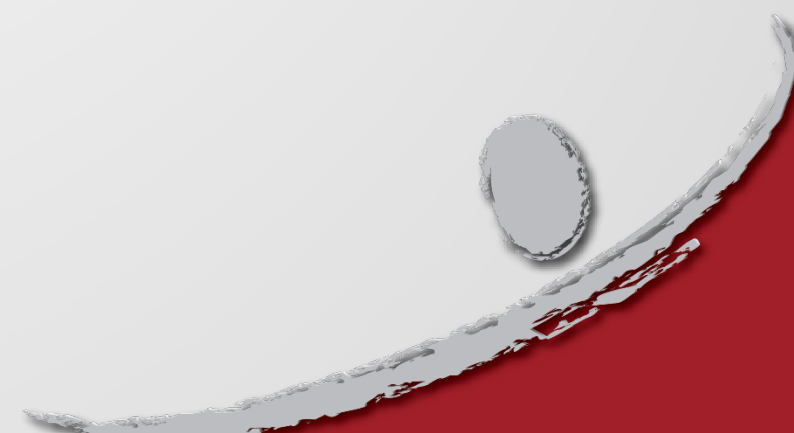
Complications that Impact Communication: Stress

Points to remember about people who are stressed:

- They typically have difficulty hearing, understanding, and remembering information.
- They want to know that you care before they care what you know.

Source: Communications in High Stress Environments,
<https://www.forbes.com/sites/kenmakovsky/2013/10/03/1159/?sh=4a2e4a4e7270>

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Complications that Impact Communication: Stress

- ☞ People typically will not give you the benefit of the doubt regarding the meaning of non-verbal cues in high stress situations.
- ☞ When people are stressed, they tend to remember most what they hear first and last.
- ☞ Stress and mental noise can reduce the ability to process information by up to 80%.
- ☞ The gap between perceptions and reality often widens under stress

Source: Communications in High Stress Environments, <https://www.forbes.com/sites/kenmakovsky/2013/10/03/1159/?sh=4a2e4a4e7270>

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Complications That Impact Communication: Stress

- People under stress typically understand information at four grade levels below their educational level.
- They actively look for visual/graphic information to support verbal messages: the visual part of the brain becomes an active player in processing high stress information.
- Balance each negative with three to four positives.
- Avoid absolutes (“never say ‘never,’ never say ‘always,’ never use an absolute”).

Source: Communications in High Stress Environments, <https://www.forbes.com/sites/kenmakovsky/2013/10/03/1159/?sh=4a2e4a4e7270>

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Complications That Impact Communication: Health Conditions

- Aphasia
- Dementia
- Motor Speech Disorders
- Hearing Loss
- Neuro Developmental Disorders
- Low Vision
- Psychological Issues

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Complications That Impact Communication: Assessment

Residents who have cognitive, communicative deficits will require Comprehensive Assessments/POC Development with ongoing assessment for POC for effectiveness.

Includes:

- Resident/Caregiver Training
- Whole House Focus Training
- Family Education

What's that look like in your facility? Does it satisfy the Communication Problems Critical Element Pathway?

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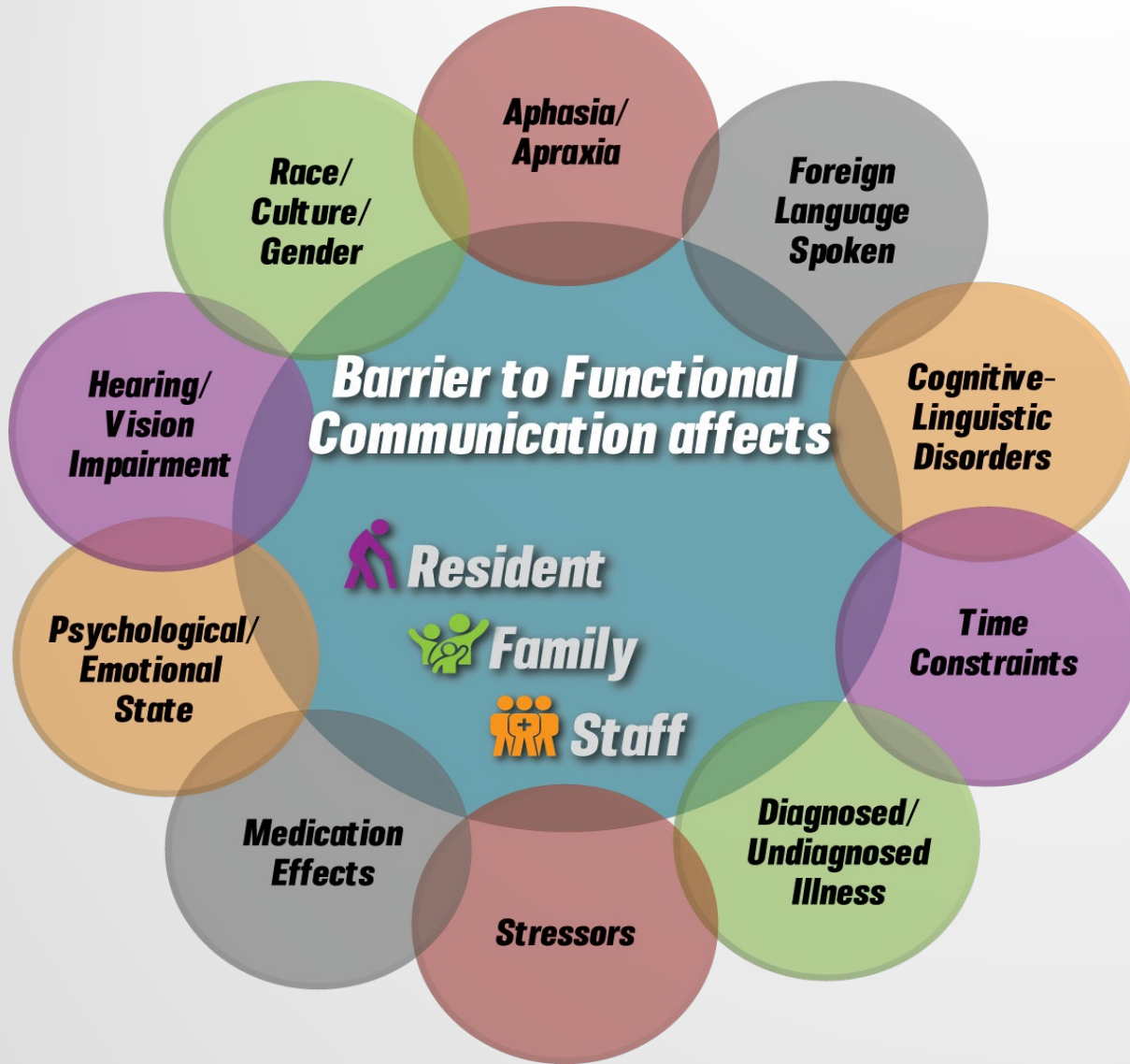
Assessment Resources

- Social Work
- Nursing Including CNAs
- Activities
- PT/OT/SLP
- Physician
- Audiology
- Clergy
- Family

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Complicating Factors Apply to:



- Residents
- Family
- Staff

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Speech Language Pathology Musts

- Dementia focused speech communication/cognitive linguistic assessment and POC development that focuses on identifying and effectively using most preserved abilities, even including non-verbal communication
- Treatment times should focus on resident/family/caregiver education with return demonstration
- ***What are some ideas for monitoring effectiveness of POC?***

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Speech Language Pathology Musts

- Essential to provide whole house/community education on dementia/brain injury
- Staff should be competencied – makes sure to include in new hire orientation
- ***What type of education sessions or materials are provided to families on dementia or other progressive neurological disorders?***
 - Develops relationships, opens up communication, family knows what to expect from disease course

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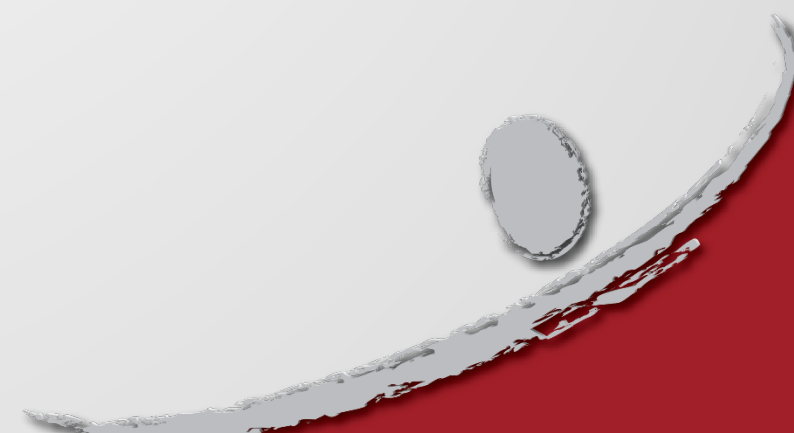


Communication Strategies for Use with Family and Residents

Why?

- Positively affect outcomes, perceptions of quality, and resident safety
- Residents are more likely to experience higher levels of satisfaction and follow care plans
- Leads to better clinical outcomes

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What is Effective Communication Between Staff, Residents, and Family?

- Complete, clear, brief, and timely
- No Jargon: use language the residents/families can understand
 - Interpreters, as needed based upon needs
- Make sure they truly understand what is being said

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Engaging Resident and Family in Person Centered Care

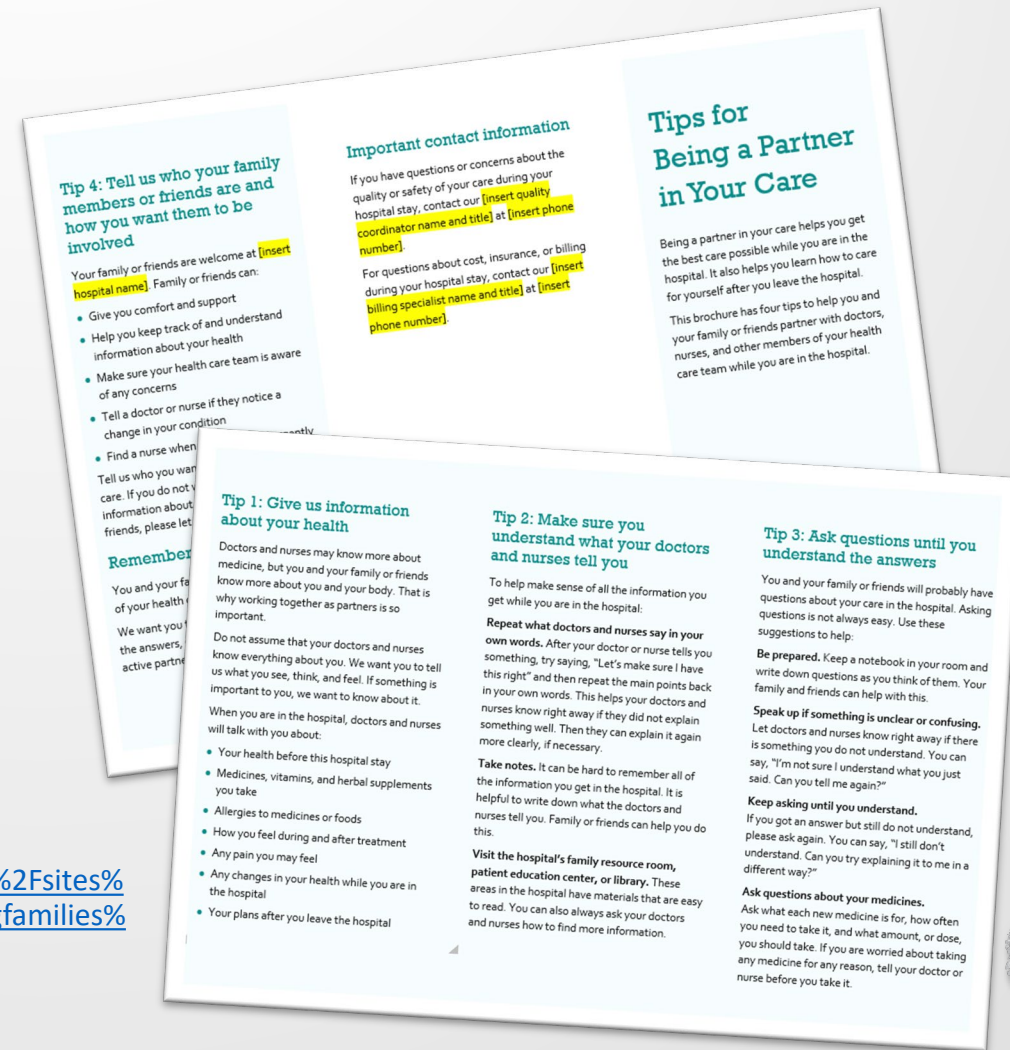
- Communication leads to an environment in which every team member, including resident family, can work together as partners to improve health care outcomes
- Establishes residents and family as a valuable member of the health care team
- Leads to improved satisfaction, better clinical outcomes, and higher staff satisfaction
- Should include an individualized “Get to Know Your Health Care Team Tool”

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Resident/Family Communication Team

- Establish positive relationships with residents and family
- Focus on individual needs, encourage decisions
- Communicate that their care is a priority at all levels

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Communication and the Care Plan Meeting

- Encourage residents and family to participate in all aspects of care
- Listen and ask questions, use as an opportunity to educate
- Setting of meeting should be welcoming to facilitate questions and comments from resident and family
 - Often helps if family members are encouraged to bring a friend or family members to improve ratio of participants

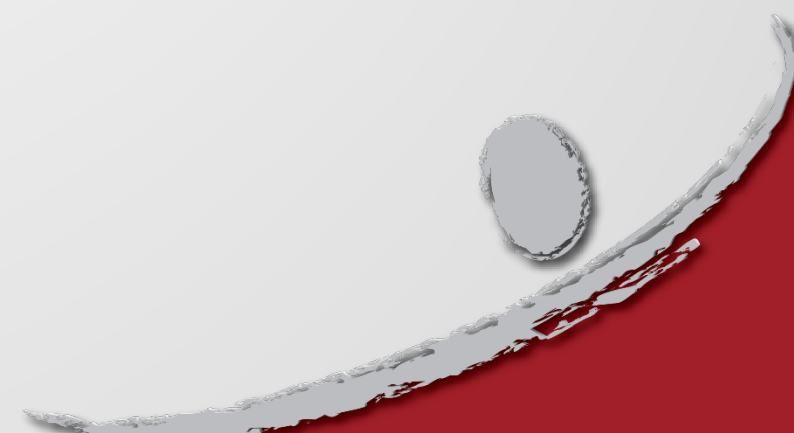
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Other Communication Challenges

- ☺ Family Members not available
 - Logistical challenges
 - Frequency of visitation
 - Language barriers
- ☺ Family Member Hesitancy
 - Embarrassment
 - Fear of speaking out due to being wrong; feeling stupid,
- ☺ Family Member Value
 - What I have to say isn't important or isn't of value

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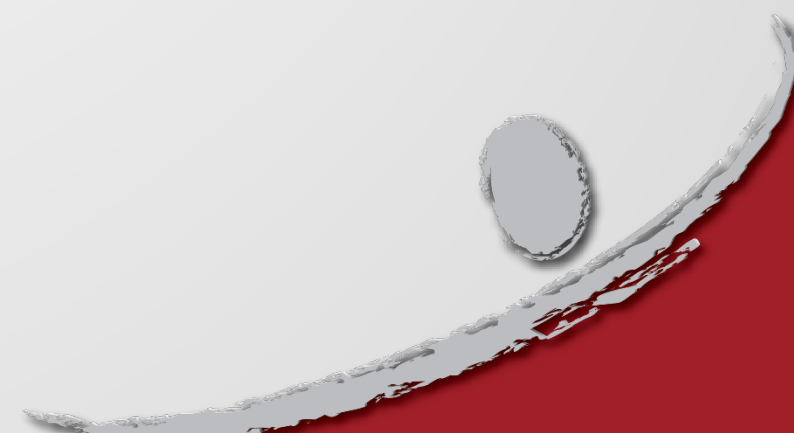


Areas of Communication Weakness

Adverse events

- ☞ Can be difficult for facility/staff to take ownership and communicate with resident and family

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Adverse Events *(cont'd)*

- Prompt, compassionate, and honest communication with resident and family afterward is essential
 - Speak slowly
 - Give advanced alert: “I’m afraid I have some news to share with you”
 - Give the news in a few brief sentences
 - Quietly wait for the reaction
 - Watch and listen for response signals
- Continue communication with family throughout the response/investigative process

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Positive Outcomes



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Key to Improving Quality Through Communication

- Goal is to facilitate communication between resident, family, and staff to improve patient safety and quality
- Key areas of concern
 - Hand-off (transitions)
 - Preventing Re-hospitalization
 - Work Culture

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Hand-offs – Transitions of Care

Communication breakdowns stem from differing expectations among the parties involved in the transition, a lack of standardized procedures, and inadequate time provided for a successful hand-off. These emphasize the importance of effective communication between healthcare workers.

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Hand-offs – Transitions of Care

Joint Commission...“Patients or family/friend caregivers sometimes receive conflicting recommendations, confusing medication regimens, and unclear instructions about follow-up care. Patients and caregivers are sometimes excluded from the planning related to the transition process. Patients may lack a sufficient understanding of the medical condition or the plan of care. As a result, they do not buy into the importance of following the care plan or lack the knowledge or skills to do so.”

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Poor Communication During Transitions of Care

This produces high readmission rates, which cause a frustrating patient experience and, for SNFs and hospitals, a financial penalty.

Key: Develop a structured transition of care program that facilitates learning and promotes questions about care

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Structured Transition of Care Programming



create and examine existing
practices and update

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- Early knowledge of Discharge Plans
- Early family meetings and planning
- Medication reconciliation and training prior to D/C
- Home assessments by Therapy/virtual visits
- Written follow up and upcoming appointments
- Key contact information given
- Avoid Friday discharges
- Discharge Checklist to make sure all addressed
- Virtual visit to check in
- Check Satisfaction Scores (patient and family) consistently

IDT Discharge Planning Checklist



Patient Name: _____

Anticipated Discharge Setting/Date: _____

Assist with Care Available: _____

Patient will be handling own medication regimen.

Yes No

If yes, patient has demonstrated ability to do so with competence.

Yes No

Date of Home Assessment: _____ (schedule at least one week before anticipated discharge)

What medical equipment/services will be required at discharge?

Ordered? Yes No

Patient/caregiver has been trained to use medical equipment appropriately

Service/appointment contacts given in writing to caregivers

Patient/caregiver has demonstrated good ability to complete or assist with:

Up and down stairs

Home/community ambulation

Meal/consumption

Transfer from _____

Discharge Planning Checklist



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Combating Re-hospitalizations/Improving Quality

Policies and Procedures must be in place which:

- Identify “at risk patients”
- Promote continuous monitoring
- Engage and empower the entire community to monitor and communicate potential changes in condition i.e., Walking Rounds, Stop and Watch
- Apply a truly resident centered care approach
- Contain a structured transitional care program

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Conclusion

The moment a new resident and his/her family step into your facility, communication forms every part of their experience with you. The signs directing them where to go, the initial interaction with a receptionist, the conversations with nurses and doctors, and the information they receive detailing their plan of care — it's all driven by communication.

Finding out where your breakdowns in communication are will give you insight into where you need to invest in improving communication.

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