

Daily Patient Experience Principles

Use The CHS Golden Keys to I-CARE Behavior



Integrity:

- Introduce Self w/Name, Position, Role; Acknowledge Family/Visitors
- Eye Contact, Smile, Greet Others; 10/5 Rule: 10ft Eye Contact and Smile; 5 ft Eye Contact, Smile, Greet
- Use Patient's Preferred Name
- Use Power Words (I will, Please, Thank You)
- Walk patient/visitor to destination whenever possible
- Answer Phone - Introduce Self, Department, How May I Help

Compassion:

- Engage in Patient-Specific, Personalized Conversation
- Use Empathy Formula ESP when patient shows emotion
- Lead with open ended questions
- Personalize Connection – Ask for Patient/Family/Visitor name
- Acknowledge Their Concern
- Ensure Warm Handoff for Telephone Conversations

Accountability:

- Narrate Plan of Care with positive intent
- If you can't help, handoff to appropriate Care Team member who can
- Give clarity/time-frames when care/service will be delivered
- Be responsive when issues arise – Use CUS, follow-thru and solve locally – escalate to chain of command as appropriate

Respect:

- Listen Eye to Eye; Heart to Heart
- Use silence appropriately; avoid interrupting
- Use teach back/paraphrasing to convey understanding
- Welcome Patient's gratitude and use Powerful Words (My Pleasure, You're Welcome)
- Ensure Patients/Families receive respectful care compatible with their cultural/ethnic/religious beliefs/practices
- Respect physical privacy/dignity of patient – (i.e. knock on door, ask permission to enter, wait for acknowledgement)
- Share private information in a respectful manner – be aware of your surroundings

Excellence

- Thank the patient/family – “Thank you for choosing CHS”; “It has been a pleasure taking care of you”
- Emphasize when you will return/follow-up
- Manage up as hand-off to next Care Team member, Department, etc.

Show You Care with Empathy

Empathy Formula:

- E**mpathy Statement – Using a descriptive word to restate a patient's feelings demonstrates our attempt to connect
- S**top – Allowing for silence prevents us from jumping in with a solution and offers the patient time to think and speak
- P**robe – Using open-ended questions allows us to explore the deeper meaning of what the patient is saying

Use the ABC's of Listening

- A**ssess Signs – Listen for verbal cues; look for physical signs
- B**e Present – Actively listen, Lead with empathy, Minimize distractions, Refrain from interrupting
- C**onvey Understanding – Communicate your goal to understand; Summarize

Resolve Service Failures by Responding to Patient Concerns (Responding to CUS)

- C** “I am Concerned” – Patient is calm but expresses concern about Experience
 - Needs to feel failure is not routine – be truthful, never throw team member under the bus, never blame the patient for the service failure
- U** “I am Uncomfortable” - Patient words and body language expresses agitation/impatience
 - Needs proof of action/understanding – demonstrate you are taking action, show understanding of how failure affects the patient, provide options
- S** “Stop What You Are Doing” – Patient words and body language expresses anger
 - Fix the Patient...Then Fix the Problem – Show empathy, Allow venting, Listen actively, Plan follow-up

Following Daily Patient Experience Principles Makes Every Encounter a Positive Experience for Our Patients

