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New global behaviors for patient- and family-centered care: Common sense, but not always common practice

ANYONE WHO'S HAD A LOVED ONE IN THE HOSPITAL KNOWS THAT SEEMINGLY SMALL BEHAVIORS — LIKE CAREGIVERS INTRODUCING THEMSELVES, SMILING, AND MAKING EYE CONTACT — HAVE THE POWER TO TRANSFORM AN ENTIRE EXPERIENCE. APPRECIATING THAT SUCH SIMPLE BEHAVIOR CAN HAVE TREMENDOUS IMPACT, AS AN INSTITUTION WE'RE PUTTING NEW EMPHASIS AROUND LIVING OUT OUR ICARE VALUES OF INTEGRITY, COMPASSION, ACCOUNTABILITY, RESPECT AND EXCELLENCE.

“Although we often provide our patients and their families with an exceptional experience, we are not always consistent in our approach,” said Jackie Beckerman, director of the Strong Commitment. “Despite our best efforts, we still have times when our patients tell us we can do better.”

In large part, Strong Memorial Hospital's efforts to “do better” revolve around a new hospital-wide imperative to consistently deliver “patient- and family-centered care”—a brand of healing that boosts patient satisfaction and care quality by routinely engaging the patient (and his loved ones) as part of their own care team.

“As a hospital, we kicked-off our patient- and family-centered care campaign in February with a series of energizing town hall meetings,” Beckerman said. “It was a terrific start, but we all know that you can't simply announce culture change—you have to work hard to bring it to life. To make sure we deliver this new brand of care, we're setting clear expectations as to what it looks like in terms of concrete, simple behaviors that epitomize the ICARE values (*see sidebar*)”

While the ICARE values might be common sense, they're not always common practice, Beckerman said. That's why the



new global behaviors set forth tangible ways faculty and staff can live out ICARE values in their work life—such as introducing themselves, making eye contact, smiling, asking about concerns, responding to feelings, and keeping patients informed.

“We were strategic in making sure these new behaviors lined up with key questions asked in the standardized HCAHPS surveys that are mailed home to patients,” she said. “For instance, a number of questions focus on how attentively our caregivers listen. Others ask how good of a job we do with explaining ‘next steps’ in easy-to-understand language, and how consistently we demonstrate respect through our words and deeds.”

The behaviors are considered “global” because *all* faculty and staff are being asked to practice them *all* of the time.

“In part, that's because these HCAHPS

surveys only credit us when patients say that we ‘always’ exhibit this ideal behavior,” Beckerman said. “More importantly, though, it's because it's simply the right thing to do.”

What's more, these global behaviors must extend to our entire work life—whether we're interfacing with patients or, just as importantly, with our colleagues.

“We need to make sure we're supporting each other, treating each other with respect, and creating a positive, enjoyable work environment in addition to a great care environment,” Beckerman said. “The two are connected; happy, satisfied staff tend to translate into pleased patients. What's more, when patients see us acting collegially, talking each other up, they have a higher degree of confidence in our ability to manage their care.”

Continued on back

New global behaviors

Continued from front

At spring performance reviews, faculty and staff will be asked to sign new “ICARE contracts,” making a personal commitment to live by the ICARE values and carry out these new global behaviors as part of their work life. In addition, staff will be required to watch a video (available on Blackboard, via <http://intranet.urmc-sh.rochester.edu/patient-experience/patient-centered-care/global-behaviors-video.asp>) underscoring the importance of the behaviors, and then complete two brief assessments regarding how consistently they feel these behaviors are being demonstrated in their work area, as well as through their own actions. The data will help leaders measure progress as we move forward with our patient- and family-centered care effort.

Meanwhile, as these global behaviors take root, consultants from Brand Integrity (a behavior-based branding company) will continue to work with faculty and staff in two pilot groups (the 6-1200 team, plus a group faculty and staff from the Colorectal and Plastic surgery divisions) to hammer out their own tailored set of job-specific behaviors for caregivers to practice.

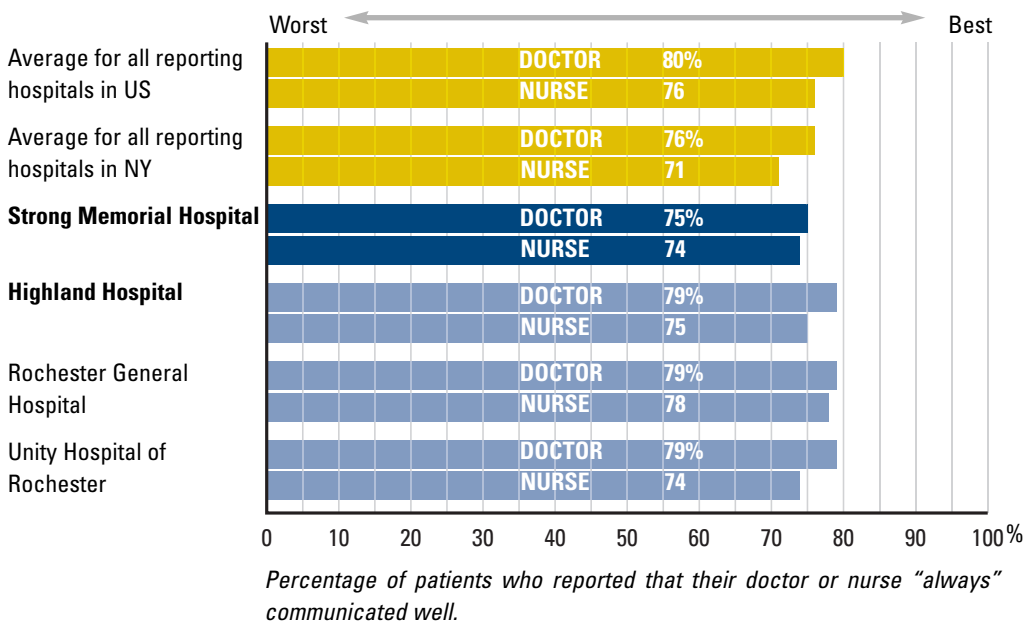
“Because all pilot group staff are taking an active part in defining these job-specific behaviors, there’s a true sense of ownership and urgency about the effort,” Beckerman said. “It’s really exciting.”

Thanks to the groundwork of faculty and staff in these pilot groups, we hope to later augment our current list of global behaviors with even more job-specific behaviors specially suited to each of the unique roles and departments across our hospital.

To learn more about how we plan to transform the patient experience with global behaviors and more, log on to: <http://intranet.urmcsh.rochester.edu/patient-experience/patient-centered-care>.

Impetus for change: A quick look at our HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey scores over the past few months makes one thing clear — our patients think we can do better. Our new “global behaviors” establish concrete ways we can consistently *live out* the ICARE values and practice more patient- and family-centered care.

How often did doctors/nurses communicate well with patients?



Global Behaviors: Living Out the ICARE Values

Integrity I will conduct myself in a fair, trustworthy manner and uphold professional and ethical standards. *Behavior Introduce yourself (greet, say your name, explain your role)*

Compassion I will act with empathy, understanding and attentiveness toward all others. *Behavior Communicate with warmth (call every person by name, smile, make eye-contact, listen attentively)*

Accountability I will take responsibility for my actions and join with my colleagues to deliver ‘Medicine of the Highest Order.’ *Behavior Answer questions clearly (ask about and address concerns, explain next steps)*

Respect I will treat patients, families and colleagues with dignity and sensitivity, respecting their diversity. *Behavior Respond to feelings (show courtesy, empathy and kindness)*

Excellence I will lead by example, rising above the ordinary through my personal efforts and those of my team. *Behavior Exceed expectations (ask if there is anything else you can do, say when you will be back)*