NURSING KINDNESS CULTURE PLAN™

A Step-by-Step Guide to Creating a
Nursing 5 Star Culture of Healing Kindness

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Recommendation: *Schedule this meeting mid-year, following the DO IT Training*

Attachment A

Kindness Culture Plan™ Workshop
AGENDA

Meeting Purpose

The purpose of this planning meeting is to facilitate nursing leadership the opportunity to prioritize their intention to hardwire key best practices, recommended in your Custom Learning Systems "Blueprint 5 Star Patient Experience Report."

Begin Time:		**End Time:**		**Day:**		**Date:**	
Meeting Room:							

Time	**Who**	**What**
		1. **Call to Order** and Welcome
		2. **Good News**
		3. Review **"Nursing Kindness Culture Plan"** Best Practice Bundles – Attachment B & C
		4. Which **best practice(s)** will we hardwire in the next 6 months?
		5. Who will be the **owner**?
		6. Which **educational resources** will you use? • Education Library
		7. How will we **gain a buy in** from peers, etc. See attachment "F"
		8. **Next** Meeting
		9. **Summary:** Who will do **W**hat by **W**hen & **H**ow
		10. **Good of the Patient**
		11. **Adjourn**

Nursing/Clinical Recommendations
– Blueprint to 5-Star Patient Experience™

#	Recommendations	Comment	Who	When ✓				
				Soon	Y1	Y2	Y3	Date
1	**Nurse Leader Patient Rounding** Nursing leadership implement consistent daily nurse leader patient rounding. @HOC							
2	**Chat Time** Nursing Leadership integrate into its daily rounding protocol the "chat time" best practice. @HOC							
3	**Purposeful Hourly Rounding** Nursing leadership re-energize its process of purposeful hourly rounding utilizing the "7 P's" (Pain, Prescription, Position, Potty, Placement, Possessions, and Patient Centered Communication). @HOC							
4	**Bedside Report** Nursing leadership introduce consistent bedside reporting using SBAR. @HOC							
5	**Inspiring Stories** Nursing leadership adopt the best practice of beginning meetings with the telling of true, inspirational stories. @HOC							
6	**Chicken Soup for Caregiver Soul** Administration appoint a Caregiver(s) or Volunteers(s) or Foundation Board Member(s) to coordinate the collection and documentation of inspirational stories to be included in your own publication "Chicken Soup for the Caregivers Soul". @HOC							
7	**Nursing Kindness Culture Plan (KCP)** Nursing Leadership proceed with the CLS offer to coach the CNO and key nursing leaders on the systematic implementation of a Nursing Kindness Culture Plan. @HOC							

@HOC = @ Hospital of Choice

Nursing/Clinical Recommendations (cont'd)

#	Recommendations	Comment	Who	When ✓				
				Soon	Y1	Y2	Y3	Date
8 ✓✓	**Customized Communication/Care Boards** Nursing leadership enhance the use of communication boards by engaging nurses and providers to custom design content and format including: • Adding "Very good care to me means" • Adding "Today's Goal" • Ensuring boards are updated at shift change during bedside reporting							
9 ✓	**The Daisy Award** Nursing leadership implement the Daisy Award, as referenced in the HCAHPS Breakthrough Leadership Series™.							
10 ✓✓	**Pain Care Angel** Nursing leadership implement the "Pain Care Angel" recognition program, provided in the HCAHPS Breakthrough Leadership Series™. @HOC							
11	**Discharge Call Backs** Administration to proceed to initiate patient post-discharge call backs. @HOC							

Note: @HOC = @ Hospital of Choice

Attachment C

HCAHPS Improvement Best Practices

#	Recommendations	Comment	Who	When ✓				
				Soon	Y1	Y2	Y3	Date
1 √√	**HCAHPS Domain LEAD™ System "Micro-Gap Analysis"** Administration utilize the CLS HCAHPS LEAD™ (Leadership, Execution, Accountability, & Discipline) System to precisely pinpoint where improvements are needed. @HOC							
2 √√	**HCAHPS Domain LEAD™ System "Close-the-Gap" Coaching Tool** Administration utilize the CLS HCAHPS LEAD™ "Close-the-Gap" coaching tool, to ensure consistent, sustainable hardwiring of Frontline behaviors. @HOC							
3 √√	**HCAHPS Certification** The CEO and CNO commit to actively participating in all thirteen HCAHPS Webinars and take the "Certified HCAHPS Practicing Professional" test to earn their CHPP Certification and challenge all Executive Team members to do likewise. @HOC							

Note: @HOC = @ Hospital of Choice

HCAHPS Domain Champion Planner

BIG PICTURE

- Nursing/Clinical Leaders to own the domains marked with an asterisk*
- Recommend CNO or "Nurse Communication" or "Responsiveness of Staff"
- Can be a single chair or also a co-chair
- Recommend every position be a leader (rather than Frontline)
- Depending on hospital's size, may require a committee/team

	HCAHPS Domain	HCAHPS Domain Owner / Champion *(First & Last Name)*	Recommend Selection Criteria
1.	Quiet at Night		• Is as much about quiet in the afternoon and evening as it is at night • Should not be a nurse on night shift • Could be any manager/leader, ie Maintenance, Marketing or HR
2.	Cleanliness of Patient Rooms		• Likely should be Director of EVS/Housekeeping
3.	Communication with Doctors		• Needs to be a Physician or (NP or PA) that is well respected by peers
4.	Communication with Nurses*		• Should be the CNO or a Nurse Leader
5.	Responsiveness of Staff*		• Should be the CNO or a Nurse Leader
6.	Pain Control*		• Should be a Nurse Leader • Often it is Director of ER
7.	Communication about Medicine*		• Can be a Nurse Leader or Pharmacist (or both)
8.	Discharge Information*		• Nurse Leader and/or Case Manager or Hospitalist
9.	Transition of Care		• Nurse Leader and/or Case Manager or Hospitalist
10.	Overall Rating	CEO/Executive Team	
11.	Willingness to Recommend	CEO/Executive Team	

**Primarily Nursing*

	Role	Owner / Champion	
12.	Pet Therapy/Visitation		

Domain Champion Role HCAHPS LEAD™ System

Mission: Serves as the Champion for improving HCAHPS/Patient Experience scores, utilizing the HCAHPS Breakthrough Series™ tools provided

Accountable to:

1. HCAHPS Super Coach

General Roles:

1. Participate in the complete webinar series
2. Successfully complete the CHPP (Certified HCAHPS Practicing Professional™) certification test

Specific Roles:

1. Be knowledgeable about current domain patient satisfaction scores, as well as scores reported on Hospital Compare.
2. Collaborate with the CEO and/or Super Coach to set achievable improvement goals

HCAHPS Scores	Top Box %	%tile Rank
Most Recent Hospital Compare www.medicare.gov/hospitalcompare		
Most Recent Quarter		
Most Recent 12 Months		
Current Goal		

3. Complete the Micro-gap analysis for your assigned domain
4. Assigned HCAHPS Breakthrough Series™ Webinar: ______________________________
   a. Work with Program Coordinator to invite additional key supervisors and staff to attend
   b. Chair the meeting/lunch & learn (see attached agenda)
   c. Once the team has watched the webinar, facilitate an implementation discussion about the Team Action Plan recommendations using WWW & H (Who will do What, by When & How).
   d. Please note: The minutes taken by the Program Coordinator become your Domain Plan-of-Action along with your Micro-Gap analysis
5. After the webinar, assemble a formal or informal ongoing team to work on implementing your Domain Plan-of-Action
6. Progress Reporting
   a. You will be asked to report on the progress of implementing your Domain Plan at the following:
      i. Service Excellence Council
      ii. Senior Leadership Team Meetings
7. Everyone's a Caregiver™ App (HCAHPS Frontline Webinar Series)
   a. You may be called upon as a resource (on the content that is relevant to during the roll out of the following two frontline webinar series:
      i. HCAHPS Nursing Skills™
      ii. HCAHPS Skills for Everyone™

The HCAHPS Breakthrough Leadership Series™

Webinar Presentations

1. Leadership Engagement: The C-Suite Role in HCAHPS Transformation™
   Creating Leadership Inspiration, Engagement & Accountability to Drive HCAHPS Success
2. Quiet at Night: The Quiet Revolution™
   How to Create a Restful, Healing Environment that Patients Perceive to be Quiet
3. Cleanliness of Patient Rooms: Cleanliness Matters™
   Cleanliness is Next to Godliness
4. Communication about Medicine: Medication Education Imperative™
   Master the Skills of Successful Patient Medication Education
5. Communication with Doctors: Skillful Physician Communication™
   Master the Communication Skills for a Compassionate Patient Experience
6. Communication with Nurses: Relationship-Based Nurse Communication™
   Master Relationship-Based Communication Skills that Heal
7. Discharge Information: Discharge Satisfaction Guaranteed™
   How to Prepare Every Patient for Safe, Continued Recovery At Home… Every Time
8. Pain Control: Compassionate Pain Care™
   Create a Culture of Compassionate Pain Control Through Proven Skills and Best Practices
9. Responsiveness of Staff: Revolutionize Staff Responsiveness™
   Create a Culture of Empathetic, Timely, Responsive Service
10. Transition of Care: Care Transitions Done Right™
    Engage Staff and Patients in Creating a Seamless Care Transition Experience
11. Overall Rating: High-Performing Overall Hospitals™
    A Strategic Blueprint to Engage All Staff in Creating a Compassionate Experience for Patients and Family Throughout their Hospital Stay
12. Willingness to Recommend: The Power of Word-of-Mouth Marketing™
    Create a Hospital Experience that Patients Will Enthusiastically Recommend
13. Bonus Webinar: Applied Inspiration™ with Marcus Engel
    Discover How Small Acts of Compassion Make a Big Difference in the Patient Experience

Brian Lee, CSP

David Dworski, MA

The HCAHPS Breakthrough Leadership™ Series Tool Kit

This comprehensive HBS™ competency based education program includes 24 eady-to-use how-to tools: To obtain a copy, simply send in your evaluation from for each webinar.

The C-Suite Role in HCAHPS Transformation™

1 **Tool:** Leadership Accountability Agreement Forms

Quiet at Night – The Quiet Revolution"™

2. **Tool:** Satisfaction Guaranteed eBook

Cleanliness of Patient Rooms – Cleanliness Matters™

3 **Tool:** Service Excellence Council Charter

Communication about Medicine – Medication Education Imperative™

4. **Tool:** Patient Medication Education Team Charter

Communication with Doctors – Skillful Physician Communication™

5. **Tool:** Skilled Physician Communication At-A-Glance Poster, and Skilled Physician Communication At-A-Glance Three Thoughtful Questions that Guarantee Improved HCAHPS Scores *(Reference)*

Communication with Nurses – Relationship Based Nurse Communication™

6. **Tool:** S.E.R.V.E. Communication Tool Mini Poster

7. **Tool:** Keep your Nurses for Life eBook

Discharge Information – Discharge Satisfaction Guaranteed™

8. **Tool:** Three Questions asked Three Ways to Guarantee a Satisfied Discharge Experience.

9. **Tool:** Discharge Team Charter

Pain Control – Compassionate Pain Care™

10. **Tool:** Pain Care Resource Team Charter

11. **Tool:** Nominate a Pain Care Angel Poster and Pain Care Nomination Form

12. **Tool:** Pain Care Management Flow Sheet

Responsiveness of Staff – Revolutionize Staff Responsiveness™

13. **Tool:** Service Recovery Sample Policy

14. **Tool:** Rapid Cycle Improvement Planner

Transition of Care – Care Transitions Done Right™

15. **Tool:** The Skilled Nursing Organization Checklist

16. **Tool:** Person Care Plan Checklist

17. **Tool:** Care Transition Team Charter

Overall Rating – The High-Performing Overall Hospital™

18. **Tool:** The CEO's Engagement Checklist

19. **Tool:** Semi-Annual Leadership Empowerment and Retention Survey

20. **Tool:** The Patient and Family Advisory Council Charter

21. **Tool:** Active Physician Engagement Checklist

22. **Tool:** The High Performing Emergency Department Tool Kit

Willingness to Recommend – The Power of Word of Mouth Marketing™

23. **Tool:** Ideas Worth Quoting and Reading

24. **Tool:** Community First Council Charter

10

ENGAGE ■ EDUCATE ■ INSPIRE

HCAHPS SKILLS FOR EVERYONE™

Everyone's Role as a Caregiver (FULL: 1:30:09)
1 We're All Caregiver's 8:06
2 Why Patient Satisfaction Is Important 2:40
3 What Gets Measured, Gets Treasured 5:38
4 HCAHPS and Value Based Purchasing 13:51
5 Managing Expectations 21:20
6 DO IT™ Meetings 6:01
7 Service Huddles 5:53
8 Sentence Starters 8:52
9 Attitude! 10:45

Quiet (FULL: 18:18)
10 Quiet Questions and Why They Matter 2:24
11 Managing Noise Expectations 3:17
12 Quiet – Healing Time 2:36
13 Quiet Sentence Starters 2:08
14 License to Silence 3:34

Cleanliness (FULL: 17:10)
15 Cleanliness Questions and Why They Matter 6:18
16 Freedom to Clean 2:54
17 Cleanliness Sentence Starters 4:23

Staff Responsiveness (FULL: 47:32)
18 SERVE and AIDET – Non-Clinical 7:17
19 The Six Foot Rule 3:36
20 Service Recovery 7:43
21 No Pass Zone 5:53
22 The "Live It" – Platinum Rule 6:24
23 Managing Up 9:43

Overall (FULL: 1:37:58)
24 The Overall Survey Question and Why It Matters 10:12
25 Courteous Communication 2:51
26 Respectful Communication 4:32
27 Mindful Communication 3:27
28 Empathizing with Difficult Behaviour 5:10
29 Non–Verbal Communication 4:43
30 Phone Skills 16:32
31 Awards and Recognition 4:03
32 Line Management 18:41
33 Lean Tools 16:55
34 Personal Excellence 5:09

Willingness to Recommend (FULL: 32:08)
35 Recommend Survey Questions and Why They Matter 7:07
36 The Power of Referrals 4:17
37 The Patient Reality Check 4:04
38 Inspiring Stories 4:06
39 Ideas Worth Quoting and Reading 3:42

HCAHPS NURSING SKILLS™

Communication about Medication (FULL: 35:22)
1 Medication Education Questions and Why They Matter 4:18
2 New Medication Education Checklist 4:49
3 Preceptor Role: Medication Education 2:25
4 Medication Education Tools 4:08
5 Patient Medication Coaching – a Very "Big Deal" 3:21
6 Medication Education Teach Back 4:51
7 Medication Education Sentence Starters 5:16

Communication with Nurses (FULL: 41:18)
8 Communication with Nurses Questions and Why They Matter 5:34
9 Nurse Team Mission Statement 1:11
10 Chat Time 5:01
11 AIDET and SERVE - Clinical 5:54
12 Bedside Reporting 4:20
13 Nurse Communication Tools 3:48
14 Nurse Communication Sentence Starters 6:06
15 Nurse Communication Key Questions 1:56

Discharge Information (FULL: 56:50)
16 Discharge Questions and Why They Matter 6:00
17 Avoidable Readmissions 2:34
18 The Power of the Checklist 5:29
19 Discharge Starts at Admitting 2:42
20 Discharge Coaching – Daily 4:07
21 Discharge Coaching – Day Prior 2:18
22 Medication Reconciliation 3:48
23 Discharge Coaching – Going Home Day 4:52
24 Post Discharge Phone Calls 4:48
25 Discharge Packet 4:44
26 Discharge Teach Back 3:02
27 Discharge Sentence Starters 4:45

Pain Control (FULL: 59:45)
28 Pain Control Questions and Why They Matter 3:25
29 Pain Is the 5th Vital Sign 3:01
30 Pain Myths 3:44
31 Ethics of Pain Management 2:35
32 Pain Control Mission Statement 1:21
33 Effective Pain Assessment 6:20
34 Manage Pain Expectations 3:48
35 Medicate for Pain Relief 2:02
36 Alternate Pain-Reduction Strategies 3:05
37 Post Discharge Pain Management 4:13
38 Pain Care Tools 3:04
39 Skilful Pain Care Communication 4:19
40 Pain Care Sentence Starters 5:33
41 Pain Care Collaboration 4:17
42 Pain Care Imperatives 2:52

Responsiveness of Staff (FULL: 42:42)
43 Staff Responsiveness Questions and Why They Matter 12:21
44 Call Light Response 10:51
45 Hourly Rounding 6:15
46 Staff Responsiveness Sentence Starters 6:14

Transition of Care (FULL: 46:59)
47 Care Transitions Questions and Why They Matter 6:05
48 Personalized Care Plan 4:23
49 Patient Accountability for Self Management 3:13
50 Medication Self Mastery 4:10
51 Care Transition Tools 3:52
52 Communicate, Collaborate, Coordinate 5:03
53 Care Transitions Sentence Starters 3:37
54 Care Transitions Collaboration 6:52
55 Care Transition Vital Questions 3:51

The Hospital Environment (FULL: 21:13)
56 Quiet Tools, and the Never-ending Job Jar 12:29
57 Hospital Infections & Commonly Occurring Micro-organisms 3:50

EMPOWERING PROVIDERS & CAREGIVERS TO DELIVER A TIMELY PATIENT EXPERIENCE

Getting Timely Access

1 The CG CAHPS Survey and How It's Organized
2 Timely Access Questions and Why They Matter
3 Getting Appointments
4 Same Day Appointments
5 Managing Clinic Time Expectations
6 Managing Patient Time Expectations
7 Third Next Appointment
8 Reception Room Line Management
9 Reception Room Patient Communication
10 Reception Room Comfort

Responsive, Helpful Office Staff

11 Helpful, Courteous, and Respectful Office Staff Questions and Why They Matter
12 Why the Patient Experience is Important
13 Non-Verbal Communication
14 "Yes, We Can" Phone Skills
15 Phone Transferring Expertise
16 Phone Mastery
17 Patient Delay Apology/Service Recovery
18 We're All Caregivers
19 What Gets Measured, Gets Treasured
20 Managing Patient Expectations
21 Avoiding Expectation Failure
22 Expectations and the Mother Test
23 Consistently Manage Expectations
24 Respectful Communication
25 Mindful Listening
26 Daily Service Huddle
27 If Attitude was Contagious
28 Attitude is Everything
29 AIDET
30 The Six-Foot-Rule
31 The "Live-it" - Platinum Rule
32 Managing Up

Physician/Provider Communication

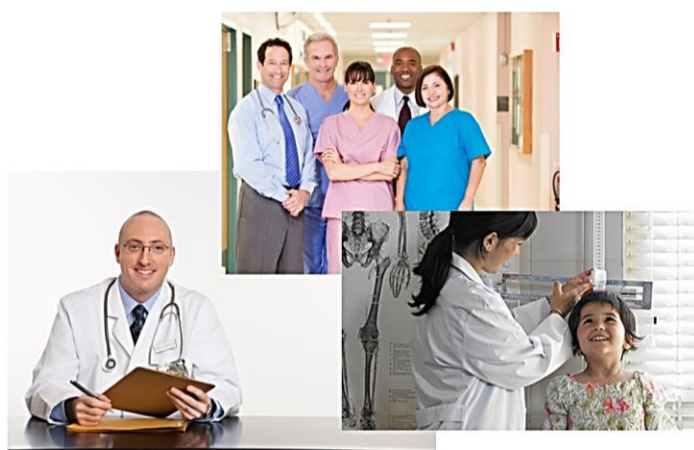
33 Provider Communication with Patient Questions and Why They Matter
34 Physician Risks and Rewards of Patient Experience
35 What Patients REALLY Want
36 Patients Want Skillful Manners
37 Patients Want Skillful Listening
38 Patients Want Skillful Teaching
39 Empathy H.E.A.L.S
40 Your Voice is an Instrument
41 Three Thoughtful Questions that Guarentee Improved CG CAHPS Scores

Care Coordination/Follow Up

42 Follow Up on Test Results Questions and Why They Matter
43 Timely Test Results
44 Medication Education Questions and Why They Matter
45 New Medication Education Checklist
46 Medication Education Teach Back

Overall Rating Physician/Provider

47 Rating of the Provider Questions and Why They Matter
48 The Patient Reality Check
49 Inspiring Stories
50 Ideas Worth Quoting and Reading



Transforming the Resident Experience™
Micro-Webinar System

Create a Culture of Healing Kindness through Empowered Resident Relationship Experts

CORE Q SKILLS FOR EVERYONE

Q1 RECOMMENDATIONS TO OTHERS

Kindness Care Communication
1. Keys to Compassionate Communication
2. Courtesy
3. Respect
4. Mindful Listening
5. Empathizing with Difficult Behavior
6. Non-Verbal Communication

Global/Overall
1. Overall quality of Service

Willingness to Recommend
1. The Power of Referrals
2. The Resident Reality Check
3. Inspiring Stories
4. Ideas Worth Quoting and Reading

Q2 STAFF RATING

License to Please
1. The Six-Foot Rule
2. Service Recovery Policy
3. No Pass Zone
4. The Live It Platinum Rule
5. Managing Up
6. License to Silence
7. Freedom to Clean

Care Responsiveness
1. The Secret of Patient Satisfaction
2. 3 Attributes of Lifetime Customer Loyalty
3. What do we Expect as Customers?
4. The Risk of Indifferent Service
5. The Mother Test
6. Differentiate Yourself
7. Tangibles vs. Intangibles
8. Consistently Meet Resident Expectations
9. Help with Admissions Process
10. Admissions Orientation
11. Responsiveness of Social Worker

Continuous Improvement
1. The Power of Excellence
2. Daily Huddles

Personal Power
1. If Attitude was Contageous
2. The World of Superstars and Slugs
3. People Need People

Q3 CARE RATING

Care Quality
1. Attention to Resident Grooming
2. Commitment to Family Updates
3. Care/Concern of Staff
4. Competency of Staff

Quality of Life
1. Respect Shown
2. Involvement in Daily Decisions
3. Offers Meaningful Things to Do
4. Privacy Needs Respected
5. Spiritual Opportunities
6. Security of Personal Belongings
7. Resident-to-Resident Friendships
8. Resident-to-Staff Friendships

Dining Experience
1. Meals Appealing/Tasty
2. Meal Needs/Preferences Met
3. Pleasant Atmosphere for Meals

Environment
1. Maintained Rooms/Surroundings
2. The Quiet Revolution
3. Quiet at Night
4. Clean/Comfortable Furnishings
5. Cleanliness of Premises
6. Safe in Surroundings

CORE Q SKILLS FOR NURSES

Q2 STAFF RATING – NURSES

Care Responsiveness
1. Staff Responsiveness and Why it Matters
2. Call Light Response
3. Resident Rounding
4. Staff Responsiveness Sentence Starters

Communication With Nurses
1. Nurse Team Mission Statement
2. Chat Time
3. AIDET and SERVE – Clinical
4. Shift Change Endorsement
5. Nurse Communication Tools
6. Nurse Communication Sentence Starters
7. Nurse Communication Key Questions

Q3 CARE RATING

Care Quality – Pain
1. Pain Is the 5th Vital Sign
2. Pain Myths
3. Ethics of Pain Management
4. Pain Control Mission Statement
5. Effective Pain Assessment
6. Manage Pain Expectations
7. Medicate for Pain Relief
8. Alternate Pain-Reduction Strategies
9. Post Discharge Pain Management
10. Pain Care Tools
11. Skillful Pain Care Communication
12. Pain Care Sentence Starters
13. Pain Care Collaboration
14. Pain Care Imperatives

Communication about Medication
1. Medication Education and Why It Matters
2. New Medication Education Checklist
3. Preceptor Role: Medication Education
4. Medication Education Tools
5. Resident Medication Coaching – a Very "Big Deal"
6. Medication Education Teach Back
7. Medication Education Sentence Starters

Q4 DISCHARGE NEEDS RATING – Nursing

Care Quality – Discharge
1. Involved in discharge planning
2. Prepared for discharge
3. Understands Responsibility
4. The Power of the Checklist
5. Rehab Starts at Admitting
6. Rehab Coaching – Daily
7. Rehab Coaching – Day Prior
8. Medication Reconciliation
9. Rehab Coaching – Going Home Day
10. Post Discharge Phone Calls
11. Rehab Packet
12. Rehab Teach Back
13. Rehab Sentence Starters

Discharge Process
1. Care Transitions and Why it Matters
2. Personalized Care Plan
3. Patient Accountability for Self-Management
4. Medication Self Mastery
5. Care Transition Tools
6. Communicate, Collaborate, Coordinate
7. Care Transitions Sentence Starters
8. Care Transitions Collaboration
9. Care Transition Vital Questions

Everyone's a Caregiver® Learning Systems

Transforming the Resident Experience™
Micro-Webinar System

Create a Culture of Healing Kindness through Empowered Resident Relationship Experts

SKILLS FOR LEADERSHIP

L1 The Magic of Engagement

Leader's Role
1. The Big Picture in Resident Experience
2. What's your Brand Promise?
3. 4 Reasons to Care about Resident Satisfaction
4. Value Based Purchasing and Why it is Relevant
5. Long Term Care Stars
6. What are Your Residents Telling You?
7. What is Your continuous Improvement Model?
8. Do You Know Your Scores?

Transform the Resident Experience
1. Educate your Team to Serve and Act
2. Everything is Possible
3. What's In It for Me?
4. The Importance of Domain Owners
5. Ensuring Results through Accountability
6. The Difference Between Try and DO

Inspire, Retain, Motivate and Empower
1. Three Things Managers Need to Focus On
2. Keep the Good Ones You've Got
3. Avoiding the Resignation Letter
4. Turnover and Satisfaction
5. What does Turnover Cost?
6. Empowerment
7. Dealing with Disengagement
8. BMG's
9. The Key is Culture
10. Unwritten Rules
11. The Need for Culture Shift
12. Appointing a Service Excellence Council

Transformational Leadership Skills & Best Practices
1. Empowerment is the Way
2. Service Recovery
3. The Complaint Golden Rule
4. Best Solution Closest to the Problem
5. Adopt-a-Resident
6. Leadership Empowerment Survey
7. Human Performance Improvement Model
8. Intentional Rounding
9. Mindful Active Listening

Make the Magic of Engagement a Reality
1. Recognize, Acknowledge, and Celebrate
2. Three Things to Remember about Recognition
3. Service Communication Training
4. Peer-Based Train-the-Trainer
5. Empowered Frontline Leaders
6. Service Workshop Skills
7. Celebrate Peer-to-Peer
8. DO IT
9. Turning Feedback into Agendas
10. Service PULSE
11. Value of Engagement and Ownership
12. Create Sustainability of Engagement
13. Building a Brand

L2 Onboarding

Genius of Onboarding and Retention
1. What is Your First Year Turnover?
2. The Brilliance of Behavioral Interviewing
3. Behavioral Interviewing Must Haves
4. The Power of Peer Interviewing
5. Choosing Peer Interviewing
6. The Hidden Gem: A Peer Tour
7. Lawsuit Alert: Interviewing
8. Welcome to the Family
9. Be Prepared for a New Hire
10. Prepare for Orientation Day
11. Organized Orientation
12. Orientation Excellence
13. Making Satisfaction Guaranteed Part of New Hire Experience
14. Engaging New Team Members
15. Getting to Know New Team Members
16. The Mentor/Buddy System
17. Turn-Key Tools to Master Mentorship
18. Recognize New Team Members
19. Retain New Team Members
20. Perfect Attendance – Myth or Magic?
21. Prescription for Perfect Attendance
22. Checking In So They Don't Check Out
23. Onboarding and Retention Team

L3 Hardwire Proirity Best Practices

Hardwire a Resident Experience Council
1. Three Keys to the Resident Patient Experience
2. Benefits of Establishing an Resident Council

Creating a Service Excellence and Resident Experience Council
1. Plan
2. Organize
3. Implement

Hardwire Service Recovery
1. Mastering the Complaint Golden Rule
2. How to Author a Service Recovery Policy
3. How to Build a Service Recovery Toolkit
4. Hardwiring Ongoing Implementation

Hardwire Awards & Recognition
1. What Gets Recognized – Gets Rewarded
2. Evaluating Your Rewards and Recognition Process
3. Informal Recognition Works
4. Choosing Your Rewards
5. Who do you Want to Reward?
6. How will you Reward?
7. Hardwiring Rewards & Recognition
8. 3-2-1- Liftoff! Time to Launch

L4 Blueprint For Sustainable Growth™ by Clint Maun

1. How do we hit these budgets? Grow Revenue!
2. Q.S.T.
3. The Strategy of ARMS
4. Breaking down ARMS into Systems: Admissions
5. The Rules of Three
6. Team Based Admission Assessments
7. Breaking Down ARMS into Systems: Rightness
8. Breaking Down ARMS into Systems: Marketing
9. Breaking Down ARMS into Systems: Sales

Frontline "Gain a Buy-In" Guide™

"Change is exciting when it is done ***by*** *us, threatening when it is done* ***to us.****"*

How to Gain a Buy-in

I. Schedule a Meeting

- Use a board table, square or rectangular table and a flip chart

II. Meeting Agenda

1. **Good News –** everyone shares something positive, personal, or professional, since last get together

2. **Conduct a Subject Briefing**
   - How **best practice/procedure works**
   - Emphasize the **benefits**
   - Use **case studies**
   - Show an **"Everyone's a Caregiver"** module
   - Share a **YouTube** video
   - Answer **questions**

W – ____________________
I – ____________________
I – ____________________
F – ____________________
M – ____________________

3. **Buddy Up –** in twos (& threes)

4. **Assign Buddy Discussion –** five minutes to brainstorm, what are the:
   - **Benefits –** of implementation
   - **Barriers –** what could prevent successful implementation

5. **Buddy Debrief –** rotate calling upon all sets of buddies:
   - Post Feedback onto a flipchart (use a volunteer):
     - Help generate **benefits**, as many as possible
     - Let participants **brainstorm** how to **overcome** barriers (assist if they get stuck-ish "What If?")
     - Summarize **all** the benefits, and how team **agreed** to overcome barriers

6. **WWW & H –** **W**ho will do **W**hat by **W**hen & **H**ow
   - Develop a **consensus to implement** with names and dates
   - Agree in **follow-up meeting** to review progress in 3 – 6 days

7. **Good of the Patient –** each attendee shares their take-away/best idea

III. Follow-up

Coach, encourage, support, model, shadow, hardwire (and discipline) and sustain, until it's hardwired

IV. Make it happen

- Choose a subject you will apply this "buy-in" process for next?

"Authorship = Ownership"

- Brian Lee, CSP, HoF

Nurse Leader Patient Rounding

Guide for Nursing Leadership Daily Rounding on Patients

Nursing Leadership plays a pivotal role in the overall patient experience. There are many key aspects to this important position, but leadership by example is at the core of any effective leadership style. Rounding on your patients not only gives you firsthand assessment of the care your team is providing, but it allows you to show your staff the expectation of care they all should be providing.

Why it is important:

- Develops a relationship with patients and shows them you care
- Shows clinical staff your commitment to patient excellence
- Verifies the level of care actually being provided
- Provides an opportunity to recognize and reward achievement

Who performs it:
All levels of Nursing Leadership starting with the Charge Nurse

How often it should be done:
Daily, every shift. It works best if it is done at a pre-set time that is put on the calendar in advance. The rounding schedule should also include night shift and weekends on a regular basis

Preparing for rounding:

- Review the list of daily new admits as well as any notifications about patients who may benefit from follow up. Any patients who have needed Service Recovery should be addressed. Also, the real time feedback from "CareSay" would be very helpful identifying appropriate patients to visit.
- Preview "relevant" patient history, correct pronunciation of name, etc. Know the details of any Service Recovery issues they have had.

Rounding procedure:

- Check in with nurses assigned to the patients you are visiting. Ask the Nurse if there is anything you should know about the patients that you are about to visit.
- Follow universal precautions protocol (hand washing, isolation, etc.)
- Knock before entering
- Ensure you do not wake the patient if they are sleeping.
- Identify yourself and the purpose of the visit. Take time to get to know the patient before proceeding with any specific questions.

Specific questions to ask:

- How are you feeling today?
- Are you always getting the care you need?
- Are we checking in on you enough?
- Are we responding to your call light in a timely manner?
- Does the nurse always wash his/her hands when they come in the room?
- Do the nurse always check your ID before giving you a medication?
- Are you pleased with your physician's care?
- Are you getting enough rest?
- Is there anything I can do to make your stay more comfortable?

Closure:

Make the following 2 points before ending the conversation:

- "I appreciate you taking the time to talk to me."
- "I want you to know that we always work as a team for you. If you have any concerns, please ask for me. Here is my card.

Follow up after rounding:

- Address any concerns brought up by the patient with the nurse currently assigned to them and stress the importance of follow through.
- Address any provider concerns with the physician currently providing care.

Finally, if you need some additional inspiration or to just want to have some fun with this, follow the link below to the Rounding Queen Video: https://youtu.be/ovNWV1D4X0c

Chat Time

Source: The HCAHPS Breakthrough Webinar Series™
Webinar #6: Communication with Nurses – Relationship Based Nurse Communication™

"There's no curing without caring."

Caring communication is central to all your relationships with patients

Recommendation:
Best Relationship-Builder : "Daily Chat Time"

- Go be a friend
- For five minutes during hourly rounding, especially on the first day
- Sit down!
- Get personal
- Open yourself up (it's not about you)
- Remember: patients are starved to connect

Conversation-Starters

- Where're you from?
- Kids?
- Pets?
- Hobbies?
- What you do during the day?

Benefits of "Chat Time"

- It helps patients avoid "personal identity threat" *(For those who perceive the hospital experience to be disempowering, dehumanizing, devaluing)*
- It provides comfort, and builds your relationship with your patient

Communicate Caring by Managing Patient Expectations

- Be aware of patient anxiety/loss of control/vulnerability upon admission to hospital
- This is where the skills in this webinar are invaluable

Question: When will you integrate "Chat Time" into your professional practice?

Bedside Report

Source: The HCAHPS Breakthrough Webinar Series™
Webinar #6: Communication with Nurses – Relationship Based Nurse Communication™

Bedside Reporting

How good are you at transitioning your patient from your shift to the next?

Recommendation:

Get great at Bedside Reporting using SBAR

'Bedside Reporting'

At change of shift, and in the presence of the patient, nurse going off-duty uses the SBAR tool to update incoming nurse on progress and continuing plan of care.

At bedside, be sure to…

- Encourage the patient to ask questions
- Avoid embarrassing the patient with sensitive information, i.e., incontinence
- Check with patient about guests remaining, to respect privacy regulations
- Be discreet if room is semi-private
- If necessary, obtain a signed privacy release

Situation Background Assessment Recommendation

Why Implement Bedside Reporting?

- Integrates patient into the care team
- Promotes safer patient handoff
- Fosters patient and caregiver trust
- Supports a "warm handoff"
- Encourages a successful transition to practice environment for nurses

Recommendation:

What would be the value of creating a Bedside Reporting Team to continuously improve continuity of care and increase patient engagement?

Note: See attached "Bedside Hand-off Competency Skills Assessment Checklist" on the next page.

Bedside Hand-off Competency – Skills Assessment Checklist

Staff Member: ______________________ **Service Line:** ___________________________

SCALE FOR EVALUATION:	KEY TO SKILL VALIDATOR EVALUATION METHODS:	POPULATION SPECIFIC CARE CATEGORIES	
1. Little or no experience 2. Some experience (may require practice/assistance) 3. Competent and experienced. 4. Competent, experience, able to assess the competency of others.	DO Direct observation of performance on the job S Simulation/Skills Lab T Written or verbal testing V Verbalization of Policy/Procedure A Audit (structured review of past performance or documentation	Neonate (Birth 1 yr) Toddler (1-3 yrs) Preschool (4-5 yrs) School age (6-12 yrs) Adolescent (13-17 yrs)	Young Adults 18-39 yrs Middle Adult 40-64 yrs Adults ages 65-79 yrs Adults ages 80 or older

COMPETENCY	SKILL VALIDATOR ASSESSMENT			AGE CATEGORIES				
	Method	Competency Level	Initials	Infant / Toddler	Pediatric	Adolescent	Adult	Geriatric
Nurses wash/sanitize hands upon entering the patient room and demonstrates respectful behavior.	DO							
Nurse determines patient wishes regarding sharing information in front of family / visitors	DO							
Off-going nurse introduces and managers up the oncoming nurse and articulates purpose of Bedside Handoff Report	DO							
Nurses validate patient identifiers and all other alert bands, reminding patient that this is a safety measure	DO							
Off-going nurse will encourage to participate in bedside handoff according to his/her wishes	DO							
Nurse correctly verbalizes the content of handoff to include key elements (admitting, dx, history, providers, precautions, plan of care & discharge plans)	DO							
Nurses conduct a patient assessment inclusive of but not limited to: Tubes, lines, drains, skin condition, pain assessment, focused system review and verifies safety measures are in place	DO							
Nurses address the plan of care for the day along with pending tests or treatments	DO							
Nurses encourage the patient to establish a goal for the shift/day	DO							
Nurses ensure that the white board has been addressed and is up to date	DO							
Nurses remind patient of hourly rounds and inquires as to any requests for assistance prior to leaving the bedside	DO							

Evaluation: Has met the criteria and demonstrated competence
Additional learning activities are required (See Action Plan)

Staff Member Signature: _________________________ Initials: ___________ Date: _______________

Skill Validator Signature: _________________________ Initials: ___________ Date: _______________

Discharge Call Backs

Source: Agency for Healthcare Research and Quality

How To Conduct a Post discharge Follow up Phone Call

The post discharge follow-up phone call is an essential part of supporting the patient from the time of discharge until his or her first appointment for follow up care.

Patients should be called 2 to 3 days after discharge by a member of the clinical staff. This post discharge follow-up phone call allows the patient's actions, questions, and misunderstandings, including discrepancies in the discharge plan, to be identified and addressed, as well as any concerns from caregivers or family members. Callers review each patient's:

- Health status
- Medicines
- Appointments
- Home services
- Plan for what to do if a problem arises

Preparing for the Phone Call

Learn How to Confirm Understanding:

Throughout the follow up call, you will need to confirm that the person you are speaking with understands what you are discussing. One of the easiest ways to close the communication gap between patients and educators is to use the "teach-back" method.

Teach-back is a way to confirm that you have explained to the patient what he or she needs to know in a manner that the patient understands. Patient understanding is confirmed when he or she explains the information back to you in his or her own words. Lack of understanding and errors can then be rectified with further directed teaching and re-evaluation of comprehension.

Some points to keep in mind include:

- This is not a test of the patient's knowledge; it is a test of how well you explained the concepts.
- Be sure to use this technique with all your patients, including those who you think understand as well as those you think are struggling with understanding.
- If your patients cannot remember or accurately repeat what you asked them, clarify the information that you presented and allow them to teach back again. Do this until the patient can correctly describe your directions in his or her own words.

Review Health History and Discharge Plans

Before the phone call, obtain the patient's hospital discharge summary, the after-hospital care plan (AHCP), and the Discharge Educator’s (DE) notes. If the discharge summary is not complete or if an AHCP was not generated for the patient, you will need to collect this information from other sources. These may include the hospital medical record, notes from the clinician who discharged the patient, the inpatient clinicians who cared for the patient, and the ambulatory medical record.

Discharge Call Backs (cont'd)

You will need to be familiar with the patient's health history and discharge plan before you make the follow up phone call. Review the discharge summary and AHCP to find out about:

- Diagnosis and condition at discharge. You will ask the patient about his or her health status and discuss symptoms.
- Personal information, usual daily routines, relevant cultural practices, involvement of family, and relevant stressors and supports. This will help you make the call patient centered.
- Follow up appointments. You will find out whether appointments have been completed and plans for future appointments.
- Home services and equipment. You will confirm that home services and equipment have been delivered as expected and discuss the need for additional home services.

Check Accuracy and Safety of Medicine Lists

While the patient was in the hospital, the DE should have completed medication reconciliation. The goal of inpatient medication reconciliation is to produce a correct and consistent list for the patient and clinicians, where the medication lists are identical in the discharge summary, inpatient medical record, AHCP, and, if possible, the ambulatory medical record.

In certain cases, however, this may not have happened (e.g., patient leaves against medical advice or sooner than expected, patient is discharged at a time when a DE was not available).

To check whether the patient has been given an accurate medicine list, compare the list of medicines on the hospital discharge summary with the medicines listed in the AHCP. If medication reconciliation was done correctly at discharge, these lists should match. If they do not match, resolve the issue before the follow-up phone call by talking to the hospital team (starting with the DE) and/or primary care provider (PCP),i depending on the nature of the inconsistencies or errors identified.

Doublecheck the medicine list for potentially harmful drug interactions. This should have been done as part of the in-hospital medication reconciliation process but may not have been completed for the reasons discussed above. If you identify any drug interactions, speak with the hospital team (starting with the discharging physician) to get clarification and make any necessary changes to the patient's medicines.

Identify Problems Patients Could Have with Medicines

Changes in medicine regimens can be particularly confusing to patients returning home. Note changes such as discontinuation of medicine taken prior to the hospital stay or a change in the dose. Any medicine with complicated instructions can also be a source of confusion. Pay special attention to medicines for which the adverse consequences of taking them incorrectly are severe.

Familiarize yourself with commonly known drug-food interactions and side effects prior to the call. This will enable you to actively elicit this information from the patient, as well as educate him or her on possible side effects.

Discharge Call Backs (cont'd)

Arrange for Interpreter Services

The DE should have noted on the patient's contact sheet whether an interpreter is needed for the phone call. If an interpreter is needed and your hospital has not documented that you are proficient in the language, arrange for interpreter services before the call.

Conducting the Phone Call

Whom and When to Call

Before discharge, the DE will have collected contact information from the patient to facilitate reaching the patient or caregiver via phone within 72 hours of discharge. This information is found in the Contact Sheet. It includes:

- Patient's desire to have a legal proxy or caregiver receive the phone call, if applicable.
- Preferred language and need for interpreter (for person receiving the call).
- Contact information for patient, proxy, and caregivers.
- Ideal time of day and day of the week to reach patient, proxy, and caregivers.

Start your calls 48 hours after discharge. If the patient has delegated the phone call to his or her legal proxy (the person with legal authority to act on behalf of the patient) or his or her caregiver, call that person first.

- Call the patient or legal proxy or caregiver designated to receive the call at the time of day listed as the best.
- If you cannot reach this person the first time, make several attempts over the next few days.
- If you still cannot reach this person, call the next contact on the list. If you cannot reach or do not get useful information from the contacts on the list, check the information on file at the hospital for additional contact numbers.

What to Say

The follow up phone call consists of five components:

- Assessment of health status
- Medicine check
- Clarification of clinician appointments and lab tests
- Coordination of post discharge home services
- Review of what to do if a health or medical problem arises

Verify Availability to Talk and Need for Interpreter Services

After introducing yourself, ask if it is a good time to talk. If it is not, get a precise time when you can call back.

Even if the contact sheet indicates that an interpreter is not necessary, you should independently assess the need for an interpreter.

Discharge Call Backs (cont'd)

If you have any sense that the patient or caregiver is not proficient in English and you are not documented as proficient in the preferred language, let him or her know that you would like to use an interpreter. If an interpreter is not immediately available, schedule a time to call back.

Try to establish an open communication style so patients or caregivers share their hesitations or problems they are having with the discharge plan. Ask them to locate and bring the AHCP and all medicines, supplements, and traditional remedies to the phone.

Assess Health Status

You will ask about the patient's:

- Comprehension of the reason for his or her hospital visit.
- Perception of any change in health status since discharge.
- Understanding of how to manage any medical changes or whether he or she needs to seek medical care for any concerns (either relating to the primary discharge diagnosis or any new problems).

If the patient's health status has deteriorated, a plan of action may be needed. Interventions for patients reporting feeling worse since discharge due to primary discharge diagnosis, adverse drug event, or other symptoms may include:

- Providing patient education.
- Checking whether the patient is taking medicine as directed.
- Checking labs and reviewing medicine list for cause of complaint.
- Advising the patient to attend an upcoming scheduled appointment with his or her PCP.
- Recommending patient action (e.g., take a medicine that was prescribed to take as needed, limit activity).
- Advising the patient to call his or her DE, PCP, or specialist.
- Advising the patient to go to urgent care or the emergency department.
- Consulting with the DE, inpatient physician/team, or pharmacy.
- Alerting the PCP.
- Arranging a same-day sick appointment.
- Determining the family's perception of the patient's status.

Check Medicines

The medicine check involves making sure patients or caregivers understand what the patients' medicines are for and how to take them.

There are many potential barriers to adherence. Your job is to encourage the patient to share the most accurate information regarding what interferes with his or her willingness or ability to take the medicine. You might find it helpful to think about three sources of nonadherence:

- Intentional nonadherence: When a patient has chosen not to take a medicine that is part of the discharge plan or insists on taking medicine in a manner other than prescribed or that is contraindicated.
- Inadvertent nonadherence: When a patient is not following the treatment plan due to difficulty understanding the plan or an inability to execute it.
- System/provider error: When the hospital did not do something, it was supposed to

Some nonadherence problems can be solved by providing education to fill in knowledge gaps. Others may require your contacting the patient's pharmacy, PCP, or DE or the inpatient physician who discharged the patient if there are any discrepancies between the discharge summary/AHCP and what the patient reports

Clarify Appointments

Check that the patient or caregiver knows about all follow-up appointments (e.g., primary care follow-up, lab test, specialist) and their dates, times, and locations; the purpose of the appointments; and that the patient can make it to the appointments.

Coordinate Post discharge Home Services

Check whether the patient has received home services and durable medical equipment that are scheduled and listed on the AHCP. You will need to intervene if services or equipment have not been received on time.

Discuss What to Do If a Problem Arises

Always end the call by reviewing what the patient or caregiver should do if a problem arises at any time (any hour and day of the week). Make sure patients and caregivers understand:

- What types of emergency and nonemergency situations they may encounter
- What to do in case of an emergency
- How to call the patient's PCP, including after hours

Documenting Your Call

You will need to document your calls, both for the patient's medical record and to allow hospital management to monitor the information for quality improvement purposes. For example, your hospital may identify common errors patients make and use this information to improve teaching to other patients with similar regimens or conditions.

Documentation includes:

- Call attempts.
- Patient's health status.
- Problems with medicines.
- Appointment status.
- Patient's post discharge actions.
- Follow up actions you take.

Purposeful Hourly Rounding

Hourly Rounding Benefits:

- Fewer call light interruptions in your day
- More free time for your other tasks
- More control over your daily schedule
- Happier, more satisfied patients
- A quieter unit throughout the day
- Significant reduction in patient Falls

Hourly Rounding:

- A member of staff visits each patient
  - Hourly from 6 am to 10 pm
  - Every 2 hours between 10 pm and 6 am
- Nurses and nursing assistants alternate visits
- Patients' basic needs are met all at once, not via multiple call lights

How It Works:

3 Ps
- Pain – Evaluate the pain level
- Position – Help the patient get comfortable
- Potty – Offer help using the toilet

4 Rs
- Rx – Provide any needed medication (RN visits only)
- Reach – Are all the patient's needs (call light, phone, reading materials, etc.) within easy reach
- Respond to questions. Ask is there anything else the patient needs.
- Reassure – Express care and concern. Let the patient know at what time the next rounding visit will occur.

What Evidence Shows that Hourly Rounding Works?

- Research on hourly rounding in 14 hospitals* showed:
  - 9-point sustained increase in patient satisfaction overall score
  - 52% reduction in patient falls
  - 37% reduction in call light use
  - 14% decline in skin breakdowns
  - In addition, one hospital measured a 20% reduction in the distance walked each day by the nursing staff

Source: Leighty, John "Hourly Rounding Dims Call Lights" www.nurse.com December 2, 2006
Meade, Christine M. et al "Effects of Nursing Rounds on Patients' Call Light Use, Satisfaction and Safety" American Journal of Nursing September 2006

What is The DAISY Award?

As Patrick's family, we brainstormed what to do in his memory. We vividly recalled the skillful and compassionate care Patrick received from his nurses during his eight-week hospitalization. We wanted to say *"thank you" to nurses* everywhere by establishing a recognition program, **The DAISY Award For Extraordinary Nurses (The DAISY Award)**. Through this and other recognition programs, we honor the super-human work nurses do for patients and families every day.

In creating The DAISY Award, there were three elements we wanted to ensure our recognition program included:

1. A partnership with healthcare organizations to provide *on-going recognition* of the clinical skill and especially the compassion nurses provide to patients and families all year long.
2. *Flexibility* so that The DAISY Award may be tailored to each hospital's unique culture and values.
3. A *turn-key program* with The DAISY Foundation providing most everything you need to implement The DAISY Award.

The DAISY Award Today

We never imagined when we created this program in 1999 that today, there would be over 4,300 healthcare facilities and schools of nursing in all *50 states and 27 other countries,* committed *to honoring nurses with The DAISY* Award. *The strategic impact* of the program on *nurses and their organizations is deep, affecting nurses' job satisfaction, retention, teamwork, pride, organizational culture, healthy work environment, and more.*

Nurses are nominated by anyone in the organization - patients, family members, other nurses, physicians, other clinicians and staff - anyone who experiences or observes extraordinary compassionate care being provided by a nurse.

For details about how the program works, visit https://www.daisyfoundation.org/daisy-award and read our Frequently Asked Questions and take a look at our Introduction to The DAISY Award presentation.

How do organizations embed The DAISY Award in their cultures? Read an exemplar: Supporting Recognition of Clinical Nurses with The DAISY Award (Journal of Nursing Administration (JONA) and view these examples: Henry Ford Hospital - Detroit and Ideas to Celebrate DAISY throughout the year

The Daisy Award (cont'd)

If your facility is on the journey to Magnet® or Pathway to Excellence® designation, please see how DAISY is a perfect fit for your documentation:

- Magnet Information
- Pathway to Excellence Information
  Please read the testimonials of DAISY Coordinators who run the program and nurses who have been honored with The DAISY Award by going to our Testimonials page and to Meet Our Ambassadors and selecting a region.

A Family of DAISY Honors

As we have grown, so has our gratitude to nurses and our recognition offerings. Facility partners may add to their on-going individual nurse recognition program:

The DAISY Team Award: Honoring collaboration by two or more people, led by a nurse, who identify and meet patient and family needs by going above and beyond the traditional role of nursing

The DAISY Nurse Leader Award: Honoring Nurse Managers, Directors and others who create an environment where compassionate care thrives.

We even honor Nursing Faculty and Students, and have a Lifetime Achievement Award.

Benefits for Healthcare Systems

There are numerous benefits to honoring nurses in all facilities of a healthcare system. Visit the website to about them.

Benefits and Opportunities for DAISY Honorees

There are numerous benefits and additional opportunities to DAISY Honorees. See the entire list: **daisyfoundation.org/daisy-award/honorees-benefits**

Why Do Nurses Say, "I didn't do anything special?"

We are always taken aback by the humility of nurses who receive The DAISY Award because of an extraordinary act of compassion or a relationship they have created with a patient that truly made a difference. So often, these DAISY Honorees respond to their recognition with, *"But I didn't do anything special. I was just doing my job."* We want to help nurses see in themselves what their patients, families, and colleagues see in them and to help them learn the behaviors that make such a powerful difference. So we co- authored with Mary Koloroutis, MSN, RN, President of Creative Health Care Management, an article entitled, *Inspiring Nurses to See the Extraordinary in Their Ordinary*. We hope you will enjoy reading it! Visit the website for more information about The DAISY Award for your organization.

Do You Want to Nominate a Nurse for The DAISY Award?

If you have been the recipient of extraordinary care by a nurse and would like to nominate her or him, contact us. Please include the facility name, city, and state where you had your great experience. We will connect you with the DAISY Coordinator who can guide you through the nomination process.

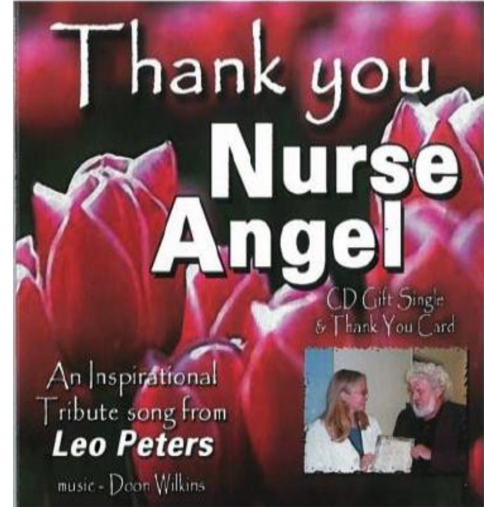
Pain Care Angel
Nurse Recognition Program

Source: The HCAHPS Breakthrough Webinar Series™
Webinar #8: Pain Control – Compassionate Pain Control™

Pain Care Angels

We believe that Nurses are Angels

"Nurse Angle, nurse angel
You sparkle and you're bright
You're like the old lamplighter
Lighting someone else's light
Nurse angle, you're so beautiful
You've got this loving heart
You're perfect for the work you're in
Your work's a work of art."
– Leo Peters



Recommendation:

- Recognize and honor your "Pain Care Angels," one nurse at a time
- By presenting an Angel Lapel Pin

Start Creating Your Culture of Compassionate Pain Care Now!

- Patients & peers nominate
- Recommended by Director/Manager
- Selected by CNO/DON, and/or Nurse Director Team
- Conduct a brief ceremony in front of peers
- Be specific about behaviors observed
- Challenge Everyone to become one!

The HCAHPS Breakthrough Series Webinars

Nomination Form

Pain Care Angel

Attention: CNO/DON

I nominate ____________________

for recognition as a "Pain Care Angel," having observed them consistently practicing the Pain Care Angel Attributes.

Comments: ____________________

Submitted by: ____________________

Date: ____________________

Custom Learning Systems
Engage. Empower. Transform.

Pain Care Angel – Nomination Poster

Nominate a Pain Care Angel

We believe relieving pain is Job #1 Have you noticed a Nurse who practices the attributes of a Pain Care Angel? Nominate a Nurse who practices the attributes now!

We honor RN's who are Pain Care Angels

Any nurse who continuously demonstrates these compassionate care attributes for patients is eligible

Attributes of a Pain Care Angel

A Pain Care Angel:

- Believes that pain is "Whatever a patient says it is"
- Has a compassionate purpose to alleviate unnecessary suffering
- Is non-judgemental, and avoids myths and misconceptions
- Continuously assesses pain, drawing upon a range of helpful tools
- Proactively manages patient's expectations ahead of time
- Constantly assures patient that they will never be alone or abandoned
- Employs all means possible to quickly bring pain under control

A Nurse Pain Care Angel also:

- Applies the healing power of touch and intentional presence and empathetic non-verbal communication
- Conducts timely reassessments of medication effectiveness
- Is always a positive, assertive advocate for the patient's right to pain relief

Pain Care Angels are Always:

- Open-minded about providing healing touch and other integrative medicine reatment options
- Proactive in preparing the patient for a pain managed recovery at home

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Toll Free: 1.800.667.7325
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www.customlearning.com

Inspiring Stories

Source: The HCAHPS Breakthrough Webinar Series™
Webinar #6: Communication with Nurses – Relationship Based Nurse Communication™

The Value of Inspirational Story Telling

"Inspirational stories are referenced in everything that we are doing to improve patient and employee satisfaction. They are changing our culture and keeping us focused on the positive. They help keep our strength up and validate our efforts. We start every leadership meeting with a true story of exceptional staff service."
– Becky Ashton, Former CEO, Herrin Hospital, Herrin, IL

Use the Power of Inspiring Stories

They remind us of healthcare's human connection, without preaching. Begin every meeting with a short story about:

- A healing relationship with a patient
- Service above and beyond the call
- A family's devotion and care
- A deep human experience in healthcare

Use the Power of "Teaching Stories"

They illustrate the "how to" of nursing:

- Explaining
- Generating options
- Advocating
- Anticipating
- Information
- Supporting
- Validating
- Preparing for future

Ask each other:

"Tell me something about the patient that is not on their chart?"

Relationship-Based Communication Check-Up

- Are you attuned to patients' individuality?
- Are you sensitive to patients' emotional and cultural needs?
- Do you value the "privileged intimacy" that comes with your job?

Customized Communication Care Board

Source: The HCAHPS Breakthrough Webinar Series™
Webinar #6: Communication with Nurses – Relationship Based Nurse Communication™

Communication Care Boards in the Patient's Room

Should be:

- Designed with input from everyone
- Unique to each service line

Key Concepts

At the time of admission or bedside Report,

1. Ask 2 key questions:
   - "What would good care mean for you today?"
   - "If there was one thing you would like to make a priority today, what would it be?"

2. Post:
   Post their answers on their Care Board

3. Pay Attention:
   Everyone who enters the patient's room is responsible for noticing and ensuring the patient's 2 priority wishes for their care are met.
   For example: "I want diet coke, and I don't want to be cold."

Wong-Baker Faces Chart

Pain relief and managing paint expectations are critical.

Be sure to check in with the patient at hourly rounding about their pain comfort level.