

Positive Communication Standards Snapshot

<p>Hallway Hospitality</p> <p>Why? Creates the atmosphere of a “friendly and caring” place. This sets a positive tone when the patient reaches their destination.</p> <p>How? Everyone makes eye contact and greets others (patients, visitors, co-workers, physicians, etc.) they pass in the hallway or common areas. Can be expanded to “take people where they need to go” (vs. pointing or stating directions).</p>	<p>Service Recovery</p> <p>Why? Service recovery is about restoring trust and confidence in our ability as an organization to “get it right” through actions designed to alter or overcome the negative perceptions of dissatisfied patients, future patients, family members, or visitors.</p> <p>How? Empowering a front line (“first responder”) approach to Acknowledge, Apologize, Amend/Act, Communicate in response to anticipating or observing signs of dissatisfaction.</p>
<p>Telephone Etiquette</p> <p>Why? Telephone interactions are often a first impression of your clinic’s customer service. Other phone interactions are an extension of the service you provide your patients.</p> <p>How? Set standards for phone greetings, call transfers, messages, key words (managing up, etc.).</p> <p>Example: I will seek out the answer and call you back.</p>	<p>Listening</p> <p>Why? Being a great listener is a great way to create empathy and trust in a relationship.</p> <p>How? Make eye contact, ask active listening questions, paraphrase, and/or take notes.</p> <p>Example “If I understand you correctly, you said...” or “Could you tell me more about...”</p>
<p>Managing Up</p> <p>Why? To communicate positive information about other caregivers or services. Transfers trust from a caregiver to another caregiver to decrease anxiety.</p> <p>How? “Managing Up” is simply positioning others in a positive light.</p> <p>Example: Your mammography is scheduled at XYZ Hospital. The team of technicians there are all certified through special training to provide you with a high-quality exam.</p>	<p>Banning Blame/“We-They”</p> <p>Why? Banning negative communication will help to create a more positive employee and patient experience.</p> <p>How? Avoid communications that are negative about others. In particular, eliminate the blaming of others and the “hero”-type statements (e.g., I’m good and they are not).</p> <p>Example: I really wanted to schedule your follow up appointment on that day, but the scheduler wouldn’t work with me to make that happen (aka “We-They” - “WE wanted to do something good, but THEY wouldn’t let us”)</p>

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<p>Body Language</p> <p>Why? The 7-38-55 concept states that 7 percent of meaning is communicated through spoken word, 38 percent through tone of voice, and 55 percent through body language.</p> <p>How? For sincere, genuine, and trusting communication, strive for more self-awareness about the “match” between feelings/emotions and your nonverbal and verbal messages.</p> <p>Example: Smiling and making eye contact while thanking someone. Look/tone of concern when asking someone if they are in pain.</p>	<p>Handoff</p> <p>Why? Review of over 4800 events by the Joint Commission identified communication as the top contributing factor to medical error, with handoffs playing a “role in an estimated 80% of serious preventable adverse events.”</p> <p>How? The consistent use of a standardized handoff protocol/acronym to guide the thoroughness of each handoff, optimally face-to-face (& can be adopted for non-clinical use)</p> <p>Example: I = Introduce S = Situation B = Background A = Assessment R = Recommendation Q = Questions</p>
<p>Banned Words/Phrases</p> <p>Why? There are certain words and phrases that when said to a patient, visitor, co-worker or physician is going to elicit a negative feeling and/or response. There are words & phrases that can garner a more positive impression & interaction.</p> <p>How? Determine which words/phrases might be heard around the organization that are never appropriate to be said. Then, strive to eliminate them.</p> <p>Example: No longer saying “We are short staffed today” to patients or families.</p>	<p>Teach Back</p> <p>Why? Studies have shown that 40-80% of medical information patients receive is forgotten immediately and nearly 50% of the information is retained incorrectly.</p> <p>How? Have the patient/family ask active listening questions & paraphrase and take notes. Use a method such as ASK-TEACH-ASK.</p> <p>Example: ASK to assess current knowledge or understanding, TEACH to fill the gaps, ASK for them to repeat back in their own words the instructions or to demonstrate what to do.</p>
<p>Attitude of Gratitude</p> <p>Why? Patients have a choice (usually) where they seek care.</p> <p>How? At the end of a shift/encounter, thank the patient for choosing to receive care here.</p> <p>Example: It was a pleasure taking care of you today. We know you had a choice of where to have your surgery, and we are thankful you entrusted us with your care.</p>	<p>Narrating</p> <p>Why? To decrease confusion & increase compliance.</p> <p>How? Provide the explanation behind our activities. Narration or scripts are not memorized but serve to be incorporated into a personalized and natural part of how we “communicate while doing.”</p> <p>Example: For your safety, we ask that you stay for a minimum of 30 minutes after the procedure to monitor for reactions.</p>