

# Ensuring Patient Centered Communication, Every Patient Every Time White Paper

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2012

## Patient Centered Communication

As healthcare organizations around the country continue to find ways of implementing new tools and tactics to better serve their patients, it is more important than ever to focus on strategies that create an environment that is centered on patient communication. Effective communication is the foundation of high quality healthcare. Nearly all health care interactions, from making appointments and registering to discussing medical symptoms, treatments, and care options, rely on effective communication. Moreover, high quality communication between health care providers and patients has been found to be related to higher levels of patient satisfaction and improved health outcomes<sup>1</sup>.

Communication is a common theme throughout the HCAHPS survey. HCAHPS focuses on patient centered communication, or communication that is tailored to the unique needs, preferences, and values of patients. The specific areas of patient communication that are focused on are communication with nurses and physicians, communication about medications, and communication about recovery at home. To be successful in improving patients' perceptions, organizations must address communication at all levels, making sure that patients and their families receive clear and meaningful information that allows them to establish accurate expectations for their treatment and healing process.

### The Impact of Open Communication

Clinicians everywhere will agree that *communication plays an integral role in keeping our patients safe and providing them with the best clinical outcomes*. However, it is more apparent than ever that these words are not merely a check box of the right thing to say. Studies have shown that over 60 percent of sentinel events (i.e., unexpected events that result in or increase the risk of death or serious physical or psychological injury) can be accounted for by communication failures.<sup>2</sup> This begs the question, when do we know we have communicated enough? The answer lies not in the volume of communication. It is in the effectiveness or quality of our communications with our patients and colleagues concerning the healing process and beyond.

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<sup>1</sup>Williams, S., Weinman, J., & Dale, J. (1998). Doctor-patient communication and patient satisfaction: A review. *Family Practice*, 15(5), 480-492. Stewart, M. A. (1995). Effective physician-patient communication and health outcomes: A review. *Canadian Medical Association Journal*, 152(9), 1423-1433.

<sup>2</sup> Manning, M. L. (2006). Improving clinical communication through structured conversation. *Nursing Economics*, 24(5), 268-271. The Joint Commission (2010). *Sentinel Event Data: Root Causes by Event Type*. Retrieved March 21, 2011 from [http://www.jointcommission.org/assets/1/18/Root\\_Causes\\_by\\_Event\\_Type\\_2004-4Q2010.pdf](http://www.jointcommission.org/assets/1/18/Root_Causes_by_Event_Type_2004-4Q2010.pdf).

Studies have shown that, upon discharge, almost 60% of patients do not understand their diagnosis or their plan of action post discharge. Shockingly, 18% of those surveyed do not even know their doctor's name. These are alarming statistics most hospital leaders and staff believe that we communicate effectively with our patients and their families. The lack of consistent "effective" communication impacts every aspect of the clinical world including safety, perceptions of care, and treatment. Not only does poor communication increase the potential for patients to be dissatisfied, but it also contributes to the number of errors that are made and the quality of care that we provide our patients.

In a recent survey of hospitals the most common cause for a medical error was miscommunication, particularly between doctors and clinicians. The study found that most clinicians do not raise issues or concerns with doctors for fear of retaliation. Empowering staff to be vocal helps to decrease medical errors. This can only be achieved if all involved in patient care are willing and empowered to communicate, even if this involves stepping outside their comfort zone<sup>3</sup>.

### **Improving the Effectiveness of Patient centered Communication**

Patient centered communication involves listening as much or more than speaking. Listening is an activity that takes practice. In the hallways of hospitals around the country we hear health care providers profess, "We ARE good communicators;" or "I AM a good communicator" however, HCAHPS scores remain well below national norms. Low HCAHPS scores provide empirical evidence of the challenges associated with implementing patient centered communication during every patient encounter throughout the average 4.5 day inpatient stay. The gap between healthcare employees feeling that they communicate and the lack of patient perceptions of good communication, illuminates improvement opportunities that are real for health care providers and serve as a call to action to develop consistent communication practices (i.e., a consistent language).

For an organization to truly approach the level of consistently effective patient centered communication necessary for HCAHPS success, we must equip our staff and leaders with new communication tools and behaviors. They must become embedded within the organizational culture and ultimately enhance the total patient experience. The bottom line is that, in the eyes of our patients, we are not as good at communicating as we may have believed. In order to improve, we must face the reality to understand and address the gaps or inconsistencies in our communication strategies. We may not be communicating effectively with every patient and staff member, during every shift change, every time.

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<sup>3</sup> Leonard, M., Graham, S., & Bonacum, D. (2004). The human factor: The critical importance of effective teamwork and communication in providing safe care. *Quality and Safety in Health Care*, 13, 185-190.

There are four fatal assumptions<sup>4</sup> we as humans make when communicating with someone:

1. We assume that the patient or family member understands what is being communicated
2. We assume the patient agrees with what is shared
3. We assume the patient cares about our message and understands its importance
4. We assume the patient will take appropriate action on the information provided

These fatal assumptions can negatively impact:

- our ability to effectively communicate with the patient and family;
- the patient's compliance with the plan of care and discharge instructions
- the patient's safety, quality, and total experience while under our care

### **Using Communication to Ensure Success**

We need to “own” the differences between patient’s perceptions of our inconsistent or ineffective communication and improve our skills, and we must address specific patient conversations and actions in order to be set up for success with the HCAHPS survey. The key to moving from Usually to Always is to close a fundamental gap between what the patient expected during their stay and the actual experience. When looking at the patient experiences measured on the HCAHPS survey, you will see that without your leaders and employees leveraging communication strategies you will never be successful with HCAHPS.

For example, during this hospital stay, how often was the area around your room quiet at night? Unless your employees communicate with patients to manage up the night shift’s commitment to a quiet environment AND set expectations for the reality that there may be some minimal noises and interruptions, patients will never rate your organization “always”. Then, if your leaders use patient rounding in the mornings to validate staff communications with patients about quiet at night and understand the patients’ perceptions of actual quiet at night, leaders have feedback to reward and recognize or problem solve for improvement.

Effective communication and setting expectations will help solve for key HCAHPS challenges in patient perceptions of items such as:

- How often was your pain well controlled (Always, Usually, Sometimes, Never)
- How often how often were your room and bathroom kept clean (Always, Usually, Sometimes, Never)

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<sup>4</sup>Crossland and Clarke. (2008). *The Leader’s Voice: How Your Communication Can Inspire Action and Get Results!* New York: SelectBooks, Inc.

- After you pressed the call button, how often did you get help as soon as you wanted it?  
(Always, Usually, Sometimes, Never)

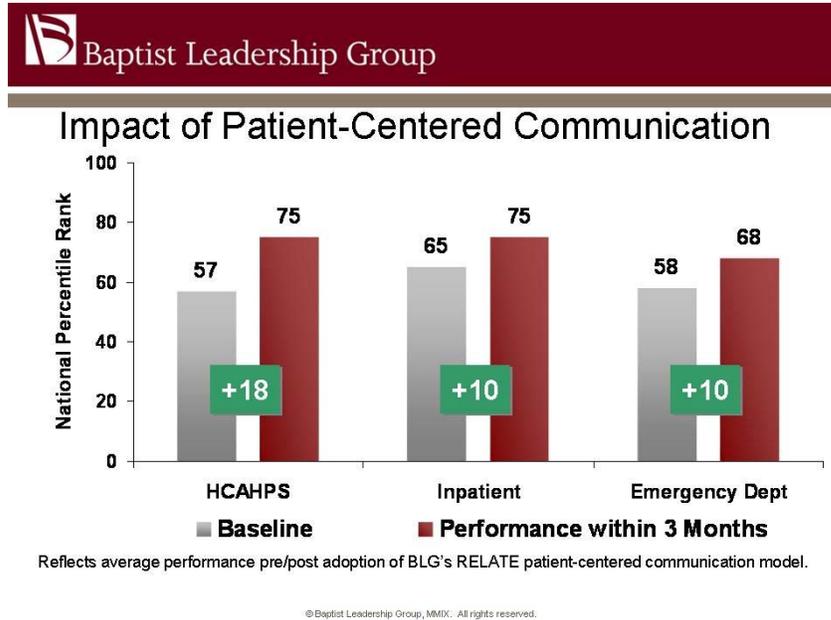
## **Impacting HCAHPS with Patient centered Communication**

Many tools for effective communication have been created to enhance the overall patient experience as well as clinical outcomes. However, these tools are ineffective in the eyes of patients because they become “flavor of the month”, robotic in staff execution or occur inconsistently among staff, shifts and departments because there is no accountability.

Baptist Leadership Group’s model for patient centered communication is called **Words that Work™** and **RELATE™**. It provides a simple, concise approach to creating and deploying an organization’s unique and consistent language.

Our model specifically solves for the challenges of better patient-provider communication, setting expectations and ensuring consistency that “always” requires. This approach involves identifying the specific key words and phrases that are used in your health care environment to address situations that commonly occur. These words and phrases provide the foundation to connect emotionally and clinically with patients and help define your organization’s culture. Furthermore, they allow you to clearly and consistently communicate to the patient “what to expect”—which is the critical component of strong HCAHPS-focused communication. The message is consistent without being mechanical or robotic. As evidenced in Figure 1, Words that Work™ and RELATE as a means to ensure patient centered communication has a powerful impact on not only to HCAHPS performance improvements but also patient satisfaction in the inpatient and emergency settings.

**Figure 1. Patient Centered Communication and HCAHPS Performance**



So how do we communicate more effectively and ensure our improvement efforts are validated in HCAHPS? Due to time constraints and competing pressures, providers tend to focus exclusively on “explaining” the relevant aspects of patient care (i.e., diagnoses, treatments, procedures). Such explanations are often futile, as patients tend to be less receptive to the facts if we fail to acknowledge and in some way connect with them on an emotional level. To ensure critical treatment information is effectively conveyed, it is important to begin by stating your positive intent when interacting with patients and their families and building an emotional connection by focusing on the interaction from the patient-s point-of-view (e.g., their reality).

Consider, for example, staff responsiveness to a patient’s needs. If a provider should tell a patient who has just pressed their call button, “I will be right with you,” the patient immediately forms a belief about what “right with you” means. How long should it take to be right with you? As a busy care provider, your response to the patient and intent to address his or her request may be very different from a patient’s interpretation of what you meant. Many times staff feels they were responsive because they responded as soon as *they* could or within a certain amount of time; however, this time frame may be very different from that which the patient inferred from the phrase “right back.” This discrepancy is particularly relevant to HCAHPS scores, which are worded to assess patients’ perceptions of staff responsiveness and are thus influenced by patients’ specific expectations.

As this example suggests, we often set ourselves up for failure just through the words we use. Let's turn our attention to how you can use the right words to set your organization up for success when creating patient-focused communication.

## Words that Work™

BLG recommends utilizing our Words that Work model to improve patient centered communication in your organization. This model, when effectively implemented and consistently deployed, helps to relieve patient anxiety and increase clarity and understanding. It allows care providers to connect with patients on both emotional and clinical levels. Specifically, it helps care providers to better state their positive intent and avoid making those fatal assumptions when communicating, while ensuring patients receive a consistent message throughout the organization. Remember, HCAHPS measures frequency of our actions, so consistency is key to sustained results.



## Patient-Centered Communication

- Traditional Scripting
  - Robotic
  - Just words
  - Just for clinical staff
  - Comes from above
  - One way from staff to patient
  - No accountability
  - Occurs “sometimes”
- Words that Work™...
  - Is planned patient-centered communication
  - Is driven by HCAHPS and patient perceptions
  - Serves as a guide to employees and leaders
  - Includes positive body language
  - Is not being mechanical
  - Is accountable and validated through Rounding
  - Occurs “always”

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## Universal Words that Work and Don't Work

Our experiences point us to key words that will always leave a positive impression (when delivered in a sincere manner) with your patients. The following words can permeate your organization to support your service culture.

### Words That Work

- Thank You
- My Pleasure
- I have the time
- For your Safety
- May I help you
- Welcome
- Always
- I want to make sure
- I understand

- It is important
- Excellent
- Very Good

On the flip side, we can absolutely (and many times unintentionally) create service failures and harm patient's perceptions of their experience in our organizations. Words that Don't Work do not reinforce trust and give patients "clues" that we are not always meeting their needs.

### **Words that *Don't* Work**

- It's not my department
- This happens all the time
- There is nothing I can do
- I don't have time
- The doctor's cell phone does not get reception on the golf course
- The doctors never answer their pages
- You're lucky
- I can't help you
- If you don't like it; there is another hospital down the road
- Short staffed
- Thank God it's Friday
- It's the lab's/radiology/registration's/administration's fault
- Hospital Policy

Words that don't work are likely embedded in your organizations and must be addressed. We coach our partners to create their own lists of Words that Don't Work and for every word or phrase on that list, there needs to be a "cross-walk" to words that do work.

### **Words that Work – Our Approach and Process**

Often we receive visceral reactions to the word "scripting," which many assume is mechanical or robotic. In contrast, Words that Work is intended to be a collaborative process that creates a more sensitive approach to communicating with patients. Building patient centered communication scripts (i.e., Words that Work) based on your HCAHPS gaps provides staff the opportunity to give input into their development, thus garnering commitment to their use. Effectively communicating with patients is a non-negotiable (period!). Here are six key steps to developing Words that Work:

- Identify the HCAHPS need, using actual HCAHPS performance data
- Determine the key words and behaviors that are meaningful to your organization and assuring patients perspectives and expectations are considered

- Ensure your Words that Work are in alignment with the CMS Quality Assurance Guidelines for communicating with patients about the HCAHPS Survey
- Practice using Words that Work
- Fine tune and adjust
- Implement throughout the organization and create expectations for consistent use
- Validate usage of Words that Work through Leader Rounding and provide staff with feedback to both reward and recognize, and coach for improvement

So how does an organization use the data gathered from their HCAHPS scores to determine the key words and phrases that should be integrated into their cultural language? First, identify the common irritants (i.e. low scoring items; low percentile items compared to competitors) that continue to arise. For example, Staff Responsiveness to patient needs and concerns may be a common irritant or area of concern. Let's take a look at how Words that Work can be utilized to address this issue.

### **Opportunities and Recommendations for Staff Responsiveness HCAHPS Items**

Here are the specific HCAHPS items that address Staff Responsiveness:

During this hospital stay,

- After you pressed the call button, how often did you get help as soon as **you** wanted it?
- How often did you get help in getting to the bathroom or in using a bedpan as soon as **you** wanted?

These questions are designed to ensure that staff are consistently exceeding the patient's expectations, and can lead an organization to design many improvements to communication practices that ultimately impact the overall patient experience.

### **Words that Work for HCAHPS Staff Responsiveness Items**

The following examples are aligned to the specific Staff Responsiveness HCAHPS items and sensitive to requirements for patient communication regarding the HCAHPS survey.

Staff Responsiveness HCAHPS Item:

- After you pressed the call button, how often did you get help as soon as you wanted it?

#### **Words that Work**

*Upon admission:*

"Let me explain how to use your call button. Our team responds to the call button immediately at the nurses' station. It may take x (determine call light response time) minutes before your nurse can be with you in your room; however, we will treat your request with urgency."

"Our team is committed to being responsive to your needs. In addition to your call button, our team will be rounding on you hourly to ensure we are present to assist you."

Determine the timeframe to set an expectation for your patients regarding call lights.

*During patient rounding:*

"Have you had to use your call button?"

"Are we responding to your requests in a timely manner?"

"Are we helpful to you during our hourly rounding?"

*During discharge rounding:*

"During your stay, was our team helpful when you needed us?"

"Did we respond to your requests with urgency?" Staff Responsiveness HCAHPS Item:

- How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted it?

### **Sample Words that Work**

*Upon admission:*

"We want to meet your needs every day you are here with us and provide very good care to you. We will be in at least every hour to check on you. If at any time you need more help going to the bathroom, please let us know."

*During patient rounding:*

"Are we helping you to the bathroom as quickly as you need to go?"

"Has our team checked on your bathroom needs every hour?"

*During discharge rounding:*

"When you had to use your bathroom/bedpan, did our team provide assistance quickly to you?"

"If you needed assistance getting to the bathroom/bedpan, was our staff helpful to you?"

As you can see, the Words that Work for the Staff Responsiveness HCAHPS items are straightforward, but they help you to communicate in a way that keeps the patient at the center of everything that you do.

Let's take a look at another example from the HCAHPS survey and corresponding Words that Work.

### **Opportunities and Recommendations for Cleanliness HCAHPS Items**

Cleanliness is another indicator that many health care organizations have opportunities to improve upon. Cleanliness of patient rooms and the entire hospital give patients and their families “clues” about the quality of the organization and the care they can expect to receive. In health care, we have many protocols and processes that measure our overall quality. However, for patients, a clean room often corresponds to high quality. Although we have stringent cleanliness guidelines, patients may still perceive gaps between their expectations and the actual cleanliness of the clinical environment. Patients, family members and visitors judge cleanliness using the four basic senses of sight, touch, sound, and smell. All of us have experienced at some point a negative first impression just by the amount of clutter or noise that is present in a facility. This does not necessarily equate to dirty, but our perception leads us to infer that this may be the case. Furthermore, if a room is actually dirty, patients may perceive the hospital to be of low quality and unsafe. Rooms must be clean prior to the patient arriving, and cleanliness must be maintained throughout the patient's stay. Cleaning once a day will not meet patients' expectations that their room “Always” be kept clean. Accordingly, cleanliness (i.e., keeping the patients room neat and organized) is everyone's responsibility.

### **Words that Work for the HCAHPS Cleanliness Item**

The following key phrases are HCAHPS aligned and sensitive to requirements for patient communication regarding the HCAHPS survey, while enhancing the consistency of your approach.

Cleanliness HCAHPS Item:

- During this hospital stay, how often were your room and bathroom kept clean?

### **Sample Words that Work**

*During admissions:*

“Our team is committed to making sure you have a clean room and bathroom during your stay. We have an excellent environmental services team and we want to know if you have any compliments or concerns about the cleanliness of your room and bathroom.”

*During patient rounding:*

“Do you mind if I check your room and bathroom to make sure that we are ensuring everything is clean for you?”

“We want to assure a clean environment for you. Are our environmental services team members meeting your needs?”

“Cleanliness is everyone’s commitment to you. Is everyone keeping your room clean? Is there anything I can do to straighten up?”

*During discharge rounding:*

“Did our housekeeping team meet your needs for cleaning your room during your stay?”

## **Words that Work for Emergency Department Admissions**

When striving for sustainable improvements with HCAHPS, it is also important to consider the role of the emergency department as the primary point of entry for many hospitals. Ensuring staff use consistent, patient centered communication in the emergency department will facilitate an effective handoff to the inpatient floors. Engaging the staff and following the Words that Work steps to create HCAHPS aligned messages will support your overall patients’ perceptions of care and have a lasting impact.

### **RELATE™**

Once your organization’s key words and phrases have been developed, it is time to place them in a vehicle that allows staff to use the Words that Work in a clear, concise and consistent way. In doing so, you create an emotional connection with patients.

Baptist Leadership Group’s vehicle is called **RELATE**. This model is designed to provide organizations a consistent road-map to patient centered communication. Using a simple acronym, RELATE, <sup>reminds</sup> care providers of the steps needed to connect emotionally with patients, their families, and even their co-workers.

RELATE provides the discipline that the HCAHPS survey requires and is vitally important in creating the most positive overall experience for patients and families while in our care.

As we outline in detail below, **RELATE** connects the dots with Words that Work by providing a framework for consistent, patient centered communication that addresses and balances both emotional and clinical needs.



### **Step 1: Reassure**

Reassure patients through information about your training, qualifications, and experience as well as that of the physician and additional care providers; 'manage up' both the facility and the medical team.

- **Project a professional image.**

There are many ways to project a professional image that are consistent with dress code policies. One that is often overlooked is wearing your ID badge. ID badges are designed to provide patients and visitors with information and provide a non-verbal cue that you are here to help them. They should be worn and displayed high and proud on the torso of the employee.

- **Make and maintain eye contact.**

As part of any active listening activity, eye contact is extremely important. It provides patients the comfort and assurance that they are your only focus. Moreover, making eye contact allows you, the care provider, a glimpse into the patient's emotions and allows you to connect with them and build rapport.

- **Acknowledge patients by name.**

Asking the patient's preference on how he/she prefers to be addressed is a simple show of respect. Additionally, asking (instead of assuming) prevents you from making unintended mistakes – such as referring to a recently divorced female by her married name – and creating negative perceptions on behalf of the patient.

- **Introduce yourself by name, title, and experience.**

It is not suggested that you recite your entire CV, simply integrate during conversation with the patient or their family members who you are, how long you have worked at the health care facility, and what your role is. It is important that your patients feel confident in your abilities. And if you are new, use a simple phrase like, "There is nothing for you to worry about; here at XYZ Hospital we hire only the best of the best!"

- **Manage Up – yourself, your colleagues, the technology, etc.**

When a patient is being cared for at your facility, each individual that touches the patient has the opportunity to set the stage for the clinical team, physician, and support staff. For example, a nurse may manage up the physician and the hospital by stating the following:  
*"Good morning, Mr. Jones. I'm Peggy Wright. I'm your nurse today. How are you feeling? Well we at Baptist want to always provide you with very good care and in the 17 years I have worked here I love taking care of my patients. Dr. Baker will be conducting your surgery this morning. He is one of the best surgeons in his field. All the other nurses and I work with him often, and we are all committed to taking excellent care of you. May I get you something to make you more comfortable?"*

Providing basic information about yourself and the team that will be part of the patient's healing process creates the opportunity to alleviate some of the fear and anxiety that all patients feel when they are in a healthcare setting. If you were a patient, wouldn't it be nice to have a clinical expert come to you in the hospital and say, "I am Liz Walker and I will be your nurse today. I just want you to know that your health and safety are the most important aspects of your stay with us. We are here to help you in any way we can. I have been a nurse here for over twenty years and before joining Baptist served as a nurse in the armed forces. My team is incredible at what they do and our commitment is always to provide you with very good care."

## **Step 2: Explain**

Explain in clear, concise language what the patient can expect to experience. Use readily understandable terms to describe:

- What you will be doing and why
- How long it will take
- Anticipated wait time for results, if applicable
- Immediate next steps
- What you need from the patient, if appropriate

Recently a gentleman visited his cardiologist for a checkup. The doctor began to tell the patient, "Well George, you are in atrialfibrillation, we are going to start you on Coumadin for a month, if that does not do what I want it to do then we will do a cardio version, and if all this fails we need to talk about a pacemaker." The only thing George understood from this highly technical conversation was "pacemaker," which evoked unnecessary fear. Not clarifying what you are explaining to the patient in simple, understandable terms often leads to unnecessary stress and anxiety.

Therefore while explaining, remember that in the world of healthcare we have our own unique language of acronyms. Be clear and concise with the information you are sharing.

### **Step 3: Listen**

Active listening involves focusing our attention on our patients and encouraging them to ask questions. It is also important to:

- Listen for questions and concerns
- Empathize with feelings
- Ask clarifying questions

By actively listening to concerns, we are provided the opportunity to anticipate needs or worries. Ask patients if they have any questions or concerns. Never assume that their silence means that they are good to go. Some patients may not speak up because they don't understand some aspect of what you are saying, but do not want to appear dumb. Focus on the patient and exhibit behavioral clues (e.g., eye contact) that indicate they are your only concern at that moment. Sit next to them if possible, or bend down to their level if they are in a wheelchair or a bed.

### **Step 4: Answer**

Respond appropriately to patients' questions or concerns by:

- Summarizing what patient said
- Answering questions
- Addressing concerns by explaining what you are going to do and reduce anxiety
- Checking for understanding

By paraphrasing a patient's response you actively engage them in their healing process. Empathize with concerns. These concerns may seem insignificant to the healthcare provider but are paramount to the patient.

### **Step 5: Take Action**

Take action while ensuring that the patient is comfortable with what they have been told before and remain comfortable during their healing process. Specifically:

- Perform appropriate tasks to address questions and concerns
- Keep patient informed and ensure patient safety

As we begin the task or procedure, be mindful of letting the patient know what is happening at each step of the way, as appropriate. For example, "I am beginning the procedure now. Just relax. I am going to rub your arm with a sterile pad and on the count of three you will feel a little pinch."

## Step 6: Express Appreciation

Express to the patient and their loved ones that we thank them for selecting our health care organization and allowing us to care for them. Thanking the patient, family member, and/or friend reinforces that the medical team is honored to care for their loved one, and goes a long way in creating a loyal patients. Particular ways of expressing appreciation include:

- Offer additional support and care
- Provide information about next caregiver, if applicable
- Say, "Thank you"

Remember, thanking the patient for allowing you to care for them is as much for their family and friends as it is for them. Thank people for allowing you to care for the people they love the most. Thank people for bringing a complaint to your attention. Thank people for selecting your facility for their health care needs. And most of all manage up your peers and co-workers for all they do in providing incredible care to your community. Be consistent—for the patient and because it is what the HCAHPS survey demands.

### RELATE in Action for Quiet at Night

#### Reassure:

*Hello, My Name is Linda. I'm your nurse this evening. How are you feeling? We care very much about our patients comfort and our team works very hard to ensure the unit is restful at night for you to sleep.*

#### Explain

*I know that you are used to sleeping in your home and the hospital is a little different. Because we work to provide excellent care for patients at all hours, you may hear us moving a patient through the halls or hear us quietly discussing our work at the desk. We work very hard to minimize all noise so our patients can rest. I will need to wake you up at 11p to check your vitals, but I will do my best to minimize any interruptions in your sleep*

#### Listen

*Listen for any patient concerns or questions for his/her plan of care at night. Make eye contact to assess non-verbal concerns or needs.*

#### Answer

*Answer any questions that the patient has about his/her night time care maintaining eye contact.*

#### Take Action

*I am going to dim your lights and close your door so you can rest. I am placing your remote control for your television and bed within arm's reach so you can be comfortable.*

#### Express Appreciation

*Thank the patient for the opportunity to care for them that evening and wish them a restful evening.*

## **Patient Centered Communication in Action**

Everybody within the organization, from front-line employees to the CEO is responsible for consistently using Words that Work and RELATE with every patient, every interaction, every time. After implementing Words that Work and RELATE, it is critical that we measure and assess their usage. In particular, it is necessary to:

1. Achieve buy-in from our employees
2. Validate that Words That Work and RELATE are working
3. Hold each employee accountable for using this methodology consistently

Let's talk about how we achieve the critical outcomes of buy-in, validation, and accountability.

While accountability and role modeling are irreplaceable, it is important that BLG also provides leaders and staff with the necessary training, and validate the adoption of new skills (i.e., new patient centered communication competencies) for successful execution. Members of the top leadership team must be committed to using these tools and tactics, integrating them with the organizational culture, and ensuring that employees across all levels are held accountable for exhibiting the expected behaviors.

At BLG, we train all leaders and a "critical mass" of staff on Words that Work and RELATE. This two hour session that provides practical exercises for participants, helping them to apply this methodology upon leaving the classroom. When training leaders, we provide them with a Competency Checklist to validate staff's usage of Words that Work and RELATE in action with patients and internal customers (for non-clinical groups). But checklist and competency tools are only valuable if they are used. It is the leader's responsibility to validate staff usage during patient rounding by using the Competency Checklist and associated questions and key words/phrases provided in the competency tool. With a critical mass of the workforce trained, BLG works to create a core group of internal experts and trainers (training the trainer) who are responsible for mapping out a plan to train the remainder of the organization.

Consistent role modeling of the patient centered communication methodology by organizational leadership helps to establish and reinforce accountability. Accountability and buy-in are also achieved through reward and recognition. Rewarding and recognizing employees who effectively and consistently use Words that Work and RELATE helps solidify these key words and phrases and ensure their consistent use. Similarly, coaching and mentoring may be used to enhance employee buy-in and accountability. It is necessary to coach employees for improvement when they are not consistently using this model or are resistant to adoption. It reinforces that this is not a flavor of the month program, and that it is indeed vital to the overall success of the health care facility and

satisfaction of the patients being served. As mentioned previously, Patient Rounding affords the perfect opportunity for leaders to validate that staff are using Words that Work and RELATE and obtain information to Reward and Recognize employees or coach for improvement. Additionally, it allows the patient the opportunity to identify areas in which we have not met their expectations as well as recognize the team of providers who have helped to create a positive experience.

As we move toward HCAHPS accountability for value-based purchasing, the need to connect emotionally and clinically with patients and their families continues to increase. We have a powerful opportunity to better serve our patients through excellent communication that closes gaps between patient expectations and their experience. Through the use of the HCAHPS survey and the application of the tools and tactics of Words that Work and RELATE, hospitals will position themselves strategically to not only meet patients' expectations but exceed them and drive top box scores.