2012 Webinar Series

Anxiety Reduction:
The Key to Breakthroughs in the Patient and Family Experience

Wendy Leebov and Jill Golde, Leebov Golde Group

Dial-in Number: 1-877-668-4493
Passcode: 801 818 343
Defining Patient Experience

The sum of all interactions, shaped by an organization’s culture, that influence patient perceptions across the continuum of care.

- The Beryl Institute
5 Top Keynotes

16 Informative Breakout Sessions

Tiffany Christensen
Beyond the Bedside: A Patient Perspective on Transforming the Healthcare Experience through Partnership

Fred Lee
Going From Good to Great in Patient Perceptions

Wendy Lebov, Ed.D.
How to Achieve a Win-Win-Win: The Patient-Physician Dialogue and CAHPS

Al Stubblefield
Creating and Sustaining a Culture of Patient-Centered Excellence

Colleen Sweeney, RN, BS
The Patient Empathy Project - What Patients Fear and Why Hospitals Have to Know

Members save $150 off Registration.
Housekeeping

• All participant phone lines are muted
• The presentation will run 45-50 minutes with about 10-15 min for Q&A
• Q&A will be conducted through the chat function. Please submit questions to the host for a facilitated Q&A after the presentation.
• Webinar materials and session recording will be available for all attendees (an email will notify you when available with the appropriate link)
• A post-webinar survey will be distributed following today’s session
Anxiety Reduction:
The Key to Breakthroughs in the Patient and Family Experience

Wendy Leebov and Jill Golde, Leebov Golde Group

Unlike Disney customers, healthcare customers experience rampant anxiety. Studies of patient satisfaction show that the efforts employees make to ease patient anxiety is highly correlated with overall satisfaction ratings. This webinar identifies and illustrates powerful, concrete tools for using anxiety reduction as a driver of improvement in the patient experience. It highlights the impact of anxiety reduction on patient satisfaction, how to use anxiety mapping to create an improvement agenda. The session also reviews how to design and consistently deliver anxiety-reducing messages throughout our care and service processes and how to engage staff in embracing anxiety reduction as a pivotal goal and developing the skills to reduce anxiety in their everyday interactions.
96% of patients are anxious as they access health care.
Top Eleven Fears

• Infection
• Incompetence
• Death
• Cost
• Medical mix-up
• Needles
• Rude doctors and nurses
• Germs
• Diagnosis/Prognosis
• Communication issues
• Loneliness

Colleen Sweeney,
Memorial Hospital and Health System
South Bend, IN
2011
Clinical Names

- “White-coat hypertension”
- “Clinicaphobia”
Landmark Research in the 80s:
Thomas Jefferson University Hospital

- Liz Dunn, Carmhiel Brown and Barry Love
- Studied the factors that affect outpatient satisfaction
- Found **ANXIETY REDUCTION** is primary
The required skills go WAY beyond “being nice”.

• We are not Disney
• Our patients are NOT happy to be where they are.
• Our challenge is less about making people happy and more about lessening their anxiety.
Growing Literature

• Stein-Parbury J, McKinley S. Patient’s experiences of being in an intensive care Unit”, *Am J Crit Care*. 2000.


• De Jong MK et al., Anxiety is not manifested by elevated heart rate and blood pressure in acutely ill cardiac patients. *Eur J Cardio Nurs*. 2004.


• ...and more
This webinar is about Anxiety Reduction *by Design*.

It is well documented that helping people with their anxieties is key to:

• Positive clinical outcomes
• Higher patient experience ratings

— Szekely et al., *Anxiety Predicts Mortality and Morbidity After Coronary Artery and Valve Surgery—A 4-Year Follow-Up Study*; *Psychosomatic Medicine*; 2007
Powerful Focus for Patient Experience Improvement

What if our strategies to achieve a consistently healing patient experience were to include designing into our services *deliberate* ways to prevent or reduce patient anxiety?
Agenda

• **Strategy 1:** Identify patients’ anxieties
• **Strategy 2:** Use Anxiety Mapping to identify and pursue improvement opportunities
• **Strategy 3:** Use *The Language of Caring* skills to reduce patient and family anxiety
• **Strategy 4:** Advocate!
Strategy 1. Identify the Patients’ Anxieties
SOME signs and symptoms of anxiety are visible!

- Breathlessness
- Sweating
- Nausea
- Dry mouth
- Feeling sick
- Heart palpitations
- Getting mad easily
- Inability to think clearly
- ...and more
But *many* signs and symptoms of anxiety are not!

- Most anxieties are
  - Unspoken
  - Embarrassing
  - Shame-producing

- If not INVITED to express them, people often try to hide them.
Want to know about the patient’s anxieties?

ASK!
ASKING leads to an improved patient experience!

The Question: “What is your greatest fear or concern around your hospitalization?”

RESULTS

<table>
<thead>
<tr>
<th>“Likelihood to recommend”</th>
<th>Before asking</th>
<th>90 days later</th>
<th>Now</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>81.5</td>
<td>83.5</td>
<td>85.5</td>
</tr>
</tbody>
</table>

Colleen Sweeney, Memorial South Bend; Beryl institute Presentation; 2011
Best Practices: ASK patients and families about their anxieties.

• Add a "fears" or “anxieties” check box in the EMR (and on the whiteboard)

• Develop a habit of asking questions like these:
  – **At the beginning of stay:** “What is your greatest fear or concern around your hospitalization?”
  – **Daily:**
    • “What’s concerning you?”
    • “Tell me what’s on your mind this morning?”
Use a checklist to make it easy for the patient to voice their anxieties.

E.g. Spielberger “State Trait Anxiety Scale”

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>A little</th>
<th>Somewhat</th>
<th>Very much so</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>I feel calm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>I feel tense</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>I feel strained</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>I feel upset</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>I feel frightened</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>I feel nervous</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>I feel worried</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>I feel confused</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>I feel uncomfortable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>I feel confident</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Strategy 1. Identify the Patients’ Anxieties
Strategy 2. Use *Anxiety Mapping* to identify and pursue improvement opportunities.
...makes the care process and communications patient-centered and healing.

- Understand your patients’ experience from THEIR perspective
- Identify key touchpoints in your service and likely anxieties at each
- Then, proactively implement actions that address these anxieties at each touchpoint.
- Specifically, help employees to regularly include anxiety-reducing message points in their communications with patients and families
**Anxiety Mapping:**

**Three Steps WITH Your Team**

- **Step 1.** Map the steps in the patient pathway through your service—from the patient viewpoint.
- **Step 2:** At each step, find out from patients and families what makes them anxious.
- **Step 3:** Engage your team in identifying and installing processes and communication at EACH step/touchpoint to prevent or ease anxiety.
Anxiety Mapping

**Step 1.** Map the steps in the patient pathway through your service—from the patient viewpoint

Example: Mammogram
Anxiety Reduction

Step 2: At each step, find out from patients and families what makes them anxious.

HOW?

• Feedback from nurses who ask, “What are you most concerned about?”
• Focus groups
• Interviews
• Observations
Example: Mammogram

- Do they expect me?
- Am I on time?
- Will I be home late?
- Will they forget about me?
- Will I be home late?
- Will they forget about me?
- Are they kind?
- Will they treat me with respect?
- Will my things be safe?
- Will I be embarrassed?
- Will I do the right thing?
Anxiety Mapping: Step 3
Engage your team in identifying and installing processes and communication at EACH step/touchpoint to--

• *Prevent* anxiety
• *Ease* unpreventable anxiety
Example: Woman walking from reception area to changing area for mammogram

Plan tech’s communication along the way

• Personal connection
• Anxiety-reducing information: Key message points
<table>
<thead>
<tr>
<th>Likely Anxieties</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will this be private? Will the gown be big enough for me?</td>
<td>“I’ll show you the way to a PRIVATE room where you can change into a nice comfortable gown.</td>
</tr>
<tr>
<td>Will my things be safe?</td>
<td>You can leave your things there; they’ll be safe. Of course, feel free to take your purse if you’d be more comfortable.</td>
</tr>
<tr>
<td>How long will I have to wait?</td>
<td>Just have a seat when you’re ready and I’ll knock for you in about 5 minutes and show you the way to the exam room.</td>
</tr>
</tbody>
</table>
Patient Experience Map: Clinic
Angie Bloyer, Meriter Health Services

**TouchPoints**

**Before Appt**
- Where are the MMG clinics & who are the MDs?
- Will I like this doctor?
- How do I schedule an appt?
- I don’t know how to get to the clinic
- What if I forget my appt day & time?
- What will the doctor ask me about?
- What do I need to bring to the appt?

**Arrival at Clinic**
- Am I in the right place?
- Do I need to check in? Where?
- How long will I have to wait?
- Where should I wait?
- I’m nervous about meeting a new doc
- I’ve been waiting a long time – how much longer?
- Is there anything current to read?

**Appointment**
- I’m really anxious & self-conscious
- I don’t want everyone to know who I am
- Who will call me & take me back?
- Will the doctor have time to answer all my questions?
- Who all will I see?
- Will I have to answer the same questions more than once?
- Will I have to wait a long time in the exam room?

**After the Visit**
- I probably won’t see or hear from anyone until my next appt.
- Will they explain what they’re doing?
- Will I have to have any tests?
- When will I get the results of my test(s)?
- Will I get a summary of my vitals, next steps, etc.?
- Can I leave now?
- Do I need another appointment? Should I schedule it now?
- How do I get my Rx re-filled?
Anxiety Mapping and Employee Engagement

It’s EASY to engage the team!

• “Anxiety” is a household word.
• We KNOW anxiety can be debilitating from personal experience.
• Healthcare staff WANT to ease people’s anxiety.
• The solutions are NOT hard to design.
Strategy 3. Use the LANGUAGE OF CARING -- communication skills that reduce patient and family anxiety

Premise: Our words and nonverbal behavior have a great impact on patient and family anxiety.
A Patient Speaks....
While well-intended, our words often *breed* anxiety.

- “Good **luck**!”
- “**Hopefully**, this procedure won’t be too uncomfortable for you.”
- “There’s nothing to worry about.”
<table>
<thead>
<tr>
<th>Anxiety-Producing</th>
<th>Anxiety-Reducing</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Good luck!””</td>
<td>“This should work for you. I’ll check on you to make sure and adjust our approach if necessary.”</td>
</tr>
<tr>
<td>“Probably”: “Your doctor will probably be in to see you in the morning.”</td>
<td>“Your doctor makes rounds in the morning and you’ll see him then.”</td>
</tr>
<tr>
<td>“You’ll probably need to watch what you eat for a few days.”</td>
<td>“To play it safe, I suggest avoiding spicy foods for a week.”</td>
</tr>
<tr>
<td>“It won’t be long.” “As soon as possible”</td>
<td>“It will be up to an hour. Thanks for your patience.”</td>
</tr>
</tbody>
</table>
The answer is YES!

Communicating to Reduce Anxiety

• Underlying messages
  – “I’m listening.”
  – “I hear you.”
  – “I want to help.”

• Keys
  – Connect
  – Establish a **personal** connection
  – Communicate with empathy
The Heart-Head-Heart Communication Model

There are two kinds of communication.

Heart-to-Heart
- Emotion, Caring, Empathy

Head-to-Head
- Tasks, Information, Analysis, Explaining, Fixing, Plans
Both and have benefits!

When we speak Head-to-Head:
• Our customers get valuable information.
• They appreciate answers and solutions.
• **If people are anxious about not knowing enough, this can ease their anxiety.**

When we speak Heart-to-Heart:
• Patients, families and coworkers feel important, cared for, and understood.
• They can hear the Head-to-Head part much better.
• **This goes a long way to reducing people’s anxiety!**
These days...

- Busy-ness and pressure make us mainly task-oriented
- Most of our communication is from the HEAD, much less from the HEART
- The Result: Patients and families may view us as uncaring and not tuned in. And this BREEDS anxiety.
Situation: (Patient to nurse)
“\(I \text{ thought my daughter would be here by now!}\)”

Head Responses:
- “She probably got delayed... maybe traffic. She’ll be here soon.”
- “She usually comes later than this. I’m sure she’ll be here soon.”
- “Why don’t you give her a call?”

Heart Responses:
- You sound worried.”
- “I know you’re looking forward to seeing her, and it’s hard to wait.”
- “I want to ease your mind.”
The Ideal: The Heart-Head-Heart Sandwich

“I thought my daughter would be here by now!”

“You sound worried.”

“How about if I give her a call for you to get a better idea of when she’ll be coming?”

“I want to ease your mind.”
Five Anxiety-Reducing Skills from Seven Skills in *The Language of Caring*

- Presence
- Acknowledging feelings
- Showing caring nonverbally
- Positive intent!
- Positive regard
Language of Caring Skill 1: The Practice of Presence

• Quiet your racing mind.

• Focus your whole self on the other person. Give them your undivided, respectful attention.

• Fully experience where you are, who you’re with and what you’re doing.

• Open your heart. Tune in. Listen to the person’s thoughts and feelings.

• Don’t think about what you’re going to do next.
Presence/Mindfulness

When people feel our undivided attention, this reduces their anxiety.
Language of Caring Skill 2: Acknowledging Feelings

Use words to reflect back the feelings you think the other person may be experiencing.

- “You sound upset.”
- “You look exhausted.”
- “I imagine these results must be quite a relief for you.”

People feel understood when we show regard for their feelings, not just for the content of what they say. This reduces their anxiety.
Example

Nurse: “How are you feeling today?”
Patient: “Fine.”

Nurse can respond in two ways:
1. Response to **content**: “Great!”
2. Response to **feeling**: “Gee, you sound a little down.”
Language of Caring Skill 3:
Showing Caring Nonverbally

People ‘read’ our nonverbal behavior
to see if we care.

Example: “I’ll be with you in a minute.”
Our nonverbal behaviors can ease people’s anxiety.

- Facing them fully when they’re talking
- Smiling; appearing to be glad to see them
- Eye contact
- A brief touch
- Holding the patient’s hand during difficult times or conversations
- Nodding to show you’re listening
- …and many more
Language of Caring Skill 4: Explaining Your Positive Intent

This has dramatic anxiety-reducing power.
Story: The New Jersey Physician
Explaining Positive Intent

• Patients and families DESERVE an explanation of why we do what we do to and for them.
• Patients, families and coworkers need to know we’re firing on all cylinders to HELP them.
• This will help them manage their anxiety and prevent some of it altogether.
## Explaining Positive Intent to Reduce Anxiety: Examples

<table>
<thead>
<tr>
<th>Action with No Explanation</th>
<th>The Action Explained</th>
<th>Anxiety-Reducing Positive Intent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post-discharge instructions</td>
<td>“Here’s a summary of what you need to do once you get home.”</td>
<td>“I’ve spelled out here the actions we’ve discussed for taking care of yourself once you get home. I want to go over them with you, because I want you to feel very clear and very confident once you get home.”</td>
</tr>
<tr>
<td>Late with an answer to a colleague’s question.</td>
<td>“I need more time.”</td>
<td>“I need more time. I want to get it right for you.”</td>
</tr>
</tbody>
</table>
Language of Caring Skill 5: The Gift of Positive Regard

- Thanks
- Appreciation
- A compliment
- Admiration

.....when people least expect it!

**EXAMPLES**

- “Thanks so much for speaking up about this! I appreciate it.”
- “You’re doing a wonderful job taking care of your mother. This is not easy and you’re providing terrific support.”
Recap: By using these skills to communicate our caring, we ease the anxiety of our patients and families.

- The practice of presence
- Acknowledging feelings
- Showing caring nonverbally
- Explaining positive intent
- The gift of positive regard
Strategy 4: Advocacy!

Wendy’s Story: The Resident and the Drains
Recap

• **Strategy 1**: Identify patients’ anxieties

• **Strategy 2**: Use Anxiety Mapping to identify and pursue improvement opportunities

• **Strategy 3**: Use *The Language of Caring* skills to reduce patient and family anxiety

• **Strategy 4**: Advocate!
Patient Speaks....

“I guess I could go through this journey like a zombie, while they poke, cut and burn, but that is clearly not me, and I’m pretty sure it’s not conducive to the healing process. So, in order for my team to get me to the other side of this in the best possible frame of mind, I want each one of them to be able to answer the following questions:
Four Questions

• Do you know who I am?
• Are you genuinely glad to see me?
• Do you appreciate what I’m going through?
• Are you constantly trying to find a way to make this as easy as possible for me?
ANXIETY:
96% of patients experience it.

And WE can go a long way to easing it.
“Reduce Anxiety, Enhance Satisfaction”
From the GREAT Every Time Skill-Building Strategy

Comprehensive toolkit includes all you need for 3-step mastery and habit-building process.
Free video preview:
Leebov Golde Group: For Breakthroughs in The Patient Experience and HCAHPS Scores

• Video-Based Communication Skill Training and Implementation Support
  – The Language of Caring
  – GREAT Every Time

• For free video previews, go to http://www.quality-patient-experience.com/healthcare-training-videos.html

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jgolde@quality-patient-experience.com
Upcoming Webinars

March 6
Transforming Care: The Patient and Family Centered Care Methodology and Practice
Presented by Michelle Giarrusso, Senior Project Manager, PFCC Partners, The Innovation Center of UPMC

March 20
Implementing Technology to Improve Patient Experience Scores
Presented by Carmen Natale, System Director Service Excellence, Summa Health System and Shara L. Cohen, JD, VP of Client Experience, Emmi Solutions

April 10
PFCC: Beyond the Hospital Walls
Presented by Naomi Williams, Family Support Coordinator/Patient Advisor, Georgia Health Sciences Medical Center
We invite you to Join us...

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- Publishes 6-8 comprehensive white papers a year and offers accompanying webinars
- Supports 10 patient experience research grants
- Conducts the leading benchmarking study on the state of patient experience
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