

Call Light Responsiveness Team E-mails

From: Arafiles, Cheri

Sent: Wednesday, May 29, 2013 8:17 AM

To: Meis, Laura; Demboski, Shannon; McGee, Shanna; McNamara, Michelle; Mangen, Pamela

Cc: Lockart, Kent

Subject: RE: Responsiveness

Laura, I'm glad that you've initiated that conversation. They are tough conversations to have because you are working with very passionate people.

Team, Here are a few things that I've learned throughout the time I've spent in the units- keep these in mind as you continue to have these challenging conversations:

1. **They want to feel heard.** We all know this because we literally don't have enough time in the day to really talk about some of the issues we know of-like team, staffing, process issues, complaints and all the things that surface in these "venting sessions". When given the opportunity, they take full advantage (understandable if you think about it) and for a moment you feel out numbered. It's important to remember that they don't have the intention to make your life difficult nor do they have the intention to discourage you- they just want to be heard and they want to know that what they have to say is important to someone. Sometimes, the best thing to do during this time is to listen. It's painful and probably the hardest skill to master- but it will be key, especially for you, when they run out of things to say.
2. **Start with individuals.** If you know you'll be bringing up a tough issue, start with a handful of individuals. Have one on one conversation, ask for feedback, and ideas. These "venting sessions" are usually easier to manage and you won't feel out numbered. After listening, you both will eventually will come to some type of agreement- once you have an alliance, then you can bring it up in a small group. Shanna, you did this with some of the people on PM about Quietness- Tammy is very engaged and even took the initiative to do things...
3. **Work in small increments.** Think about their perspective and all the change they are all experiencing. Remember, these are processes they have done for many, many years and it is working well for them. It is comfortable. They have to see WHY the need for the change needs to happen before they agree to change. HCAHPS scores is NOT going to be enough to convince them to try something different. Why? Because it doesn't benefit them. They feel like they are not heard and they feel like they are not as important.
4. **Put them first.** Find out what their needs are. Just like our patients, they have needs too. They, too, want to be heard. They, too, want to be responded to in a timely manner. They, too, want to rate Hoag to be a 9 or 10 best place to work. You'll hear this in the dreaded "venting sessions". Take notes, nod, and really try to understand to what they have to say. If you have someone with a strong voice, ask to speak to them individually. Call me. Call Michelle. Bring in your team so we can work together. You're not in this alone.

You are more than welcome to invite me over to have these conversations with you and the team. One of the biggest challenges of leading ideas that are so new- is getting people's buy-in. It is not impossible and it is worth the investment. There will be times that you feel discouraged, because these things will happen. Remember why you were inspired in the first place.

I listened to hundreds of complaints from patients, families, nurses and CNAs who desperately wanted to feel comfortable in the hospital either as a patient or employee- and for everyone- it's a stressful environment AND we ALL had the SAME goal at the end of the day...to go home. So what keeps me inspired is seeing the potential for people to find comfort in being a patient and feeling fulfilled as someone taking care of patients.

My first recommendation is to start with the team. And we will do this by using Responsiveness as a reason to talk about the team. It will give them an opportunity to "vent", brainstorm ideas and feel like they are heard.

Action Items:

1. Ryan Stomp is your HR Business Partner. I am meeting with him on Thursday to plan a session for him to discuss disciplinary options. We will have these tools in our back pocket in case you find them necessary to use. I will also be asking him if there is anyone already on a Performance Improvement Plan or of any recent PIPs. Michelle, when do you think is the best time to have this session?
2. Michelle, what do you think about us sitting with each CN (1 or 2 at a time) to listen to what they feel the need is. This will help us be planful of the responsiveness/team conversations with the nurses and PCAs.
3. CNs, Not sure AM shift is ready to change the way they do VSs at this time. See how the PM shift feels about it and give it a shot if it seems like it would work for them. Encourage them to tell AM PCAs about it if it works.
4. Laura, keep thinking of ways to have the team discussions (time, location, number of people in a group, individual interviews, etc). You and I can plan these and ask Michelle to support the discussions by giving people the heads up. But let's plan and let's be ready to listen. Send me your schedule so you and I can start to brainstorm.

Lastly, keep up the momentum with the Quietness stuff. Make sure people are still rounding and talking to the patients about it. Make sure to listen to the feedback and keep track of your efforts on a communication board or something. Keep the attention to it as well.

Responsiveness is a different type of challenge that involves teamwork, leading people, inspiring creativity, managing compliance, and managing passionate personalities. This will require lots of TLC, patience and time.

We can do this...



From: Meis, Laura

Sent: Tuesday, May 28, 2013 8:01 PM

To: Arafiles, Cheri; Demboski, Shannon; McGee, Shanna; McNamara, Michelle; Mangen, Pamela

Cc: Lockart, Kent
Subject: RE: Responsiveness

Boy oh boy!

So I brought up the idea of RNs taking the 0800/2000 VS and there was an overwhelming dislike of the idea (by both RN and PCAs); only Jane who has done this at another hospital had anything positive to say. Our huddle soon turned into a "venting session" There were many issues that they vented about. I tried to keep the focus of our huddle at the task at hand- responsiveness. But I really feel as if there is a lack of team as well as a mutual appreciation from day shift vs night shift. Which brings me back to the idea that maybe we need to have a discussion of "what is teamwork, what makes a team' etc. It would be beneficial if it could be attended by the majority of staff from both shifts.

However, some thoughts about the over time pages at shift change included that we revert back to keeping pagers and phones until 0725 and hand them off directly to on-coming staff. Also, staff felt that there are still alot of PCAs lingering in the breakroom near shift changes.

Laura

From: Arafiles, Cheri
Sent: Tue 5/28/2013 11:24 AM
To: Demboski, Shannon; McGee, Shanna; Meis, Laura; McNamara, Michelle; Mangen, Pamela
Cc: Lockart, Kent
Subject: RE: Responsiveness

As discussed in the CN meeting- we found several problems that made responsiveness a challenge...

Here is the list of the problems we discuss with the project team. As you go through it and think of anything we missed, please let me know! This helps us understand what we need to think about so we can do things differently.

From: Arafiles, Cheri
Sent: Tuesday, May 28, 2013 11:02 AM
To: Demboski, Shannon; McGee, Shanna; Meis, Laura; McNamara, Michelle; Mangen, Pamela
Subject: RE: Responsiveness

Great convo!

This is all great stuff!

Shanna and Shannon, This is great. This would be a great topic to discuss in a huddle-see what the PCAs/RNs think. Great topic to discuss and get ideas from the PCAs. Let me know how the conversation goes and how I could help!

:)

I have asked this question to nurses/PCAs in the other units before- I'm interested to learn what the 5W team thinks about it.

From: Demboski, Shannon
Sent: Sunday, May 26, 2013 11:33 PM
To: McGee, Shanna; Meis, Laura; McNamara, Michelle; Mangen, Pamela

Cc: Arafiles, Cheri
Subject: RE: Responsiveness

Shanna I think this is a great idea. We should communicate our expected timeframe to our patients, during rounds so they have a clear expectation as to how long it should take to respond to a call light. I did a little research (I know, I am a nerd ☺) and found the attached article. I thought it was interesting. The study gave a questionnaire to patients/family members about their call light experience during their hospital stay. The article found that "Participants expected nursing staff to respond to their call lights in 2 minutes and 30 seconds, with 98 (87.5%) of them indicating they were satisfied or very satisfied with staff's call light response time"

I believe our overtime pages are set for 120 seconds. Maybe we should keep this timeframe, but work on our communication about the expectation of our call light response time. We can also give the patients a range of time that they can expect, such as 2-5 minutes. I think if they are made aware of the time frame, they won't mind waiting 5 minutes. I also don't want to overpromise and underperform.

Thoughts?
Shannon

From: McGee, Shanna
Sent: Thursday, May 23, 2013 1:13 AM
To: Meis, Laura; McNamara, Michelle; Demboski, Shannon; Mangen, Pamela
Cc: Arafiles, Cheri
Subject: Responsiveness

After our discussion yesterday about our call light response I was discussing this with my husband over dinner. He had a interesting idea; he asked, "why don't you have a count down (clock tracking the time) in the pt's rooms when they are waiting for someone to come in the room, like they have at del taco or jack in the box drive thru's?"

I thought that would be a good idea, as we know 30 seconds can feel like an eternity when you are anxious or need to go to the bathroom immediately. That would give the pt something to do or watch and staff a real time awareness of responsiveness. Now I know that this may not be something that we can't do that is realistic in every pt's room. But, maybe we can accomplish this with clear expectations and improved communication.

My proposal: First we come up with a goal of a response time, for bathroom needs. Our pagers need to reflect this. Then we need to hardwire that into a conversation between staff and the pt as we did for our quiet environment. Such as, "Our timeliness and response into your room is very important to us, if you call us you should expect us to respond in 7 minutes, if someone is not here in a timely manner please call me." The staff would know also that this is the expectation and that if they can't be there in that time frame they need to find someone else to go.

Shanna