



Home Health VNA
Merrimack Valley Hospice
HomeCare, Inc.

SERVICE ExcellenceGUIDE

Nursing

MISSION STATEMENT

Our mission is to create and deliver innovative and responsive community health programs which provide effective and compassionate care.

Service Excellence is essential to the success of our patients, our referral sources, and our organization. It develops patient loyalty, enhances our reputation, and increases our referrals. But most importantly, **Service Excellence** puts patients and family members at ease, reduces anxiety, and invites questions--all which lead to better patient outcomes.

Friendliness

Building positive, long-term relationships with patients and their families begins with friendliness. Treating people like people--not cases or conditions--affirms the patient's basic dignity and self-respect.

Spend time talking with patients before beginning the clinical work. Take five minutes prior to performing duties to find out how they are feeling, what they have been doing, what they are worried about, etc. Ask questions that demonstrate your interest in the patient as a person:

- *"How did the visit with your son go?"*
- *"Did your granddaughter win her soccer game?"*
- *"What TV show were you watching?"*

Establishing Expectations

Upon the first visit, inform the patient about the Plan of Care. Discuss reasons for the home care, goals, and the time-frame. Acknowledge the presence and interest of others that may be present--especially the primary family caregiver.

Find out the patient's and family's thoughts about the situation, their goals, and their preconceived notions about how care will progress. Ask patients about their treatment concerns and how they feel about the limitations imposed on them by their condition.

Ask patients what 2 or 3 things are most important to them in regards to their care. Focus on these areas while interacting with them. This demonstrates to the patient that what is important to him/her is also important to you.

There is an art to documenting while providing care in a personal way. We recommend that you use you language like:

- *"Towards the end of my visit I will be spending 5 to 10 minutes documenting important information related to your care. This can give you time to think of any questions or concerns before I leave."*

Professionalism

The professionalism of the staff reflects the competency of our organization as perceived by the patient.

Never speak negatively about other patients, staff, physicians, or the organization in front of patients or their family members. Do not talk about negative aspects of your personal life. Patients are already burdened. You are there to ease their burdens, not to share yours.

In addition, do not talk about how busy you are. This takes away from their importance as an individual and indicates that you may be rushed while providing care. Some patients may even feel bad for you and look at themselves as a hardship for you. We want to convey that we are caring for them with delight.

Communication

Good communication is essential to quality outcomes, continuity of care, and patient satisfaction. There are 3 elements of communication:

1. Explanation

At the beginning of each visit, spend a few minutes talking with the patient to explain your goals for the visit and the expected length.

Ask the patient if there is any new information that you need to know since the last visit. Ask the patient about their goals for the visit are. Discuss any questions, worries, and concerns.

Explain to the patient what you will be doing and why. Relate the *why* back to the Plan of Care and the patient's goals. During the visit, continue to **Narrate the Care**--explain to the patient what you are doing and why. Talk to the patient while performing clinical duties. Ask questions throughout:

- *"Do you have any pain?"*
- *"Do you understand what I am doing?"*
- *"Are you okay with what is happening?"*

Use easily understood and appropriate language when giving patients information about health, special diets, tests, procedures, medications, etc. Avoid technical or professional jargon.

Use 'I' statements when making requests or giving directions to the patient. For instance, instead of saying, *"You need to tie your shoes,"* try, *"I would like you to try and tie your shoes."*

2. Listening

Listen to the patient's questions, worries, and concerns. Ask open-ended questions (e.g., *"What concerns do you have?"*) rather than close-ended ones (e.g., *"Do you have any concerns?"*)

Restate what the patient has said using his/her words and phrasing to demonstrate that you are listening. Probe for more information:

- *"What makes you say that?"*
- *"Tell me more about that."*
- *"How do you feel about that?"*

3. Empathy

Listen to the patient's concerns with empathy as this often reveals underlying anxieties. Ask the patient throughout the visit if he/she feels comfortable or if there is anything you can do to help him/her feel more at ease.

Seek to understand the patient's emotional needs and try to address that need appropriately:

- **Encouragement** -- *"You are going to do just fine."*
 - **Reassurance** -- *"We are going to take great care of you."*
 - **Motivation** -- *"With some hard work, you can do it."*
 - **Comfort** -- *"I know this must be hard for you."*
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Privacy

Use key words and phrases during the course of the home visit to reassure the patient that you are concerned with his/her privacy.

"I want you to know that we are concerned about your privacy..."

When there is a 3rd party present during the visit, acknowledge them and ask the patient if it is okay to discuss their care in front of the 3rd party.

Always ask permission before touching the patient for a procedure. Ask others to leave the room when you need to perform a potentially embarrassing procedure. Ask patients if they would like curtains drawn, blinds shut, or any other gesture that indicates to them that privacy is a concern.

Safety

Recommend specific changes to their home environment to enhance patient safety (i.e. furniture or rugs that could be a safety hazard.)

"I want to make your home as safe as possible for you. Here are my recommendations."

Continuity of Care

Let the patient know what other caregivers have informed you about his/her condition. This reassures the patient that we are working together for the best outcome.

Scheduling

Keep the patient well-informed of visit dates and times without over-promising.

While with the patient, plan your next visit. Then confirm the visit either the day before or the morning of the next visit. Call the patient when you are en route to their home. If there is a significant change, inform the patient and apologize for the inconvenience.

Ending the Visit

Review the visit with the patient. Explain what you did and why--always relating back to the patient's goals and the Plan of Care. Ask if there are any final questions, concerns, or worries before you leave.

Make sure they are clear about how often and when you will visit. (Use the calendar in their admit packet or their personal calendar.)

Let the patient know who to contact after hours/on weekends to answer questions and triage calls. Provide an overview of what the patient can expect to happen or how he/she might feel--both physically and emotionally--after the visit.

Finally, wrap a nice bow around the visit by leaving with a fond farewell:

- *"Do you have any other questions or concerns?"*
 - *"You are doing great. Keep up the good work."*
 - *"Is there anything else I can do for you right now?"*
 - *"I look forward to seeing you next week."*
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Home Health Patient Satisfaction Survey. We are reimbursed, in part, on the patient's answering positively to the following statements. Please take care to insure that you are providing this information and caring for our patients in this manner.

Home Health Patient Satisfaction Survey Items

- Did someone tell you what care and services you would get?
 - Did someone **talk with you** about how to set up your home so you can **move around safely**?
 - Did someone **talk with you** about all the **prescription and over-the-counter medicines you were taking**?
 - Did someone **see all the prescription and over-the-counter medicines** you were taking?
 - How often did home health providers **seem informed and up-to-date** about all the care and treatment you got at home?
 - Did someone talk to you about **pain**?
 - Did someone talk with you about **the purpose for taking new or changed prescription medicines**?
 - Did someone talk with you about **when to take these medicines**?
 - Did someone talk with you about the **side effects** of these medicines?
 - How often were you **kept informed about when they would arrive** at your home?
 - How often did the provider treat you as **gently** as possible?
 - How often did they **explain things in a way that was easy to understand**?
 - How often did they **listen carefully** to you?
 - How often did they **treat you with courtesy and respect**?
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