

Survey Focused Teaching Tips

FOR ALL HOSPICE EMPLOYEES



The following teaching points are organized per CAHPS category. Each caregiver answering the CAHPS survey will respond to these categories amongst the 47 CAHPS questions. Self-reflect and use these tips to keep employees mindful of how their interactions with patients and caregivers can literally define the quality of your agency:

Communication with Families

Ask Yourself:

- Are you calling the evening before an intended visit or even pre-planning a specific day and time to see a patient, or do you just show up?
- If a patient resides in a facility, do you try to call the family caregiver first to see if they want to meet you there?
- Do you assume that because a patient lives in a facility and is a captive audience, you can show up anytime you like and call the family caregiver later in the week with an update?

Tips:

How you would feel if your loved one was on hospice, and a hospice employee “just showed up” or called last minute for a visit? Would you want someone randomly visiting without you knowing, and further to be told about it after the fact? You would not like it and feel that their time was not important enough to better plan for your loved one’s needs. Be respectful. Families are members of the care team, treat them that way. Overcommunication is key, no detail is too small to share to exemplify the attention that you are giving.

Ask Yourself:

- Are you educating your patient and their caregivers? What do they really know about how their loved one is progressing, and can they explain it to someone else?
- Do you give them time to ask questions? Are you really listening?
- Do you feel like your caregivers are always confused and need more teaching?

Tips:

Caregivers are under a great burden of stress, they need reinforcement in many ways, so be prepared to repeat the teaching. They are emotional, they are overloaded, and they will continue to need a hand to hold and maybe a repeat of the teaching to process the information. Think of how many caregivers are picking up the phone and calling another family member to give an account of your visit as soon as you walk out the door. Do you think they will be able to recall the important details and education you provided after you walk out? If not, go back in, take your time, say it in a different manner. Give your caregiver the confidence to repeat your training. Educate. Encourage Questions. Explain Again. If you give a man a fish, you feed him for a meal; if you teach a man to fish, you feed him for the rest of his life.

Getting Timely Help

Ask Yourself:

- Do your caregivers feel anxious when you arrive? Are you showing up late for visits?
- Is your call staff responding timely with a phone call and/or a visit to help calm a caregiver who has urgent needs?

Tips:

Apologizing for being late and maybe attending to a more dire patient is okay. Plan your week, frontload your visits and leave extra time for needier patients and caregivers at the end of your week. Are you providing an extra visit or making an in-person call visit to a caregiver who maybe has a higher level of anxiety and needs more attention? Nobody wants to feel like they cannot get help when they need it. Provide that help, build the trust and calm that anxiety.

Treating Patient With Respect

Ask Yourself:

- Am I really seeing the patient for who they are? Is my patient diagnosed with dementia and I'm speaking to them like a child, and is that necessary?
- Am I forgetting that the patient might dislike being called by her first name and prefer Mrs. Mitchell to Kathy? Did I even ask her?
- Do I teach a caregiver and forget that the patient is in the room too and still wants to be a part of the end of their own life?

Tips:

The patient is ending their journey with your team. Are you recognizing the importance of their role as a fellow member of the hospice team? What can you do better to create that level of respect amongst your patients and their caregivers? It may be as simple as asking how they would like to be addressed or making eye contact with them when you speak. Little actions of respect speak volumes.

Emotional and Spiritual Support

Ask Yourself:

- Does every member of your hospice team address the emotional wellbeing of the patient and their caregivers? Are you too wrapped up in getting tasks done that you're not paying attention to the emotional fragility of the patients and who is caring for them?
- Are you supporting religious and other spiritual needs in an effective way, can you do it better? Are you comfortable asking, and if not, why?

Tips:

Hospice is an emotional journey. The Office Manager answering the phone in a friendly manner and helping to answer a scheduling question can mean just as much to a fragile family member as the home health aide who washed and styled the patient's hair and made her look beautiful a few hours before she passed. Everyone has a place in the journey and asking the

patient and family how their spiritual psyche is holding up is necessary. Take a deeper look and reflect on how your team is supporting the patient's spirit and providing them the level of peace they need.

Pain Symptoms

Ask Yourself:

- Are you focusing on the symptoms? Do you teach the family exactly what the medications are used for at the end of life and why you are giving them?
- If a patient or family member reports any kind of discomfort to any team member, how fast does it get addressed?
- Do you understand that discomfort can be constipation, shortness of breath, anxiety, or even spiritual pain, and not just physical pain?

Tips:

The nurse has a big job in teaching the physician ordered medications and creating that level of understanding and application in patients and caregivers. Is the rest of the team helping and reporting signs of unrelieved discomfort? Even if a follow-up phone call from a social worker is made an hour after a visit where a patient seemed uncomfortable to say, "I reported your pain to your nurse and he is going to be on his way and will be calling you soon, but our team will fix your pain," goes a long way versus sending that nurse a text about a patient's increased pain and moving on with your day. All care in hospice must focus on comfort at the end of life, do not forget that.

Family to Care for Patient

Ask Yourself:

- Does the family know how to take care of the patient? Do they really know what every medication is for and how to use it?
- If the patient is in a facility, are you teaching the family? Do you still explain every medication as the nurse, or every team effort that is in place to relieve other discomforts?

Tips:

Do not ever assume that your education is enough. Ask, make the caregivers prove their understanding. For patients who reside in facilities, their families perhaps need the most education because they are not allowed to have that level of tangible involvement. They may not be administering medications but they still need to have the same education. Teach as if they were taking the patient home tomorrow and give them every tool. Educate. Encourage Questions. Explain Again.

Hopefully reflecting on your own efforts as a member of the hospice team will make you a better trainer for your patients and caregivers, and thus produce positive survey results. There is never a "right way" to teach, but only the method that works the best for the individual learner. Don't forget that and be adaptable. You may get a bad survey, and that is okay. Mary is still a great nurse, and the team was able to stop and think of life and death from a different perspective and learn from it. Take the time to ask yourself those probing questions, and then get back in the boat and sail across our health care ocean with confidence.