

# Focusing on the CAHPS Survey

## HOW TO ANSWER COMMON PATIENT & CAREGIVER QUESTIONS



In our last blog, we introduced teaching your hospice team to self-reflect across that vast ocean of health care and determine how you can educate patients and caregivers in an improved manner that showcases your agency's quality of care. Be mindful of CAHPS when you educate and use the same language.

Remember that observing your staff members with patients and caregivers is vital to really seeing and hearing the delivery of your agency's quality. Make sure that a member of your management team is performing on-site observations, even if only for a few minutes, several times a year, to determine what that patient or caregiver perception of your employee and agency may be.

As a hospice manager, I strived to observe every staff member at least twice a year and more often than not, it doubled or tripled as I traveled and ran into them performing in-services, care plan meetings, or seeing other patients myself on occasion. Even for a large agency, it is a do-able task for a management team. If you run into an employee in a facility, accompany them for 5 minutes, or go along on a planned visit for 15 minutes. It doesn't have to take your entire day per employee. I had a particular employee, a nurse named Jane who was terrified at the prospect of a manager observing her. She sent me an e-mail stating that she ran into a nurse coworker Sally at a facility who saw her with a patient, and could I please just talk to Sally to get a report on how Jane worked, instead of observing her myself. I recall giggling as I read the e-mail, some people just do not like to be under the proverbial microscope. I then called Jane and told her "nice try" and scheduled our joint visit.

When I did follow the nervous Jane for the first time, I reassured her that it was not a punitive visit, I just wanted to see how she really did her job and delivered that quality. Jane and I went to a pancreatic cancer patient's home, Gloria. Gloria had recently had methadone added for pain and was reluctant to tell Jane what her pain level was. Jane sat on the bed next to Gloria and held her hand and said, "You know you don't have to be in pain, we can do other things." Gloria admitted that she was having constant pain but was afraid of feeling "foggy" and missing any part of her family being around her in her last days. Her daughter was visiting, and as Jane ended the visit, the daughter followed and had a lot of questions; she was in the process of moving in to help Gloria's husband, who was the other primary caregiver. Jane received new physician orders for comfort and suggested other non-pharmaceutical options as well. Gloria had a sauna in her basement and was going to try using it, and the daughter was going to try and teach her breathing exercises.



Later, I used the daughter as my teaching point with Jane. Could Jane have spent a little more time, even 5 minutes, better explaining the pain medications or other options to Gloria and her daughter, or asking what else they had trepidation about to share with the hospice team? These conversations cannot always happen in one visit, but what was Jane's plan to follow up and reinforce that overall education? Was she going to call or visit later in the week and see what was working for Gloria, and did they know her plan for follow-up? If Gloria had passed a few days later and the daughter ended up being the one to fill out that CAHPS survey, would it be positively completed? Staff performance is not rated on returned surveys, but they can certainly be great indicators of that quality that agencies strive to achieve. Jane later thanked me for going with her and giving that education to her.

Support your staff by engaging with them as you educate and foster that qualitative growth that is judged by the CAHPS survey. 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.

For nurses who often serve as case managers and help steer the ship for patient care, there are a few questions they can perhaps answer in a different manner that will also change the way a caregiver later responds to a CAHPS survey. CAHPS places a focus on the following:

- Whether pain medications were taught to patients and caregivers in an easy-to-understand way, including:
  - Side effects and what to do if the patient has any adverse or unwanted effects
    - Sleepiness is specifically mentioned in the survey as an example of a side effect
  - When to give pain medication
    - Focus on how to give PRN medications, appropriate scenarios or pain levels
    - Providing scheduled check-box calendars may be helpful in this process for a tangible tool
  - What to do if pain medication is ineffective, and how to get help from the hospice team to resolve the pain
- Training for patients and caregivers on what to do for trouble breathing
- Training for patients and caregivers on what to do for anxiety, restlessness, agitation, or sadness
  - Remember to be specific to instruct as to what each medication's purpose is
  - Use survey language such as "sadness" instead of "depression" for consistency and later recognizability for the caregiver filling out a CAHPS survey

Have every employee, not just nurses, read the following questions written from the perspective of a patient or caregiver, and the best practice educational responses from any hospice team member. This is also a great handout to let patients and caregivers read themselves, so feel free to use as a resource:

## Why is my hospice nurse asking about pain?

The simple answer is that the hospice team wants to prevent or reduce your pain as much as possible. The complicated answer is that the hospice team and particularly the nurse, want to know about everything that may cause you discomfort. It's not just about documenting your pain level on a 0 to 10 scale, but it is about learning how you in particular feel. Everyone's pain is different, and it has to be managed in different ways. The nurse and your physician cannot help treat your pain without asking you about it.

The hospice team also does not want you to hide your pain or "just deal with it" because then they're not able to do what they do best, which is to provide comfort. You will be taught exactly how to take your pain medications, including how much and how often. If you develop increasing or unrelieved pain, the hospice team wants to know about that too, so you can get help to reduce or even stop the pain quickly.

There are also side effects to pain medication, just like there are side effects to taking calcium or iron; there will always be some kind of response to anything you put in your body. The hospice nurse wants you and your family to understand what these side effects are, so that if they become negative, like causing you to be too sleepy or nauseated, it can be fixed.

If you are not having any pain, the hospice team wants to know about that as well, to keep you comfortable and able to continue to function and enjoy your days with your family and friends.

## Why is my hospice nurse asking about constipation?

Constipation is a common side effect of taking opioid pain medications, which hospice patients may be prescribed. It can also be a common side effect with certain disease processes. Even drinking less fluids and being less mobile can cause constipation.

Constipation is not comfortable. Bloating, painful abdomens or hard, uncomfortable bowel movements are not ideal. Even though it can seem embarrassing, your nurse will ask about your bowel habits a lot. Your nurse will make sure you are passing stools as regularly as possible, or at least that you are not having additional discomfort related to bowel movements.

## Why is my hospice nurse asking about shortness of breath?

Shortness of breath or trouble breathing can happen due to increased pain, anxiety, and other disease processes. It can be scary to not be able to catch your breath, and there are many respiratory medications and treatments that can fix that feeling. Just like having too much pain, feeling like you cannot catch your breath causes discomfort, tension, and a poor quality of life.

Your hospice team wants to know about your shortness of breath, even if it is not occurring while they are visiting, so your nurse and physician can monitor this symptom and step in if they need to and help treat it.

## Why is my hospice nurse asking about anxiety?

Anxiety is a normal emotion. Feelings of stress and nervousness can lead to actual agitation and anxiety, even aggression in some instances. Your hospice team is trained to recognize signs of anxiety and help intervene in calming, proactive ways.

For the hospice nurse, helping to manage anxiety may also mean educating on medications that are available to also relieve the feelings of anxiety. Anxiety is very different for every patient and can be treated in a variety of ways, from music therapy to sitting with a favorite pet to having to take a certain pill when it occurs.

Developing the right treatment for an individual's anxiety means asking questions and allowing the entire team to help support that anxious feeling and hopefully make it disappear.

Your hospice team asks questions because they are constantly updating your plan of care to make it unique to your own needs. You and your family are a part of that care team and should also be asking questions. Nothing is too simple to ask and communication is key for everyone!