Catholic Health Services of Long Island
At the heart of health

I-CARE About Experience; Every Patient…Every Time

Daily Patient Experience Principles

Use The CHS Golden Keys to I-CARE Behavior

Integrity:

Introduce Self w/Name, Position, Role; Acknowledge Family/Visitors
Eye Contact, Smile, Greet Others; 10/5 Rule: 10ft Eye Contact and Smile; 5 ft Eye Contact, Smile, Greet
Use Patient's Preferred Name
Use Power Words (I will, Please, Thank You)
Walk patient/visitor to destination whenever possible
Answer Phone - Introduce Self, Department, How May I Help

Compassion:

Engage in Patient-Specific, Personalized Conversation
Use Empathy Formula ESP when patient shows emotion
Lead with open ended questions
Personalize Connection – Ask for Patient/Family/Visitor name
Acknowledge Their Concern
Ensure Warm Handoff for Telephone Conversations

Accountability:

Narrate Plan of Care with positive intent
If you can't help, handoff to appropriate Care Team member who can
Give clarity/time-frames when care/service will be delivered
Be responsive when issues arise – Use CUS, follow-thru and solve locally – escalate to chain of command as appropriate

Respect:

Listen Eye to Eye; Heart to Heart
Use silence appropriately; avoid interrupting
Use teach back/paraphrasing to convey understanding
Welcome Patient's gratitude and use Powerful Words (My pleasure, You're Welcome)
Ensure Patients/Families receive respectful care compatible with their cultural/ethnic/religious beliefs/practices
Respect physical privacy/dignity of patient – (i.e. knock on door, ask permission to enter, wait for acknowledgement)
Share private information in a respectful manner – be aware of your surroundings

Excellence

Thank the patient/family – "Thank you for choosing CHS"; "It has been a pleasure taking care of you"
Emphasize when you will return/follow-up
Manage up as hand-off to next Care Team member, Department, etc.

Show You Care with Empathy

Empathy Formula:

Empathy Statement – Using a descriptive word to restate a patient's feelings demonstrates our attempt to connect
Stop – Allowing for silence prevents us from jumping in with a solution and offers the patient time to think and speak
Probe – Using open-ended questions allows us to explore the deeper meaning of what the patient is saying

Use the ABC's of Listening

Assess Signs – Listen for verbal cues; look for physical signs
Be Present – Actively listen, Lead with empathy, Minimize distractions, Refrain from interrupting
Convey Understanding – Communicate your goal to understand; Summarize

Resolve Failures by Understanding CUS Responses

C "I am Concerned" – Patient is calm but expresses concern about Experience
Needs to feel failure is not routine – be truthful, never throw team member under the bus, never blame the patient for the service failure

U "I am Uncomfortable" - Patient words and body language expresses agitation/impatience
Needs proof of action/understanding – demonstrate you are taking action, show understanding of how failure affects the patient, provide options

S "Stop What You Are Doing" – Patient words and body language expresses anger
Fix the Patient…Then Fix the Problem – Show empathy, Allow venting, Listen actively, Plan follow-up

Following Daily Patient Experience Principles Makes Every Encounter a Positive Experience for Our Patients