

ANESTHESIA COMMUNICATION

CARES: Patient Centered Communication and Keeping Our Patients Safe

MEASUREMENT

Perceptions of Anesthesia are evaluated by the following items by patients in the OAS CAHPS Survey:

- Anesthesia is something that would make you feel sleepy or go to sleep during (your/a) procedure. (Were you/Was your family member) given anesthesia?
 - Did (your/your family member's) doctor or anyone from the facility explain the process of giving anesthesia in a way that was easy to understand? Would you say:
 - Did (your/your family member's) doctor or anyone from the facility explain the possible side effects of the anesthesia in a way that was easy to understand? Would you say:

ABOUT CARES®

CARES was designed by our PRC Excellence Accelerator team to create highly reliable patient experiences of care through behaviors. CARES is built to be something simple to remember, realistic to train and teach, easy to execute across your organization.

Our team was purposeful in the way it was designed so that every time you think of CARES. If you forget everything else and just remember CARES, you will be in a mindset of compassion and will already deliver 90% of a great patient experience.



CONFIDENCE

Projecting confidence is critical to provide patients with needed reassurance they are in excellent hands with your Anesthesiologist or CRNA. Likewise, it is essential to build up patient's confidence to participate in their care.

- Use words like "Welcome" and introduce yourself and your role to everyone in the room.
- Explain how you are going to care for them
- Ask permission to sit down.
- Remember that words like "reassure, comfort, and concern" can do just that for a patient
- Remind the patient that they are the expert and we need their input to provide the safest care

ANTICIPATE NEEDS

Take time to think about the emotional, clinical and safety needs; as well as the patient and family point of view/perspective. For instance, are they typically used to full mobility, but may have some



disorientation or mobility limitations following their surgery? Understanding the patient and family perspective is vital to anticipating and addressing needs. Set expectations early and often and explain what you are doing and why.

- Manage up your team and your unit: “We have a great team/department/service here and I want you to know we will take excellent care of you”
- Whenever possible, it makes a substantial difference to patients when the Anesthesiologist or CRNA can manage up or speak highly of the surgeon/surgical care team and how you will work together.
- Likewise, it improves patient perceptions when the nursing staff can speak highly of Anesthesia to the patient prior to the procedure/surgery.

RESPECTFUL COMMUNICATION

Choose words and body language that reflect genuine and positive compassion. Understand the impact of your words.

Share with your patient that keeping them safe is an important part of excellent care and then explain “Here are some of the things you will hear us say and do while you are in our care that will help ensure your safety.”

- My goal is to will **Always** take time to describe the anesthesia my patients are receiving, their purpose and side effects and potential interactions. Here are some things that are important for us to discuss for your operation/procedure today ...
- An additional responsibility I have with my patients is to do an excellent job sharing possible side effects because safety is important. Based on our plan today, let’s review some things I need you and your family to be aware of ...
- Because we work with a lot of medications, I always want to make sure I’m clear. What are the things you are going to be watching for?

Enlist the patient. If at any time we are not always, we are counting on them to tell us.

ENGAGE IN CARE AND PROCESS

When we engage patients in their care and process, they become active participants. More likely to speak up in the event of a safety concern, feel safer saying they don’t understand or disagree and more likely to adhere to our recommendations.

- We will **Always** ask if what we taught/discussed/shared with you was easy to understand. This is because we talk about complicated medicines and procedures in healthcare. We need to make sure everything makes sense to you and you can fully participate in your care
- We will **Always** narrate our care which means telling you what we are going to do and why we are doing something.
- We will **Always** ask you to repeat or **Teach Back** important information to us and ask you to **Talk Back** and tell us to stop if you do not understand what we have said. This allows us to make certain you and/or your loved ones are confident with our plan of care



Before leaving a patient room **Always** ask, “What questions do you have?” rather than, “Do you have any questions?”

Encourage questions by using words like “Great question”, or “Important question glad you asked me about this”.

SAY THANK YOU OR SAFE TRANSITION

This is your last opportunity to express gratitude, leave a lasting positive impression and remind the patient of our commitment to safety and how we have worked diligently to provide the safest care. Always ensure a safe handoff to the oncoming staff, next step in the continuum of care (e.g., Surgeon and Surgery Team) and help the patient prepare.

Say “thank you” or whatever words you are comfortable with like “I have enjoyed caring for you today” Remember people will remember how you made them **feel**, even more than what you said.

TEAMWORK

While supporting Anesthesiologists and CRNA's with communication development can be valuable. It is also important to support healthy teamwork and communication dynamics in the OR. For instance,

- Do the surgeons and surgical care team find Anesthesia timely, prompt attentive, clear communicators with both patients and the internal team?
- Do surgeons and anesthesia work well together as a team?
- Does the Director of Surgical Services introduce and build relationships with new Anesthesia team members with the OR team and top volume surgeons?
- Are Anesthesiologists/CRNAs available for Pre-Op assessments?
- Are delays communicated to patients and family members in a way that builds confidence and keeps families informed?
- Does the Anesthesia Medical Director round on patients to validate their experience, coach and give feedback (and recognitions) to Anesthesiologists and CRNAs?

