3rd Annual
ORTHOPEDIC NURSING SUMMIT

Patient - Centered Care for the Orthopedic Patient

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To deliver the kind of care that embraces kindness, compassion, and healing for those we serve and those we serve with; because to care is human.
Our mission is to care for every patient and their family as if they were our own. Each patient, each family, each and every time.
In all interactions with patients, families, and others, commit to:

- **Kindness** to everyone, always
- **Integrity** in every decision, every time
- **Never** allow harm to anyone, ever
- **Deliver** care together, as a team
How?

• By providing care that is **respectful of** and **responsive to** the needs and preferences of the patient. This is patient-centered care!
Patient Centered Care

• It’s about aligning our care around the expressed need of the patient
• It’s about every person delivering patient-centered care with every encounter
• Our “true north” has to be caring!
• Takes focus off chasing scores and allows for more meaningful engagement
Communication:

• Hands-down the most important element in patient care
  • Statistics:
    • 80% of all medical errors are linked to communication failures
    • Communication breakdowns are the 3rd leading cause of death in US Hospitals

   **In a culture of excellence, intentional communication is a priority!**

• Communication with the patient
• Communication about the patient
• Communication for the patient
So...

Our focus for the remainder of the presentation will be on strengthening the relationship between the care-giver and the patient while providing care to patients who battle pain.
• **Pain is subjective.** You can have the same degree of pain, but one person may experience it as an 8 and another person may experience it as a 2.

• **What works for one patient may not work for another.** The same drug (or approach) does not always work the same way for every person so you have to individualize treatment.

• **Chronic pain can be a vicious cycle.** It is associated with ↑ risk for depression and anxiety, which in turn ↑ the perception of pain.
Strategies for Caring for Patients in Pain

#1: Responsive and Respectful Communication
- Builds on AIDET and Empathy
- Two-way conversations
- Supports the language of caring

#2: Let’s Get Real
- Expectations
- Goals

#3: Non-verbal expressions of care
Skill #1: Responsive Communication:

Heart-to-Heart

Feeling, Caring, Empathetic

Head-to-Head

Thinking, Doing, Explaining, Fixing
• **HEAD responses:**
  - “How would you rate your pain from 1 to 10?"
  - “You can have more medicine in 20 minutes.”
  - “Where is your pain exactly?”
  - “I’ll check with the doctor and see if there’s some other medicine that might work better.”

• **HEART responses:**
  - “I’m so sorry you’re in pain.”
  - “It must be very hard for you.”
  - “I want to help you so you can feel more comfortable.”

**Do you respond first with your HEAD or your HEART?**
• **When we speak heart-to-heart:**
  • Patients and families feel important, cared for, prioritized, and understood
  • They can hear the head-to-head conversation much better

• **When we speak head-to-head:**
  • The patient and family get valuable information
  • They appreciate our answers and solutions
  • They recognize our knowledge and competence

Both heart and head have benefits!
The Surgical Flow: Quick!

• Caregivers become very task-oriented
• Most communication is from the HEAD; less is from the HEART
• The result:
  • Patients and families view us as less caring and less compassionate
  • The patient can “get lost” in the flow
  • We become less ‘respectful of’ and ‘responsive to’ the needs of the patient
The Ideal: The **Heart-Head-Heart** Model

“I’m in terrible pain! I need more medicine NOW!”

“I’m so sorry you’re in pain. I want to help.”

“Let me talk to the doctor and see if there’s a medication that might work better for you.”

“I really want to ease your pain.”
Strategy #2: Let’s Get Real

• It is imperative that patients have realistic expectations about pain levels following procedures.

• It is also imperative that patients have a comfort-function goal. This is the pain level at which a patient is easily able to perform necessary activities, such as walking around after surgery or being able to concentrate on job-related tasks, with as few side effects as possible.
“Mr. Brown, managing your pain will be an important part of your experience. We want to make sure you know what to expect on the day of your procedure. Patient’s undergoing your procedure generally have a pain level of ____ immediately following surgery. We will work together to get your pain level down to ____, which meets your goal and ours.”
Skill # 3: Non-verbal Expressions of Care

- People read our non-verbal communication to see if we care
- Remember: 93% of our communication is non-verbal!
Best Approach to Show Empathy:

• Match your non-verbal behavior to the other person’s
• This is “non-verbal listening” or “attunement”
• This is especially helpful in cross-cultural situations
• Remember: to minimize another person’s fear, anger, or anxiety is to maximize it
For Example:

• Meet anger with a look of concern
  • Example: Patient cannot have more medicine
• Meet urgency with a sense of urgency
  • Example: Patient has a pain level of 8-10
• Meet calm with a sense of calm
  • Example: Patient’s medication has kicked-in and patient’s pain is relieved
"I’m in terrible pain! I need more medicine NOW!"

"I’m so sorry you’re in pain. I want to help."

"Let me talk to the doctor and see if there’s a medication that might work better for you."

"I really want to ease your pain."

The Ideal: The Heart-Head-Heart Model
Questions
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