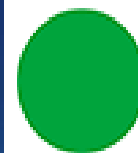


26TH INTERNATIONAL CONFERENCE ON HEALTH PROMOTING HOSPITALS AND HEALTH SERVICES

HEALTH PROMOTION STRATEGIES TO ACHIEVE REORIENTATION OF HEALTH SERVICES:
EVIDENCE-BASED POLICIES AND PRACTICES

BOLOGNA, ITALY | JUNE 6-8, 2018



Health
Promoting
Hospitals

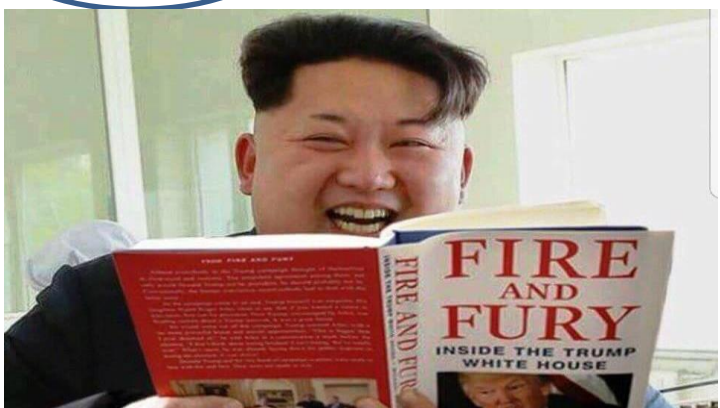


RETE REGIONALE
EMILIANO ROMAGNOLA

Fire and Fury in an Internal Medicine Ward: how Health Literacy(HL) and Communication

Skills can stamp out the Flames

ALBERTO BAGNULO, CLAUDIA GAIONI, IVANNA GASPARINI, ALESSANDRA ZOBOLI



SERVIZIO SANITARIO REGIONALE
EMILIA-ROMAGNA

Azienda Unità Sanitaria Locale di Reggio Emilia

IRCCS Istituto in tecnologie avanzate e modelli assistenziali in oncologia





Correggio(lat.44°53'00"N;long.11°43'00"E)



Welcome to the land of Parmigiano Reggiano

Vieni a conoscere i nostri caseari nei 330 caseifici e a scoprire come si fa il "Re del formaggio".
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Come and meet our cheese makers in the 330 cheese factories and discover how to make the "King of cheese".
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Fire and Fury in an Internal Medicine Ward: how Health Literacy(HL) and Communication Skills can stamp out the Flames

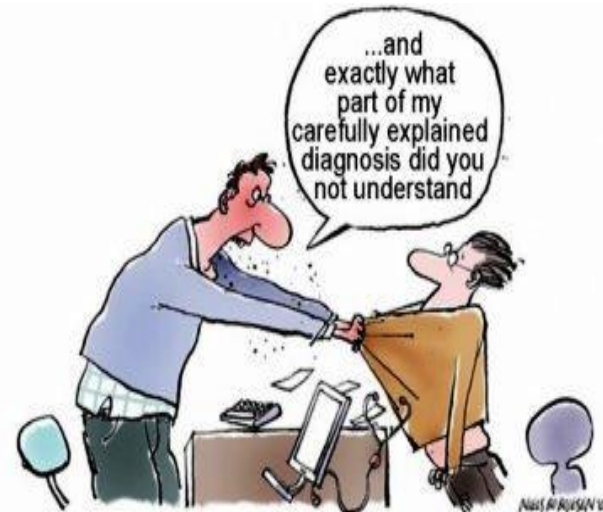
ALBERTO BAGNULO, CLAUDIA GAIONI, IVANNA GASPARINI, ALESSANDRA ZOBOLI



Background

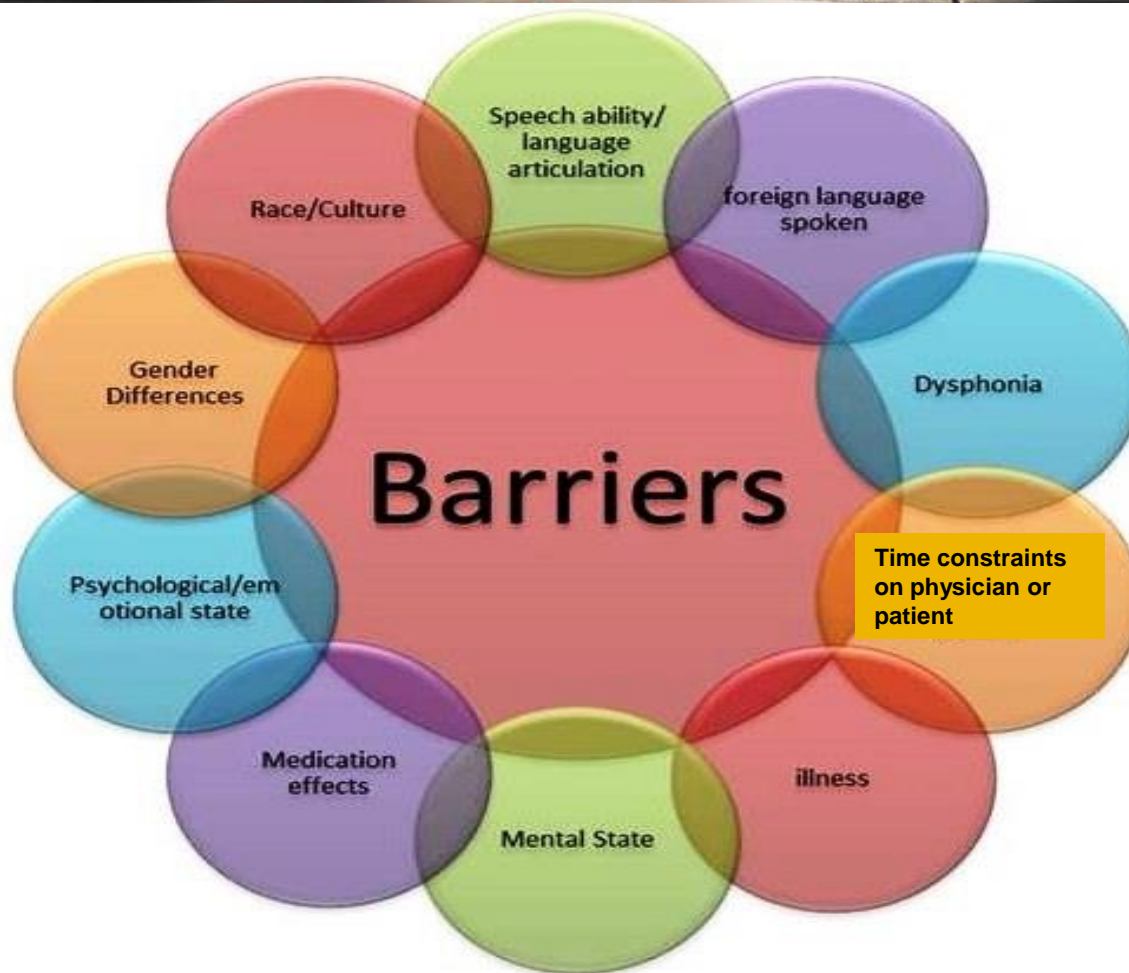
In Italy about 90% of medical-legal disputes have to do with a non-optimal or sometimes bad relationship between doctor and patient and more often between doctor and family.

In our assistance reality of an internal medicine department the conviction in the operators that the communicative and relational skills are not part of the technical-professional baggage is not very far in time.



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Exploring ways to manage healthcare professional—patient communication issues

Pauline Leonard¹

The research base shows that:

- Poor communication can have serious consequences leading to complaints by patients and their relatives [4]
- Poor communication can leave patients feeling dissatisfied, frustrated, anxious and so uncertain that it affects their ability to comply with recommended treatments [5]
- Good communication can influence patients' emotional health, symptom resolution, function and physiological measures such as blood pressure as well as decrease reported pain and drug usage [6]
- Insufficient training in communication is a major factor contributing to stress, lack of job satisfaction and emotional burnout in HCPs [7, 8]
- 54% of patient complaints and 45% of concerns are not elicited [9]
- In 50% of visits, the patient and doctor do not agree on nature of presenting complaint [10]
- Doctors frequently interrupt as soon as the patient begin their opening statement, so the patient often fails to disclose significant concerns [11]
- Doctors often interrupt patients after initial concerns assuming the first concern is the chief complaint, yet the order in which patients disclose complaints is not related to the order of clinical importance [11]



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Benefits of Effective Communication

Patient may disclose more information

Enhances patient satisfaction

Builds rapport between patient and professional

Patient is more involved in decision making

Leads to more accurate diagnosis

Leads to more realistic patient expectations

Better patient adherence to treatment

Patient more open to seeking further care



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AJCC AMERICAN JOURNAL OF CRITICAL CARE, July 2015, Volume 24, No. 4

Core communication skills that participants practice during role-plays of discussions with patients' family members and physicians and within family meetings

Skill	Function	Example
Open-ended questions	Elicit another person's perspective	"What do you understand about your husband's illness?" "Doctor, what have your discussions been with Mrs Ames about prognosis and goals of care?"
Reflection statements	Show that you want to understand another person's perspective	"It sounds like this has been a really stressful week for you." "If I understand correctly, you're worried she may not regain the ability to care for herself."
Tell me more	Learn more about another's perspective	"Tell me more about what your mom liked to do with her time before she got sick." "Doctor, could you say more about the care she may need after discharge?"
NURSE mnemonic	Show empathy in response to expressions of emotion	Family states: "It's been a very hard week." Nurse responds: Name: "You sound frustrated." Understand: "I can only imagine how hard it is." Respect: "I really respect how much you have been here at your husband's side." Support: "I and the other staff are here to help you through this." Explore: "What has been the hardest part?"
Ask-tell-ask	Get permission to present information Present information clearly Check understanding or agreement	Family inquires: "What do you think—is she going to make it?" Nurse (ask): "That's an important question. I'd be happy to discuss it. First, may I ask you what your sense of things is?" Family: "She seems more peaceful today—maybe that's a good thing?" Nurse (tell): "I also see her being more sleepy—I'm worried it's because we've had to increase the medications so she is more sedated." Nurse (ask): "I think it would be important for us to discuss your daughter's status with her doctors. Would it be OK if I arranged a time later today?" Family: "Yes—that would be good I think."
Hope/worry statements	Honestly present information while aligning with family or doctor	"We're hoping that she gets stronger too. We're also worried that her kidneys are showing signs of worsening."

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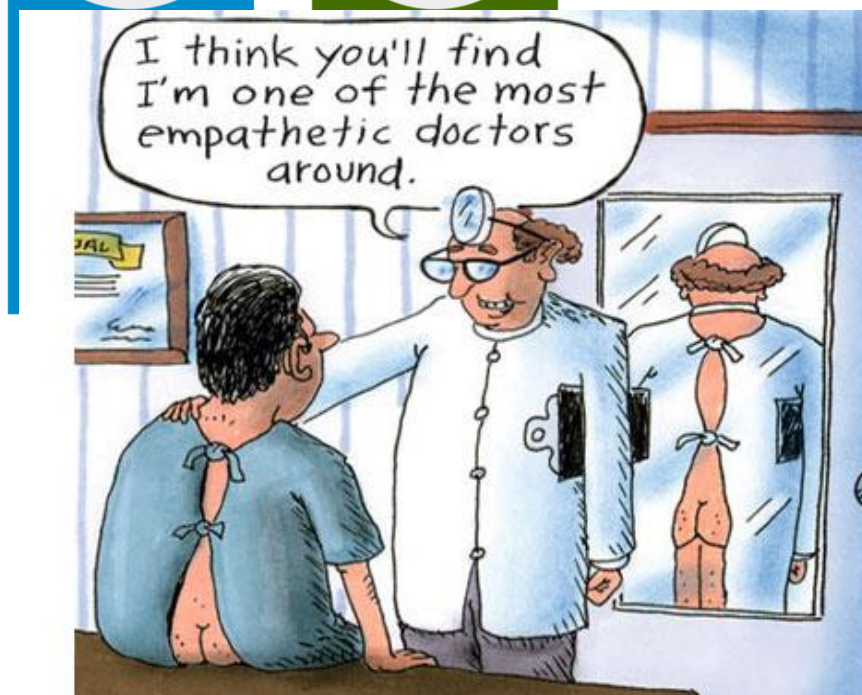
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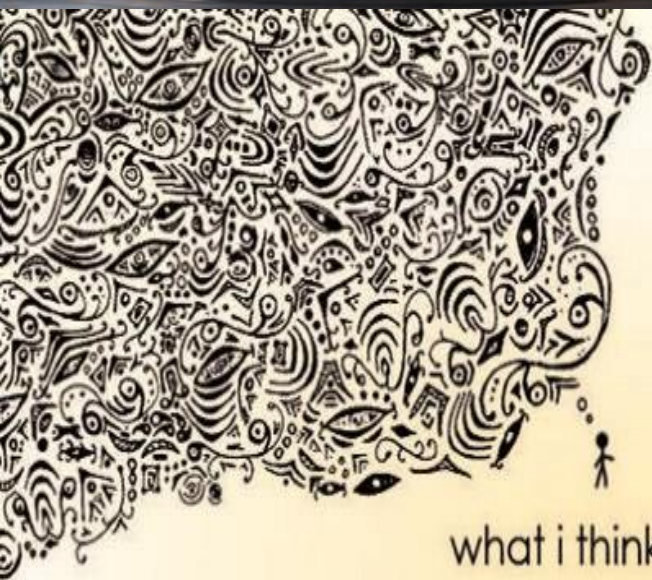
THE MAGNIFICENT SEVEN

1. Take a moment to focus before entering the consultation room.
2. Establish a connection with the patient by developing rapport and agreeing on an agenda.
3. Assess the patient's response to illness and suffering.
4. Communicate to foster healing.
5. Use the power of touch.
6. Laugh a little.
7. Show some empathy.



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what i think



what i say

**Things I want:
snuggles**

**Things I receive:
struggles**

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22ND INTERNATIONAL CONFERENCE ON HEALTH PROMOTING HOSPITALS & HEALTH SERVICES

BARCELONA, CATALONIA, SPAIN.
23-25 April 2014



International Network of
HHealth
Promoting
Hospitals & Health Services

Changing hospital & health service culture to better promote health

PROGRAMME DETAILS

PARALLEL ORAL SESSIONS 2

FROM PAPERS RECEIVED & SYMPOSIA BY HPH TASK FORCES & CONFERENCE
WORKSHOPS THURSDAY, APRIL 24, 2014 13:30-15:00

02.1

ENHANCING CARE FOR CHRONIC PATIENTS WITH HEALTH PROMOTION

Venue: Diamant



IMPACT OF AN HEALTH LITERACY ORIENTED TALK FOR CANCER PATIENTS AT THE DIAGNOSIS. INSIGHTS ABOUT TO CURE OR TO CARE

Alberto BAGNULO, Ivanna GASPARINI, Giovanna GANDINI, Alessandra ZOBOLI,
Serena BRAZZI, Emanuela OLIVA, Anna DE CATA, Antonio CHIARENZA



RETE REGIONALE
EMILIANO ROMAGNOLA

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ON HEALTH PROMOTING HOSPITALS
& HEALTH SERVICES**

**BARCELONA, CATALONIA, SPAIN.
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GOC patients	concordant	non-concordant
TOTAL(A+C+P)= 20	10	10(50%)
ADJUVANT	5	1(17%)
CURATIVE	4	2(33%)
PALLIATIVE	1	7(87%)

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Intervention

- ❖ **In addition to communication training courses, we have activated a surveillance system by all professionals working in the ward.**
- ❖ **The reports concerning possible or real relational difficulties with the patients' families are addressed to the nurse coordinator and the medical director.**
- ❖ **For each report a semi-structured interview is scheduled between nurse coordinator and / or director and family / family members.**
- ❖ **In the most complex cases we proceed to a discussion of the case, from the relationship point of view, with the operators.**

Results 1

The most frequent

1. not understood

2. motivations

3. communication

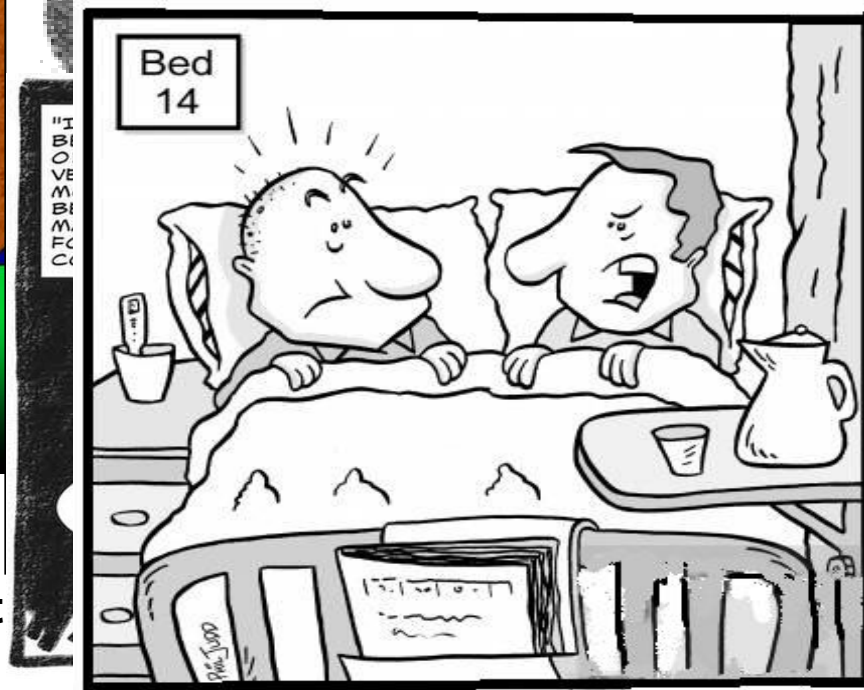
4. explanations at

"Don't look at me! You're meant to be discharged!"

the staff

or not performed

5. time of hospitalization and modalities of discharge at home



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Hospitals in the Local Health Authority of Reggio Emilia: prevalence of re-admissions to 30 and 90 days for patients discharged during the first 9 months of 2011

Principal Diagnosis	Total number of patients admitted	Patients re-admitted within 30 days	% of patients re-admitted within 30 days	Patients re-admitted within 90 days	% of patients re-admitted within 90 days
<i>Arrhythmia</i>	263	30	11.4%	63	24.0%
<i>Cerebrovascular Diseases</i>	1290	110	8.5%	211	16.4%
<i>COPD</i>	376	65	17.3%	114	30.3%
<i>Congestive Heart Failure</i>	497	79	15.9%	143	28.8%

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- 
- 1. DIAGNOSIS**
 - 2. STAGE OF THE DISEASE**
 - 3. NAME OF MEDICATIONS/DOSAGE/MODE OF INTAKE/SIDE EFFECTS**
 - 4. NON PHARMACOLOGICAL THERAPY**
 - 5. LIFESTYLES**
 - 6. FOLLOW-UP**

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Discharge diagnosis(1): "acute respiratory failure from acute exacerbation of COPD in a patient with center- and pan-lobular emphysema"

Discharge diagnosis(2): "acute/sudden worsening of your ability to breath/breathing with the appearance of hard to breath/cough/phlegm caused by an infection/inflammation of your lungs already sick of COPD"

COPD is characterized by airflow obstruction, usually progressive, not changing markedly over several months

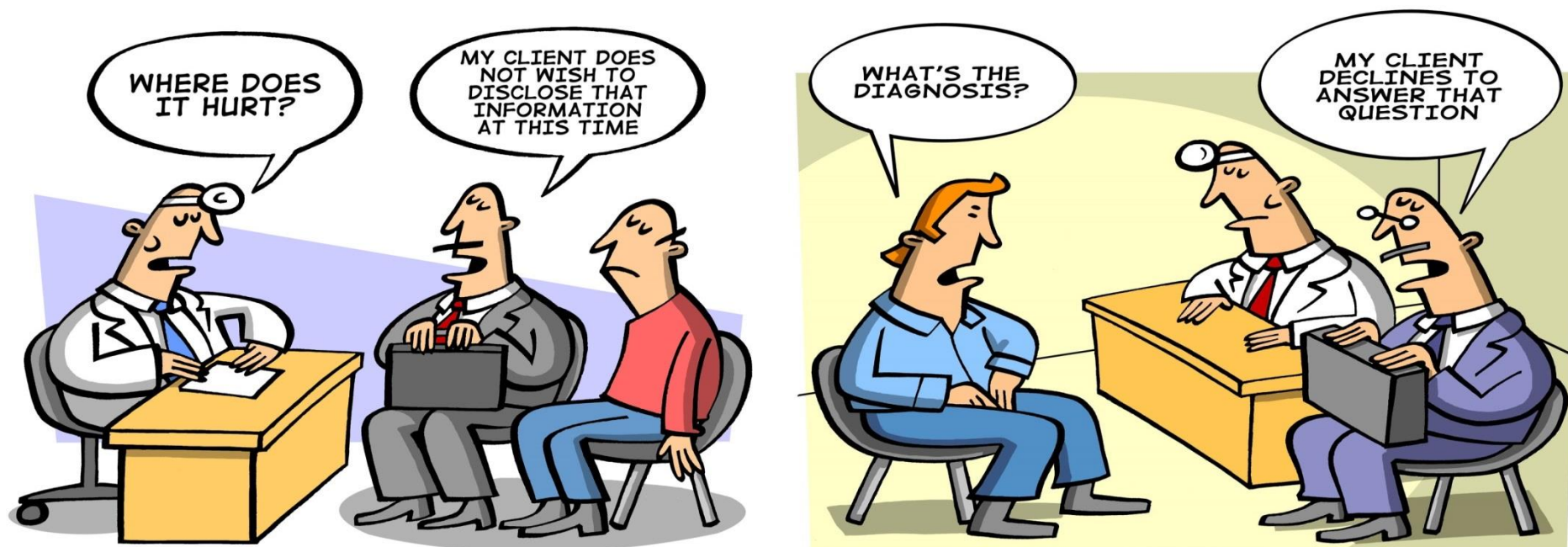
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Results 2

Since this method of "relational surveillance" has been activated (last 2 years), there have been no medical-legal disputes, even in cases of major events such as cases of sudden death.



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Conclusions

Systematic training and supervision of care staff on communication-relational skills, together with the use of a compatible HL language, can promote a reduction of the risks, in general and not only under medical- legal aspects.



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The presence of a relational surveillance system with active intervention by the medical and nursing management can further improve the experience of family members.



It's important to treat all our patients as
INDIVIDUALS...this for example is individual number
78/gh5-fg34C.

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**"You're not allowed to use
the sprinkler system to keep
your audience awake."**

Thanks for your attention

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