



# HeartBeat™

ON QUALITY, COMPASSION AND PARTNERSHIP

DECEMBER 2021

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*Insights, tips, tools and resources for personalizing, humanizing and demystifying the healthcare experience for all.*

### Listening to Your Organization's Inner Voice

By Kimberly Barrieault, Psy.D., FPCC,  
Vice President of Quality and Evaluation and  
Mandy Kilmartin, FPCC, Associate Director,  
Engagement Strategies



It has been said that great opportunities often come disguised as impossible situations. Good news for those of us in healthcare, as we seem to have no lack of “great opportunities” these days.

Staffing shortages, high patient acuity, changes to health policy, visitation restrictions, supply chain issues, and unrelenting financial worries are just a few of the trials that healthcare leaders are facing. Unfortunately, the negative impact of these unyielding challenges is becoming more and more visible in the work environment. Organizational processes and practices that had once been vital to a person-centered culture are getting lost in the countless adjustments and changes organizations have had to make. The charge to create positive and engaging patient and staff experiences, under the ever-increasing weight of what it means to be a leader, can seem insurmountable.

### The Importance and Challenges of Staff Engagement—Now, More Than Ever

For organizations to go from surviving to thriving, staff engagement is a must. Yet, many leaders struggle to identify and prioritize the steps needed to support and engage staff members in this current climate. Harry Truman said, “Progress occurs when courageous, skillful leaders seize the opportunity to change things for the better.” In our conversations with healthcare leaders, we routinely hear the desire to make those changes for the better, but it’s difficult to seize the opportunity when no clear path exists.

The process of digging in to find out what staff really want and need requires courage and vulnerability. Leaders worry they may not be able to fix the issues that are brought to the surface. They express anxiety about their ability to respond empathetically to staff emotions and are understandably apprehensive to take on the agonizing, but often inevitable, sense of personal responsibility that leaders often bear. The result has been a decline in leader rounding, aggravated, of course, by increased concerns about infection exposure and a severely overloaded “to do” list. While these reasons are certainly valid, staff tell us that the decreasing visibility and communication from leadership often leaves them feeling invisible, unheard, and unable to make meaningful changes to their workplace environment.

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“Progress occurs when courageous, skillful leaders seize the opportunity to change things for the better.”

HARRY TRUMAN

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### Become a Better Leader Through Listening

What we know for certain is that the pressure on healthcare leaders will not be going away anytime soon, nor will the need for staff caring and support. So where to begin? First and foremost, listen. Before presuming any actions to begin healing staff culture, leaders must take the vulnerable step of truly listening to the needs and concerns of staff.

Two essential elements for strengthening cultures of person-centered care are:

- Leader rounding and
- An intentional, widely communicated, staff-focused strategy.

Effective **leader rounding** is crucial. When leaders exhibit caring, follow-through, and action, they create a full-circle response that demonstrates respect, value, and care. Both staff and leaders need to know that they can be fallible without judgement or persecution. When people listen to and support each other as human beings first, connections are strengthened, silos are broken down, and the foundation is laid for building an institutional atmosphere of psychological safety. When people feel accepted and connected, they feel a sense of belonging, which is a critical factor in staff retention. For many leaders, rounding isn't something that comes naturally, but having the tools, skills, and processes for efficiency and success can build confidence. For organizations who have not trained leaders on the specific process and expectations for rounding, there has never been a better time to start.

A **staff-focused engagement strategy** that involves listening, action planning, and communicating, combined with routine reward and recognition processes, is the second essential element for strengthening organizational culture. The first step in formulating organizational strategy is the formal gathering of data from staff. A thorough assessment of barriers to staff engagement is required for creating a meaningful, solution-based action plan. Understanding the overall perception of caring in your organization, combined with staff ideas and input on key action-items for reducing stressors and improving environmental factors essential for healing and engagement provides the direction for next steps.

Finally, communicating to staff that they have been heard and demonstrating that leadership is committed to working collaboratively to drive improvements, can provide the momentum necessary for movement towards cultural change. Let staff help create the plans and put them into action. Make it part of the organization's routine communication practices to deliver specific messages relaying that staff matter and that they are valued and respected members of the team. Staff who feel those kinds of connections to their work are happier, more productive, more engaged, and far more likely to stay.

Planetree offers a range of services to help teams tune in and listen to staff experiences, perspectives and needs. To learn more, reach out to a member of our team at [vitalsigns@planetree.org](mailto:vitalsigns@planetree.org).

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“When leaders exhibit caring, follow-through, and action, they create a full-circle response that demonstrates respect, value, and care.”

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### Team Meetings in the New Normal

Many of us are finding our way toward a new normal. While there are still concerns and challenges, it is time to consider safely gathering our teams together for meetings. But we cannot just pick up where we left off and not acknowledge what has and is occurring. To be direct, we cannot go back to conducting meetings the way we have done them in the past.

As highlighted in the Soapbox article, building connections is essential for building resilience. These should be important parts of each meeting. Using relationship building activities and partnering staff with each other for discussions is one way of meeting this important development need. We should conduct activities such as these as an opening to the meeting, providing staff a safe space to decompress and shift their focus so that they can hear and take part authentically.

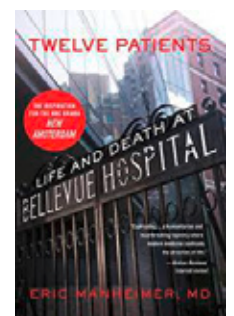
Following this is the business of the meeting, but even this needs to transform to be more inclusive. Our teams have had to deal with many challenges during the pandemic, responding to situations with creativity, compassion, and knowledge. That doesn't end because we are moving away from the crisis. Teams will continue to need to take part in decisions that affect their work. Ensuring that there is time for feedback, brainstorming, and discussion will help keep the creative juices flowing and their engagement positive.

Finally, close the meeting with a patient or staff story that connects the group to purpose and provides encouragement and motivation to return to the workplace. One thing is true as we move toward a new normal: we must take with us the compassion, inclusion, support, and recognition that we gave to and saw provided by our teams. Building resilience is inclusive of acquiring skills to move forward, Let's take those skills and behaviors with us to the new normal. It truly will be transformational.



### Twelve Patients: Life and Death at Bellevue Hospital.

This captivating memoir by Dr. Eric Manheimer, a former medical director at Bellevue Hospital in New York City, humanizes the healthcare experience by examining the experiences of 12 very different patients. The author also chronicles his own personal journey as both a caregiver and a patient himself. It is a testimony to the great privilege and responsibility in working healthcare, but also to the powerful connections between social and economic conditions and how individuals experience health and healthcare.



Dr. Manheimer has continued to draw on his moving storytelling abilities as a writer and producer for the NBC TV series *New Amsterdam*, a show inspired by this book. He will bring those insights and stories to the Planetree Conference in 2022—joining us as a keynote speaker at both the May 22–24, 2022 event in Anaheim, California and the November 1–3, 2022 event in Baltimore, Maryland where he will speak on *Living at the Intersection of Crisis and Care*.

THE  
PATIENT  
VOICE

People Caring for People: When Being Seen Is Vital

By Marilena Araújo



*Marilena Araújo serves on the Planetree Advisory Board and the Quality Safety Committee at Hospital Israelita Albert Einstein in Sao Paulo, Brazil. She also brings the patient perspective to Planetree’s Person-Centered Care Certification Committee. Here, she reflects on how a simple gesture extended to her during a prolonged illness made a profound impression on her.*

When I was kindly invited to share my cancer treatment experience with Heartbeat readers, not for one second did I hesitate to accept the honor and opportunity of contributing my view and feelings throughout the most challenging years of my life. The dilemma arose to select only one occasion when nurses have made the difference. Due to space constraints, I have chosen a short yet extremely significant event.

After a long major surgery, my family decided to throw a little birthday party for one of my granddaughters in my hospital room. However, I was really concerned about scaring my grandchildren with all the paraphernalia attached to my body. Witnessing my distress, the thoughtful nurse on duty suggested: “Why don’t we hide it all with one of your beautiful scarves, so you can enjoy their love with no worries?” A small act of huge empathy promptly soothed my ailment and stopped me from missing a happy moment with my dearest. A well-trained and sensitive professional, genuinely committed with the patient-person, not a medical chart number. Someone clearly aware of her craft, going beyond her foreseen role, constantly seeking to minimize physical and emotional pain, bringing some comfort and joy to a vulnerable human being. Subtle gestures that rescue us from sadness, fear, and despair, reminding us that life is bigger than all the hardness we cope with when seriously ill. Healthcare professionals have my respect, admiration and gratitude.

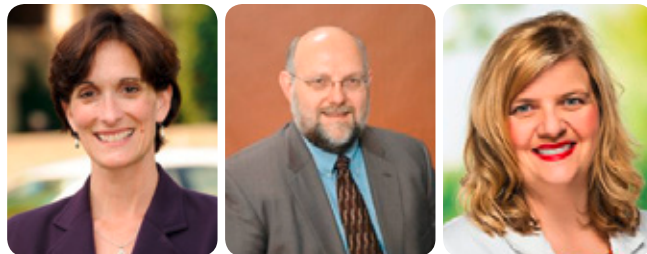
“A small act of huge empathy promptly soothed my ailment.”

A CONVERSATION WITH...

**A Conversation with 3 Leaders at Bon Secours Mercy Health**

From left to right:

**Heather Renehan**, System Director of Experience of Care; **Dr. Herbert Schumm**, Vice President of Medical Education and Physician Engagement; **Julia Paduano**, FNP, Practice Manager; Chair, BSMH Medical Group's Experience of Care Council



*Bon Secours Mercy Health is one of the 20 largest health care systems in the United States, with more than 1,000 sites of care across seven states. Beginning in 2020, the Medical Group launched the Language of Caring communication model. The system has since further expanded the effort, rolling out Communicating Empathy workshops to 5,000 Medical Group associates over three months this past Summer. In this conversation, we had the opportunity to discuss the impact of this work with three leaders: Heather Renehan, System Director of Experience of Care for the Medical Group; Dr. Herbert Schumm, Vice President of Medical Education and Physician Engagement; and Julia Paduano, FNP, Practice Manager and chair of BSMH Medical Group's Experience of Care Council. Together, they reflected on how these caring communication skills and tools have been especially timely for preparing all caregivers to respond to the unique challenges of this moment: eroded trust, communication breakdowns, staffing shortages, loss and grief with caring and empathy*

**What have you learned about the need for empathy and caring communication during these turbulent times?**

**Dr. Herbert Schumm:** During the pandemic as our communities and our culture have become less civil, more divisive and more contentious, it seems that the trust placed in our physicians and APCs is at all-time low because of the politics around the pandemic and the vaccine. Having the foundation of Language of Caring for communicating empathy to our patients and to each other has really helped us.

**Heather Renehan:** In all my years of healthcare, I've never seen anything like this. The Wall Street Journal recently published ***Bureau of Labor Statistics***. Employment is down a half million in healthcare nationally. In September alone, the U.S. lost 8,000 workers in our hospitals So, it's not unique to Bon Secours Mercy Health or the Medical Group that we face the same staffing challenges. And when you struggle with staffing, you have other issues that come up. One of the things we have seen in our patient survey comments is an expression of frustration with these challenges. The fact that we just rolled out Communicating Empathy over the summer for associates is very timely and very helpful because it has provided our associates with language and tools for communicating with patients who feel misunderstood and frustrated—to take a deep breath and recognize it is not meant toward you personally, but toward the fact that there's a lack of understanding or there's a frustration with what is occurring. How, then can we respond in the most empathetic and supportive way?

“Communicating Empathy has provided our associates with language and tools for communicating with patients who feel misunderstood and frustrated.”

**Julia Paduano, FNP:** We are essentially relearning how to communicate with patients. Patients are confused and sometimes they feel intimidated, and even judged. We are cultivating an environment where they can safely ask questions and we'll give them good, solid medical advice, and be empathetic and not pass judgment.

### How have the skills translated for communicating effectively and empathetically in virtual visits?

**Dr. Herbert Schumm:** Language of Caring has provided a really good framework leading into the rapid change to virtual visits and how you communicate empathy in a completely new format that we're not used to, and our patients aren't used to at a time they needed it more than ever.

**Julia Paduano, FNP:** Making good eye contact is a big thing, whether in person or virtual. But when you're on that virtual platform, your patients can't always see what you're doing or what your eyes are targeting. Sometimes I'm not looking at them. I may be looking in the patient chart, so I acknowledge that every time and tell them what I'm doing. I'll say "I'm going to toggle between you and your chart because I want to make good decisions, and I want to give closure at that the end of the visit."

**Heather Renehan:** One of the things that makes it a little bit more challenging in that virtual environment is that patients respond differently to the virtual environment. We hear stories of patients driving while trying to do a visit or being in a grocery store line or somewhere else where they would never ever have had a physician patient interaction before. But now, because it's on a cell phone, things are different. We are working diligently with our providers and teams on how to show empathy and caring during these encounters. We're going to have to educate our patients about this new platform to ensure the best possible interaction.

### We have talked about how you are cultivating a culture of caring to deliver the best experience to patients. How has this extended to your workforce?

**Julia Paduano, FNP:** Not only have we tried to communicate to our patients empathetically, but thankfully our Medical Group has communicated with us empathetically as well, and just said, "Hey, we're here for you, we are listening. We know you're going through a lot." The supports that have been put in place have been really useful.

As APCs, these patients are like our family. We have a connection them. They are in our exam rooms two, three, four times a year. I've known them 15 years. I can name all their grandkids, I can tell you their dog's name. I went from losing maybe a patient a month to illness or old age to losing a patient a week. That is extremely hard to reconcile emotionally.

**Dr. Herbert Schumm:** We go over with the group what Shanafelt found in his research about what healthcare professionals need, which is: hear me, listen to my perspective, listen to what I'm going through. And protect me and my family. We are really focusing on how we can address these basic needs. We had eight of our psychiatrists and psychologists step up and make themselves personally available 24/7 to any of their colleagues. They have had over 200 colleagues reach out to them since they began. We have really tried to normalize the thought that all of us need help. Beyond normalizing it, we incessantly make sure it's available.

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"We have tried to normalize the thought that all of us need help. Beyond normalizing it, we incessantly make sure it's available."

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Another thing that makes a huge difference is doing leadership rounding differently—specifically, taking what we’ve learned in the Language of Caring and building that into empathy rounding. As leaders, we want to fix everything. But that’s not the focus of these rounds. It’s not about fixing; it’s about listening, making a connection and being present. Early in the pandemic, some leaders didn’t round because they wanted to conserve PPE. Others were told to stay home. Well, the folks working wanted to know where their leader was. They lost that connection, and so being able to reinstitute that now, that’s a huge step.

For leaders who may be reluctant to do this, it is important to realize that what people are asking when they say “Hear me,” is “Listen to me.” They are not really asking for something to be fixed. Now, there are things that can and should be fixed, but as leaders, we set the stage. Instead of asking, “What’s really bothering you?” We now walk in and open the conversation with an empathetic statement: “Tell me how you and your family are doing with this. How are you getting along? What’s happening in your world?” And then close the interaction with recognition. We ask, “Who is somebody in your circle or your team who is going above and beyond?” That lets me know who to recognize to really bolster them AND it ends the interaction with a gratitude mindset. That’s really powerful.

**What is next for Bon Secours Mercy Health and the Medical Group? How do you further embed this into your culture?**

**Heather Renehan:** Our vision is for this to be an encompassing, inclusive space and to equip all the leaders across the Medical Group to be able to do what Dr. Schumm is describing. We have woven together our core cultural behaviors and core leadership behaviors with the Language of Caring leadership material to create our Culture of Caring workshops. We rolled them out with the executives in September and now we’re doing train-the-trainer sessions. In the new year, our market leadership teams will have the same training so that they can walk the talk. This will give us all the tools and the Language of Caring training to demonstrate our empathy in a Heart-Head-Heart way... and make our caring visible both inside and outside the exam room!

# Introducing the Staff Vital Signs Assessment



In your organization, are you concerned about:

- Staff wellbeing, stress, burnout and compassion fatigue?
- Job flight and the challenge of retention?
- Ongoing staff concerns with no end in sight?

Planetree International now offers **Staff Vital Signs**—a two-step assessment that elevates the staff voice and provides leaders with a meaningful, actionable strategy for moving forward.

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\*A 30-minute overview webinar on January 13<sup>th</sup>, 2022 at 11am Eastern Time.



# 20 22

## PLANETREE INTERNATIONAL CONFERENCE ON PERSON-CENTERED CARE



ANAHEIM, CA • MAY 22-24, 2022

### Emerging from Crisis: Where Do We Go from Here?

The COVID-19 pandemic has put an incredible strain on healthcare systems and healthcare professionals alike. As caseloads drop and glimmers of normalcy appear, it's time to reconsider how we care for our patients and ourselves.

We are excited to bring these day-one keynotes together to help light the way towards a better post-COVID-19 future.

**Eric Manheimer, MD**—author of *Twelve Patients: Life and Death at Bellevue Hospital*—lived at the intersection of crisis and care as medical director of New York City's Bellevue Hospital. Now a writer and producer for the NBC-TV series *New Amsterdam*, which is based on his book, Manheimer has a deep understanding of how social, economic, and political contexts influence the illness experience. He'll discuss the impact of these and other factors on patients and caregivers today.

**Dan Diamond, MD**—has seen firsthand how people can thrive in even the direst situations. His experience directing the medical triage unit at the New Orleans Convention Center following Hurricane Katrina led him to explore a fundamental question: "Why is it that some people do not become victims?" He'll share his answer to that question as he discusses the power of the *Thrivers' Mindset*.

Register: [Planetree.org/conference](https://planetree.org/conference)



**The original Dr. Max Goodwin from "New Amsterdam", Dr. Eric Manheimer**



**Dr. Dan Diamond, Author, *Beyond Resilience: Trench-Tested Tools to Thrive Under Pressure***

Be part of the conversation and apply to deliver a presentation  
**Call for speakers extended to January 21, 2022**