The Magic of Storytelling to Improve the Patient Experience
Session C835

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Learning Points

1. Describe the impact of the patient and family story on
developing a collaborative plan of care.

2. Explain the foundational framework for informed caring
and its impact on storytelling.

3. Apply strategies for engaging patients and families in
storytelling.
Not-for-profit
Acute Care
Community Hospital – 660 beds
Founded in 1894

Rex UNC Health Care
Neonatal Intensive Care Unit
15 Bed
Level IV
**Background**

- In 2011, PRC Key Driver #1 - Nurses’ Communication with Patient/Family: 58.2% Excellent with an Inpatient NICU/PICU Percent Excellent Rank of 15.
- Parent Verbatim: “Communication needs to be improved. It’s a scary time and communication can be better about what’s going on.”
- We reached out to parents that had a baby in the SCN 2010 or 2011 and asked them to participate in a focus group.

![Graph showing communication data]

**Challenges**

- Rose colored glasses – recognizing the value of data on the parent experience and recognizing the value of the “parent voice”
- Unclear ownership of the parent experience
- No Parent/Family Advisory Council
- Lack of healthcare team facilitation skills in communicating with parents regarding their experience
- Team “uneasiness” in hearing opportunities for improvement directly from parents
- What to do with the information received from parents … where do we begin?

**Who’s going to take me where I’ve never been?**

![Image of a book titled “Ring of Fire: The Music of Johnny Cash”]

3
Empathy versus Sympathy?
Making a connection to the patient experience.

• To be able to see the world as others see it
• To be nonjudgmental
• To understand another person’s feelings
• To communicate your understanding of that person’s feelings

Theresa Wiseman – Nursing Scholar

Four Defining Attributes of Empathy

Beginning the Journey……..
Focus Group of “Alumni” NICU parents:
We asked only one question.
“Would you tell us about your experience?”
Reflections …

- We were naïve and unprepared for the “flood of emotions” from the participants (both parents and mentors)
- Prior to the focus group, the plan was to get feedback to help us improve the parent/family experience
- After the focus group, the plan was to identify ways to alleviate parent stress and engage parents in the care of their baby
- The Answer: We needed more parent stories!
  One voice was silent during the focus group …..
  “The voice of the NICU fathers”

Parent Feedback

- I would like to have more opportunity to bathe my baby.
- I feel “in the way” of the Nurse.
- I don’t like feeling that I have to ask permission to touch or kiss my baby.
- Could I have the same nurse sometimes?
- When I come to the hospital to breast feed my baby, it’s the one thing “I” can do for my baby. I’ve arrived before to find my baby already fed. I then had to go pump and missed feeding my baby.
- Nurses spend a lot of time on the computer instead of caring for the baby.
- Can I hold my baby more often?
- It felt terrible to go home and leave my baby in the NICU. Other Moms were being wheeled out holding their baby and I left with empty arms.
- I really wish I could have experienced a wheelchair ride out on the day of my baby’s discharge—just like the Moms with well babies.

Three Key Areas of Focus and Three Desired Outcomes

- **Focus**
  1. Transform the culture through relationship-based care
  2. Form a Family Advisory Council
  3. Learn how to facilitate parent stories

- **Outcomes**
  1. Staff trained in key principles of relationship-based care
  2. Family Advisory Council formed
  3. Overall Quality of Care Scores, as measured by PRC, will increase from an Inpatient NICU/PICU Percent Excellent Rank of 58% to 75%
**Relationship-Based Care**

What do patients want?
- Listened to
- Treated with respect
- Cared for gently
- People caring for them to talk to each other and coordinate activities
- Honesty
- Timely information
- Guidance so they can make informed decisions

-Mary Koloroutis - Relationship-Based Care A Model for Transforming Practice

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**The Power of the Parent Story......**

How does the patient story engage the patient and the caregiver?
The “Magic” of the Patient Story

- Helps the healthcare team identify opportunities to improve the care provided
- Nurtures the patient and family-centered care experience through understanding the patient’s perception of care provided
- Supports quality and safety goals
- Engages emotions – touches the heart of both patient and caregiver

Some reasons why stories are effective in healthcare delivery

- A story is mentally richer than simple instructions
- A story motivates and inspires acceptance, action, and compliance
- A story has the power to engage and involve the patient
- A story ignites empathy and imagination
- A story is more likely to be remembered and retold
- A story opens the door to conversation and better two-way communications
- A story transfers knowledge and can change behavior

1, 2, 3….go!

- Be…..prepared
- Be…..empathic
- Be…..an active listener
- Be…..non judgmental
- Be…..proactive
Start with Making a Personal Connection

- First, you must know your "own" story
- Ask the patient what name you should call them
- Express to the patient that you have time to be with them
- Help create an environment of comfort and caring
- Look for nuances
- Be prepared for how to respond to interruptions from outside demands on your time.

Facilitating a Patient Story

- Reflect on your assumptions and stereotypes
- Reflect on what matters to your patient
- Review the patient’s chart
- Ask open-ended questions
- Do not interrupt
- Make a connection to the patient’s life
- Be aware of your body language
- Ask the patient for their perception of the plan of care
- Summarize “actionable” concerns with the patient
- Express gratitude for the time spent together
- Soothe emotions
- Integrate key aspects of the patient story into the care provided
- Follow through
Is it about the score? You decide.....

The Magic begins.....

- Parents developed two videos to share their stories with other parents
- Parents as Leaders: leading the formation of a Family Advisory Council
- Parents as Educators: Developmental Care, Discharge Readiness
- Parents serving on Neonatal Service Line Committee
- Parents Participating in Policy Changes: Family Presence in the NICU
- Parents as Mentors: Supporting new parents in the NICU

REX NICU Stories: Dad to Dad
Questions?
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