



Volunteer Voices

A Newsletter of the Whatcom Hospice Volunteer Program, 800 E. Chestnut St., Ste. 1-C, Bellingham, WA 98225, 360.733.5877 -- Editor: Dianne Gillespie, Hospice Volunteer Coordinator, 360.756.6892 dgillespie@peacehealth.org

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Welcome to the first e-edition of Volunteer Voices. Most of you will receive this newsletter via e-mail, though those who do not have email will continue to receive it through the mail. There will also be an on line version for the public at www.hospicehelp.org. We hope you will appreciate this new format as it will save on printing and postage costs.

June Volunteer In-Service - Friday, June 26th, 2:30-5:30

Film: *The Doctor* - Lower Level Conference Room, 800 E. Chestnut St., Bellingham

The talented Oscar winning William Hurt joins Christine Lahti, Mandy Patinkin, and Elizabeth Perkins in this uplifting story of a man who becomes an extraordinary surgeon, as well as an extraordinary person, once he experiences firsthand what it's like being an ordinary patient. Touching hearts of critics and audiences alike, *The Doctor* promises to entertain and inspire you from beginning to end. 2 hours. Call Dianne at 756-6892 if you plan to come.

Please Return Your Yearly Evaluation & Confidentiality Material

Many thanks to those of you who have returned your evaluations and confidentiality forms. Completion of these forms is a yearly requirement, and all volunteers—except those trained in 2009—need to return the stapled forms as instructed by June 12th. Also, except for initial TB tests when you are first “hired” as a volunteer, yearly TB tests are no longer required. *Yea!*

Bereavement Envelope Stuffing Party - June 9th 1:00-2:30—Downstairs Conference Room

Join John, chat, and enjoy refreshments while stuffing bereavement envelopes. Call or e-mail Dianne 756-6892 or dgilliespie@peacehealth.org if you can come.

Hospice House Update—Architectural & Construction Plans Well Underway

The new Hospice House will be located at 2806 Douglas Avenue, Bellingham, on a 3-acre site currently owned and occupied by Catholic Community Services. There are three buildings on the site; one will be extensively remodeled to become the Hospice House, and the administrative building will be refitted to become the home of Whatcom Hospice and provide space for volunteer training and hospice sponsored groups to meet. The plan is for the Hospice Staff to move into this building a few months prior to the opening of the Hospice House.



Under the leadership of Mike Hammes, plans are now well underway for the Hospice House September, 2009 groundbreaking. Currently the construction committee meets on a biweekly basis to iron out the details of the 12-bed facility which is scheduled to be completed in July 2010. The committee includes architects, engineers, contractors, sub contractors, Whatcom Hospice staff members and experts on healthcare regulations. “The generosity and enthusiasm of everyone involved in the bricks and mortar phase of the project is truly inspirational,” says Hammes. “The committee members are giving hours and

hours of their time and talent to this project. We've been waiting a long time to get to this point, but now that it's all really coming together, I think we all agree it's been well worth the effort."

The Whatcom Hospice Foundation is also organizing a speaker's bureau to promote donations to the Hospice House. Hospice volunteer David Hannah, who chairs this committee, has created a training session for speakers and is assembling presentations. For most speaking engagements, a member of the Whatcom Hospice Foundation staff or a Whatcom Hospice professional will accompany the speaker and answer questions from the audience. David has already compiled a list of more than 300 groups and organizations in the county who might provide a venue for such presentations. However, as numerous studies about philanthropy have shown, there is no substitute for a personal introduction and the vast majority of people who give, do so because someone they know asked them to.

If you are interested in the speaker's bureau, please contact David at 527-4968 or davidh@wibank.com.

Please Submit Your Volunteer Reports at the End of the Month

Address to Dianne Gillespie, 800 E. Chestnut St., Ste 1-C, Bellingham, WA 98225, Fax to 756-6884 or email using only patient initials to dgillespie@peacehealth.org

Massage Discount for Volunteers (\$40): Call Jessica at 738-4121 or Lisa at 961-0799

New Hospice Policy: Smoking in the Home

Starting immediately, new patients will receive the following policy when coming on to Whatcom Hospice services:

SCOPE: All hospice staff (includes paid staff and volunteers), patients, families and caregivers involved in hospice care.

PURPOSE: To define our policy in regard to smoking while receiving hospice care.

POLICY: We at Whatcom Hospice are concerned for your safety and health as well as our own. In this regard, we ask that you refrain from smoking while our staff is in your home and that you refrain from smoking within 10 feet of any oxygen equipment. If individuals insist on smoking while our staff is in your home, staff has been instructed to leave immediately and report the problem to the Program Manager. Secondhand smoke is a dangerous carcinogen that cannot be tolerated in a work environment.

When Oxygen is delivered to your home, you will be taught how to use it safely. If individuals insist on smoking while wearing oxygen or in proximity to oxygen, they are creating a danger of fire/explosion and resultant personal injury that is unacceptable. Again, staff is instructed to leave and report the problem to the Program Manager. Hospice also reserves the right to remove all oxygen equipment if patients and/or their families are unable to comply with appropriate safety measures.

HELP: For questions or assistance with this policy, please contact the Hospice Program Manager, Richard Hammond, at 733-5877.

The Power of "I'm Sorry": Why Service Recovery Matters Deeply In Healthcare- and How to Help Your Employees Find the Right Words

by Quint Studer, Studer Group

If you or your staff have ever been surprised by a patient complaint—and who hasn't?—you know how easy it is to say the wrong thing. Well standardized key words can defuse tension, create positive patient perceptions of care and, ultimately, create better patient and organization outcomes.

You know your employees care deeply about their patients. If they didn't, they wouldn't be working in healthcare in the first place. Yet, mistakes *do* happen. Conditions aren't always ideal. Patients get upset. And no matter how sincerely a staff member wants to "make it right," sometimes she just can't find the words. And this is where service recovery training comes in. You can teach your staff to handle complaints

and field tough questions the *right way*— a way that doesn't only solve the problem, but also reduces patient anxiety and improves patient perception of care.

The way a single employee handles a single complaint--whether the problem is caused by her own mistake, someone else's, or just the reality of 21st century healthcare--determines how that patient feels about your hospital or practice. When *all* employees respond to that complaint in the right way, well, it can have a powerful impact organization-wide.

We know there is a strong connection between a patient's state of mind and her clinical outcome. When we say the right words to a distressed patient, we not only increase the likelihood that she'll give us a high satisfaction score, but we actually help her heal. Both factors are critical to an organization's long-term prosperity.

Here's the thing: when most of us are surprised by a complaint, we can't come up with a good response on the spot. Perhaps we get shut down, or get defensive, or toss out an automatic answer that the patient (mistakenly) perceives as arrogant or condescending or indifferent. The patient gets more upset and the situation escalates.

What to do? Leaders can teach employees the right words for tough situations—apologies that defuse tension without assuming or casting blame. Have your team members come up with the common complaints they get. Develop great responses to these complaints that put the patient at ease. Most importantly, practice. Role model responding to the complaints with the appropriate answers. You'll feel the difference.

The newly published *'I'm Sorry To Hear That...': Real-Life Responses to Patients' 101 Most Common Complaints About Health Care* by Susan Keane Baker and Leslie Bank, offers great sample answers. It helps leaders teach employees the right words for tough situations.

For example, let's say a sample patient complaint is about food: *The food is tasteless! The tea is never hot, the cereal is too thick, and the toast is soggy!* Baker and Bank's book offers the following selection of apologies for such a situation:

I'm sorry to hear you're not enjoying your meal. I'll check your nutrition orders and ask the dietician to visit you. She may be able to suggest some alternatives. Shall I make you a cup of hot tea right now?

I'm sorry. Good nutrition is important to your recovery. We have some snacks on the unit. Is there something I can get you? I could make you some fresh toast or a sandwich.

Even though some special diets are very strict, our Food & Nutrition team strives to provide tasty food. I'm going to ask your nutritionist if there are spices we can use to add flavor to your meals. What do you use at home?

The idea is for an organization to standardize these responses across the board, so that all employees are singing from the same "service recovery" choir book—and so that all patients in all departments have the same positive experience.

Teaching staff members how to say "I'm sorry," and say it the right way, is not just a nice thing to do. It's a strategic business tactic that pays off in tangible ways. Such training helps employees do their jobs more effectively and gain more satisfaction from their work, which results in higher productivity and less turnover. And of course, it results in happier patients who feel genuinely respected and cared for.

Words are more powerful than most people realize. An empathetic apology takes only a few seconds and costs nothing, yet it can completely change a patient's perception of care. In hard economic times, especially, that's no small matter.