

Dear EP Managers & Staff,

Few things are more gratifying than the appreciation you receive from a patient and their family after a successful procedure. You care about your patients or you wouldn't be working with them. Here are five easy steps to make them feel like you are the most wonderful caregiver in the world and your department is the best in the country. The secondary effect is that your patient satisfaction scores will skyrocket and administration will love you and stop harassing you. Print and post a [one page summary](#) in the bathroom or bulletin board to remind staff of these useful points.

If you are in Denver for the HRS conference and would like to be our guest at an EP dinner Wednesday evening, please let us know. It will be limited to the first 20 respondents. We look forward to meeting you in person.

Respectfully,  
Steve Miller, RN & The Staff at EPreward

**F**irst impression

**I**nstill Trust

**R**educe anxiety

**S**incere Caring

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### First Impressions are Paramount

"You don't get a second chance to make a first impression." The nonverbal message your patient receives in the first few seconds effects how they will perceive you, the rest of the staff and their entire experience in the department and hospital. To be better aware of how your patients see you, **ask another staff member for feedback on how you could make a better first impression.** We can all improve in this area and an outside observer can be the mirror for more clearly seeing habits that need adjusting.

**1) Body language- Before greeting the patient and family pause and take one good deep breath to slow yourself down.** You do not want to appear rushed through this critical first contact, no matter how busy it is. Bring your focus to the here and now, not on the last case or on lunch in 30 minutes. This may seem trivial, but it has a huge effect upon the patient's perception of how you care about your job and subsequently how you will value and care for them.

**2) Physical appearance:** Yours- Don't underestimate the effects of clean and unwrinkled scrubs, a name tag and appropriate grooming. If you get blood or betadine spots somewhere, go change. **A patient will not trust a caregiver or department who they perceive as unkempt because they will translate that into a sloppy and ambivalent attitude about their job.**

The Department: Physical appearance is critical for the department and especially the procedure room. Be sure contrast and blood splatter is wiped off the C-Arm, monitors and other objects patients see when sitting and laying on the table. Put your head down there and take a look up and around to see what they see. You'll be surprised. The room should look like it is the first case of the day for every case. Self evaluate the room by looking at it as though you were the patient coming through the door.



**3) Eye Contact & Facial expressions-** This is the most important thing you can do. As you approach the patient smile when you first make eye contact, just like they are a friend you are glad to see. **As you introduce yourself, firmly and confidently shake their hand and while you are shaking their hand hold on to it for three seconds while looking them in the eye and tell them "we are going to take very good care of you"**. They will believe you. Then shake the hands of the friends and family. These people are your allies in the hospital and after discharge. They will watch the patient better than the floor staff and will help with patient compliance through the whole recovery process.

### Instill Trust by Showing Respect

**Ask the patient how they are feeling right now and what are they most concerned about.** This allows them to express themselves to you and lets you focus in on their personal concerns. Introduce your self by name and tell them your responsibilities during the procedure. Also mention the other staff members and their responsibilities. Throw in a complement about a staff member or the physician to increase the patient's confidence in the team.

After introductions whisper into the patients ear and ask them if they want you to review their pertinent medical history and the procedure with their family/friends present or do they want you to do this in private. This will let the patient know you value them and their privacy. If they want privacy, before leading the family and friends to a waiting area, ask them if they have any questions and take the time to answer them completely.

Succinctly review the patient's chief complaint, their hospitalization and what lead them to this point.

**Never lie to a patient or significant other.** If they have a complaint, hear them out then tell them what you are going to do about it and ask them if that will resolve their issue.

### May Conferences

**Webcast 11th;** Denver, CO HRS 13th-15th;  
Denver, CO Multiple Conferences 12th-15th see calendar for full schedule.

### June Conferences

Melbourne, Australia 1st; Melbourne, Australia 2nd-4th; Wynwood, PA 16th; Nice, France 16th-18th; Concord, CA 18th-19th; Berlin, Germany 21st.

See details on our [Conference Calendar page.](#)

### Reduce Anxiety

All of these FIRST steps will help to reduce stress which will allow you to do a better job by improving the quality of information they provide in their medical history, decrease the amount of drugs you will need for sedation, and improve their understanding and compliance with intra and post procedure instructions.

**Laughter is very helpful as well.** If you have a sense of humor that allows you to make the patient laugh, this is a big plus. Always be tasteful and considerate in this area.

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### Sincere Caring and Competency

Your patients know that if you sincerely respect and value them, your subsequent actions will be motivated with their best interest in mind. This is best communicated by showing them with your actions.

**Touch them in a way that subtly communicates warmth and concern.** For example: 1) When inspecting their IV site just don't push around the area with a finger tip, instead hold their hand with yours and cradle their forearm in your other hand, then gently palpate around the IV site. 2) When checking DP and PT distal pulses, hold the foot in one hand while you palpate the pulses with the other. 3) Especially if they have A. Fib. or an SVT, teach them how to take their own pulse by holding their hand, helping them find a radial pulse, and counting it for 15 seconds. You accomplish the same thing but communicate so much more with an extra touch.

If you have a **blanket warmer**, and if not you need to request one, place a warm blanket on them as soon as they arrive in your pre-procedure area or room. Also, sandwich your electrodes, defib patches and grounding pad in a warm blanket before putting them on your patient. Placing these items inside the blanket warmer will make them too hot. Icing on the cake is to place a warm blanket on the table itself just before moving the patient over. They will extrapolate your attention to these details, to you paying the same attention to all of the essential details of the procedure.

If you want to really excel, stand at the patients head at the start of the procedure and talk to them about what they are going to feel just before it happens. This will have a tremendously calming effect and is worth a couple mg. of Versed as they will not feel alone and vulnerable. The anxious patients will love you for this.

### Teach

Teaching begins when you first meet the patient, family and friends. I like to tell patients "This is my first case. Can you tell me why you are here and what are we supposed to do today". If you have presented yourself confidently and competently it will add a little comic relief and their answer will allow you to assess their knowledge level. If you appear frazzled they will believe you and be scared even more.

**Then describe the procedure- specifically mention the sensations they will experience.** A flat hard bed, medications to make you drowsy or being put to sleep by anesthesia, oxygen in your nose, a sharp poke and burning sensation in the groin from the numbing medicine, pressure like someone is pushing with a finger as the IV tube goes in, and racing and pounding in the heart during testing. Reassure them that these are all normal. Tell them if they are unsure about anything, to let you know right away.

If not taught, the patient will not know what is normal vs. what is terribly wrong and they will think the worst. This only needs to take a minute, but it puts the pieces together and helps them understand what has been going on with their body and life.

At the end of the procedure, **review with the patient and significant others the results of the procedure**, the next steps in their care and the post procedure instructions. The physician will hopefully have told them already, but their elevated stress level will create poor retention and repetition will be needed. Also, enlist significant others in helping the patient to follow these post procedure instructions. They will be better monitors for problems than the floor staff and will monitor the patient at home as well.

**Summary-** Patient satisfaction is taking on greater importance in today's competitive business environment. Hospitals are spending significant time and money urging employees to improve patient satisfaction scores. This includes telling employees to remind patients to "give me a 10 when you receive a follow up call". This approach affects me like Ipe-cac. Use the steps outlined above to exceed your patient's and hospital's expectations. Many of these points were taken from the [Discussion Forum Patient Care](#) area on EPreward's website, thank you to those many contributors.

**Have a great Spring.**

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