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Research for Practice
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Research for Practice
Comparison of Methods to Facilitate Postoperative Bowel Function

Clinical Practice
A Case Study, Calciphylaxis: An Exercise in Human Caring

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Official Journal of the Academy of Medical-Surgical Nurses

A Jannetti Publications Inc. Journal
Ovarian Cancer

Janelle is a 23-year-old college student. She has always had irregular periods with premenstrual pain and bloating for a week prior to her period starting. Once her period starts, these symptoms usually resolve. Lately, Janelle has noticed that the pain and bloating do not resolve after her periods but continue throughout the month. A vaginal ultrasound and then a laparoscopic biopsy of an ovarian mass are done, which show Janelle has a Stage II B ovarian cancer. She is scheduled for a total abdominal hysterectomy. The nurse accompanies the surgeon into her room while he explains to Janelle and her parents the diagnosis and treatment plan.

Only a small percentage of ovarian cancers are detected in the early stage, usually because of early symptoms related to a family history (American Cancer Society, 2006). Early symptoms often are dismissed because they are vague and can be caused by other less serious problems. Early symptoms can include:

- Swelling of stomach or bloating caused by an accumulation of fluid.
- Pelvic pain and pressure, possibly including swelling of the lower extremities.
- Indigestion and feeling full after eating small amounts.
- Bladder pressure and urgency.
- Additional symptoms: tiredness, upset stomach, back pain, pain with intercourse, constipation, and menstrual changes.

Treatment options include surgical intervention followed by chemotherapy and radiation therapy. Symptom management is paramount throughout the trajectory of this often-difficult illness. The nurse plays a critical role in providing education and support.

Mary Behr, MSN, RN, CNSN, is a Clinical Nurse Specialist, TriWest Healthcare Alliance, Phoenix, AZ.

Are You Certified?
Certification shows you have taken that extra step to validate your knowledge and skills. The Academy of Medical-Surgical Nurses (AMSNN) and the Medical-Surgical Nursing Certification Board (MSNBC) encourage you to take the time to show your colleagues and patients your commitment to excellence in medical-surgical nursing practice. For more information, visit www.medical-surgical.org

Questions:
1. What are the potential complications of ovarian cancer and how are they managed?
2. What is the role of the nurse in the patient's care?

Ovarian Cancer

Creating Sustainable Ideal Patient Experience Cultures

Patient-centric strategies have moved from patient satisfaction and brand awareness to brand engagement. Today’s health care marketers are beginning to understand brand differentiation as the direct result of superior customer interactions, which result in better patient care, enduring customer relationships, and loyal customers. The points of interaction between the patient and the staff are termed touchpoints. However, research and understanding of human behavior indicate touchpoints are not enough. Satisfactory transactions or encounters are forgettable experiences. Touchpoints need to be converted to opportunities for engagement — the development of a lasting relationship. Every connection with the brand (e.g., in person, Web site, telephone, and personal interactions) provides an opportunity to attach a patient to the brand. A well-designed experience can eliminate the variability (such as a well-executed office visit or surgery) to allow patient outcomes to be defined, understood, and ultimately felt. Work needs to be considered an interdependent system comprised of the experience ecology: physical environment, work processes, organizational culture (e.g., formal and informal values, norms, expectations, and policies, etc.), workforce demographics, and information technology (Becker, 2006). Organizations need to consider the interdependencies and patterns of interaction between these elements rather than focusing on the individual elements alone.

Nursing Implications
Nursing needs become more proactive in marketing its brand. Nursing’s brand is best built within a patient-centric culture that embraces and promotes ideal patient experiences. Nurses must become advocates and leaders in developing and implementing ideal patient experiences by designing and implementing patient-centric, not provider-specific, care protocols, practices, and processes. Hand-in-hand bedside care is where the ideal patient experience can be delivered most effectively. Nurses who exceed patient expectations with high-quality, evidence-based, personalized care are delivering ideal patient experiences.

Marketing Implications
More brand awareness and high satisfaction ratings are no longer effective ways to attract and retain customers. Traditional marketing methods waste financial resources. Health care practices need to wrap patient-centric culture which increases customer attachment and improves profitability through a well-defined, differentiated service promise; clearly communicated marketing messages consistently keep the promise by delivering ideal patient experiences. The patient and referring providers trust that developing a compelling reason to return for more service. Patient-centric organiza-

Mary Behr, PhD, ANP-C, is President/CEO, Weiss Health Group LLC, Neenah, WI.
Steve Tyjnk, Vice President, Business Innovation, Minson Construction, Appleton, WI.

Preparin for Certification

Professional Issues

Preparing for Certification

Mary Behr

Professional Issues

Margie Weiss

Steve Tyjnk

Creating Sustainable Ideal Patient Experience Cultures

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tions readily embrace the increased intensity of customer expectations, such as referring physicians who expect immediate responses to scheduling requests (getting an appointment, setting up further testing, or surgery scheduling); and patients who expect timely, consistent, and accurate communication regarding diagnostic reports, prescription refills, and callbacks on information requests. Patients and pertaining physicians expect access to providers via electronic formats, such as email, Web sites, downloaded forms, and electronic health records. The practice needs a culture and passionate leadership that consistently keeps the promise of patient-centric care. Tools, such as the Touch Question Cascade, developed by ATTACH, may be useful for evaluating your practice.

• Awareness and attachment develop at multiple levels: the provider level, the practice level, and the patient level. Attachment develops through six sources: (a) satisfaction, (b) quality of the relationship with the brand, (c) shared values, (d) increased self-image, (e) emotionally linked association with people, and (f) the pleasure of a lasting relationship (Kapferer, 2008). Brand awareness measurements (estimates of exposures for print or billboard) and satisfaction surveys only provide limited information related to traditional marketing strategies and attention to the typical details of a customer encounter. The word satisfaction is the lowest level of acceptable customer service. Any clinic in the world can guarantee a happy patient satisfaction because staff can fix any challenge or problem the patient finds. That won’t guarantee loyalty, because loyalty takes work. Satisfaction is no longer enough. It is merely a reaction to an identified issue. Customer satisfaction related to touchpoints or interactions is unpredictable and difficult to replicate, means different things to different patients, and is not measurable as it relates to customer (volume) growth. Typical patient satisfaction data are aggregated and do not capture the essence of how attached (loyal) the customer is to the organization: How do satisfaction and attachment metrics differ?

Attached customers align with the brand. What drives customer attachment? The driver is an organizational culture with a passion for creating ideal patient experiences.

Putting it into Practice: Create, Connect, and Captivate

Step 1: Commit to the creation of a patient-centric culture. Is the organization willing to design each experience in detail and hold people accountable to the standards set for each patient-centric transaction or potential attachment? Care must be delivered differently (see Table 1). Only radical change is ever visible. Innovations in care delivery must be relevant and valued by customers. The culture of the practice must be patient-centric, consistently delivering on the promise of ideal patient experiences. For example, in Wisconsin, a group of neurologists and neurosurgeons recently completed a new outpatient neurosurgery center. Using a consultant who had developed the ATTACH tools, the health care providers integrated building design and construction with a complete redesign of innovative care pathways, the development of assessment and training tools, and a training process which clearly communicated the expectations and metrics required to assess patient attachment.

Step 2: Connect employees and customers to patient-centric care. Map all attachment points and determine the expected outcomes from each transaction. Include staff at all levels to delineate not only the outcomes that patients will expect but also the behaviors, skills, and environmental changes that may be needed to support the development of an attachment point. For example, developing a driving value in health care, Brand equity (the financial value of the nursing brand) is built on consistent delivery of a differentiated promise — ideal patient experiences. The provider must not only deliver high-quality care, but also be a force in determining the environment, staff behaviors, and expectations of the practitioners. Patients evaluate health care quality by both the interaction with the provider and the physical environment, interactions with staff, and ease of obtaining services and follow-up reports such as lab results. A practice competent in delivering ideal patient experiences consistently orchestrates the delivery of services to exceed patient expectations and also utilizes effective marketing to influence customer attachment at all levels.

Step 3: Capitate-monitor and measure attachment (differentiate). Seek tools and resources to help monitor and measure customer attachment to the practice. For example, several innovative companies that measure attachment. Consistently communicate to customers and employees the practice’s commitment to patient-centric care. The successful implementation of ideal patient experiences is related directly to a team-based approach that connects the expectations of the ideal patient experience with building design and construction.

<table>
<thead>
<tr>
<th>Patient-Centric Cultures Support Ideal Patient Experiences</th>
<th>Promise</th>
<th>Reality</th>
<th>Customer Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competent, high-quality care</td>
<td>Evidence-based practice</td>
<td>Positive clinical outcomes</td>
<td></td>
</tr>
<tr>
<td>Personalized care</td>
<td>Passionate health care providers</td>
<td>Accurate, timely communication</td>
<td></td>
</tr>
<tr>
<td>Timely responses and follow up</td>
<td>Customer-centric behaviors recognized and rewarded</td>
<td>Easy access to care</td>
<td></td>
</tr>
<tr>
<td>Care coordination</td>
<td>Facility and care processes supported</td>
<td>Attached customers</td>
<td></td>
</tr>
<tr>
<td>Reliably and responsive</td>
<td>Culture supports and staff buys into patient-centric vision</td>
<td>Differerntiated from competition</td>
<td></td>
</tr>
<tr>
<td>Ideal patient experience</td>
<td>One clear vision</td>
<td>Consistent, compassionate, personalized care</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Non-Patient-Centric Cultures: Unable to Deliver Ideal Patient Experiences</th>
<th>Promise</th>
<th>Reality</th>
<th>Customer Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competent, high-quality care</td>
<td>Individual practice standards</td>
<td>Long wait times</td>
<td></td>
</tr>
<tr>
<td>Personalized care</td>
<td>Individual goals</td>
<td>Highs and lows of care</td>
<td></td>
</tr>
<tr>
<td>Timely responses and follow up</td>
<td>Workaround</td>
<td>Access issues</td>
<td></td>
</tr>
<tr>
<td>Care coordination</td>
<td>Reminder</td>
<td>Coverage issues</td>
<td></td>
</tr>
<tr>
<td>Reliably and responsive</td>
<td>Uncommitted, unsatisfied staff</td>
<td>Communication issues</td>
<td></td>
</tr>
<tr>
<td>Ideal patient experience</td>
<td>Back hail governance</td>
<td>Inconsistent message</td>
<td></td>
</tr>
<tr>
<td>Satisfactory</td>
<td>Podetis of power</td>
<td>No clear differentiation from competition</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Living in the past; “always done it this way”</td>
<td>Visual, email, hand-outs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inconsistent delivery care</td>
<td>Forgettable, unremarkable experiences</td>
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</tr>
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Sample Parameters (Both 5-point Likert scales)
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Attachments align with the brand. What drives customer attachment? The driver is an organizational culture with a passion for creating ideal patient experiences. Putting it into Practice: Create, Connect, and Capture

**Table 1. Contrasting Patient-Centric and Non-Patient-Centric Customer Experiences**

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<td>Individual practice standards</td>
</tr>
<tr>
<td>Timely responses and follow up</td>
<td>Time available for appointments</td>
</tr>
<tr>
<td>Care coordination</td>
<td>Effective communication</td>
</tr>
<tr>
<td>Reliable and responsive</td>
<td>Reliable and responsive</td>
</tr>
<tr>
<td>Ideal patient experience</td>
<td>Ideal patient experience</td>
</tr>
<tr>
<td>Customer Experience</td>
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<tr>
<td>Attached customers</td>
<td>Attached customers</td>
</tr>
<tr>
<td>Differentiated from competitors</td>
<td>Differentiated from competitors</td>
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Sample Parameters (Both 5-point Likert scales)

<table>
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<th>Sample of Traditional Measures: Brand Awareness and Satisfaction</th>
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| Map all attachment points and determine the expected outcomes from each transaction. Include staff at all levels to delineate not only the outcomes that patients will expect but also the behaviors, skills, and environmental changes that may be needed to support the development of an attachment point. For example, the process for managing the patient's initial visit needs to be as seamless as possible. The process should be explained clearly and accurately. The process may be as detailed as developing the patient's first contact with the office. This includes procedures for dealing with patients who are dissatisfied. Non-delivery of a differentiated service — ideal patient experiences. The provider must not only deliver high-quality care, but also a service that is environment, staff behaviors, and expectations of the patient. This patient evaluation process, along with the provider and the physical environment, interactions with staff, and expectations of the patient. A practice competent in delivering high-quality care evaluates the practitioner's contribution to patient satisfaction. The successful implementation of an ideal patient experience related directly to a team-based approach that connects the collaborative environment of the ideal patient experience with building design and construction.**

---

Step 3: Captivate-monitor and measure attachment (differentiate). Seek tools and resources to help monitor and measure customer attachment to the practice. By identifying, selecting, and implementing innovative companies that measure attachment consistently communicate to customers and employees the practice's commitment to patient-centric care. The successful implementation of an ideal patient experience is related directly to a team-based approach that connects the collaborative environment of the ideal patient experience with building design and construction.
Conclusion

Linking the ideal patient experience to your brand creates a competitive advantage. Service is invisible and is consumed always within a cultural context that includes the physical (rights, sounds, environmental cues), emotional (feelings, thoughts, unconscious responses to external cues and internal scripting), and behavioral (actions, activities, process of care). A patient-centric culture sustains ideal patient experiences by designing culture in such a way that the patient experience is at the core. Patient-centric culture requires time in detail; developing standardized workflows and training; recognizing, rewarding and holding teams accountable at every transaction point; communicating differences based on fulfilling the promise of service consistently with each encounter; and creating passionate leaders who build a culture and the metrics which endorse and measure patient-centric care (Tytko & Weiss, 2008). Ideal patient experiences create better customer care outcomes, attached customers, and increasing customer relationships, as well as increased brand awareness, increased customer loyalty, and increased brand equity that yield increased customer volumes and increased profitability.

References


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Preparing for Certification

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effects associated with chemotherapy.

3. A – The CA 125 is a blood protein helpful in diagnosing and monitoring patients with non-mucinous epithelial ovarian cancer.

4. C – Keep clean by showering/bathing daily. Be sure to wash your feet, groin, armpits, and moist, sweaty areas to prevent a build up of bacteria.

References


Impact of End-of-Life Conversations on Tissue Donation

To the Editor:

After reading the article by Gauthier on "Challenges and Opportunities Communication Near the End of Life" in the October 2008 MEDITUS Nursing, I wanted to encourage the journal’s readers to add one more component to the end-of-life conversation. Organ and tissue donation is an essential part of any end-of-life conversation.

In addition to the ongoing need for human bone, heart valves, vessels, and eye tissue, over 100,000 people are included on the Organ Procurement & Transplantation Network’s (OPO) tissue register of the Department of Health & Human Services, 2009) waiting list. According to the Eye Bank Association of America (2005), over 40,000 corneal transplants were performed last year. The severe shortage of organ donors and tissue donors is a major challenge that needs to be addressed. The important goal of the donation is to donate and receive patients and their families are worthy of discussion.

This is a critical need and can be a personal need. The donation has been learned the decision to donate can have a personal impact on both the recipient and donor families. Moreover, the way in which the option is presented can and does have a direct effect on the patient and his or her family, as well as their ability to live comfortably with their decision.

The most common reason family members consent to donation is because they have a conversation about it; they know what their loved one wanted (Wilson et al., 2006). With this in mind, nurses should not be apologetic in discussing donation. As health care professionals, we need to give this option proudly to patients and their families, and view it as a real responsibility in our practice. We need to share with patients and families the benefit to considering donation of human tissue. Research has shown a lack of information available about the donation process, including among health care professionals. Nurses are less likely to identify potential donors and discuss donation, or are reticent to visit with grieving families during the dying process because they are not well informed. Health care professionals must be educated to discuss donation with patients and families as a part of the end-of-life conversation (Feeley, Tamburlin, & Vincent, 2008).

It has been my experience that every person and family has a coping style. It is our role as health care professionals to observe the interactions of the family with a loved one, and listen for what they need. The nurse’s role is critical to this process. This cannot be overemphasized in light of our lack of support for donation; a statement such as, "It’s not about us — it is about them. How we react or respond to the end-of-life process will impact the decision for donation and, most important, how the family will remember this experience.

We serve these families by focusing on the process, not the outcome. We will honor their decision, regardless of whether we agree with it. As health care professionals who talk to patients and families about donation, we are giving an opportunity for their lives to have meaning beyond the present. Nurse teachers teach us that it is always an honor and a privilege to be present and care for patients and their families at the end of life. Empowering families to donate is critical in helping families cope with their loss. We can assist in this process by offering choices, and the donation of human tissue is clearly a choice that must be considered.

It has been my experience that when a family looks back on this time, saying “yes” to organ and tissue donation gives them hope and the sense of having made a difference beyond the reach of their loved one. I recall approaching one family about donation after a loved one died of a massive heart attack on Thanksgiving Day. In her grief, the wife said, “I am so glad you called and asked. I would not have thought of it in the shock of the moment. We donated my dad’s eyes when he died. It means so much to all of us.”

Research indicates we must consider including this important dialogue in all end-of-life conversations. It will make a difference. It will have an impact. We will leave a legacy.

Mary Jo Czeczowski Student I Saint Anthony College of Nursing Rockford, IL

References

With at least 70% of the public agreeable to donation, with a 70% agreement that the professionals are doing enough to promote donation, the ethical boundaries and opportunities for donation is significant. MEDITUS Nursing, 16(5), 291-295.

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