

FIRST TOUCH[®]:



A Journey to Trusting Relationships

As health care providers committed to Service Excellence, is it enough to simply attend to the clinical aspects of our patient's care? The nurses and health care workers on the Cardiac Care Unit (CCU) at Saint Joseph Health Center in Kansas City, Missouri believe the answer to this question is "No"! They have made a commitment to create a unit which supports and nurtures healing on all levels for patients and their families – whether it is spiritual, cultural, mental, and/or physical. CCU staff realizes that illness can be a life-altering experience, and they also know it is extremely important that caregivers be compassionate, caring, and supportive.

The heart of their work is a concept they call First Touch. In order to create an environment for First Touch, a group of CCU nurses and their chaplain, (a group who call themselves "Pioneers"), met with Sage Consulting and also on their own to define First Touch as a standard for practice. Scripts were written to help improve nurse/patient interactions, and to ensure that all patients were consistently treated with respect and compassion. It would be the expectation that all staff would follow these scripts.

FIRST TOUCH DEFINITION

First Touch is the initial, non-clinical, personal contact with patients and their families which begins with "Hello" and concludes with "Goodbye". The goal is to establish and sustain trusting relationships and rapport with our patients and their families. This process of bonding, through "a time of presence", helps our patients realize that we are there for them. We, the caregivers, committed to their welfare, are seeing and recognizing our patients as "human beings" first rather than room numbers or diagnoses. We want to reduce their anxieties and fears by creating a safe place for our patients. This safe haven begins when we offer a positive, healing environment. We believe we need to start First Touch by being "the best of who we are" and connecting with "the best of the people we serve."

The Pioneers vowed to enter this project with spirit and enthusiasm. They actually practiced the scripts for several weeks with patients and families, and then met to discuss the triumphs and challenges they encountered before introducing them to the staff. Some nurses had difficulty going into the room without stethoscope, meds, Datascope,

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and clipboard. One nurse actually said she almost felt “naked” and without her protective “armor.” Others were hesitant to open a conversation with something as broad as “How are you?” Someone said that it felt so “open-ended and vague.”

These issues of resistance centered around need for personal space, feelings/questions about touching patients and concerns about the time First Touch would take away from the clinical routine of the day. Pioneers had trouble trusting that a few extra minutes up-front would actually give them more time in the long run.

Telling their patients “Goodbye” was also difficult for some. The issue again, was one of time and the ability to complete their shift for fear of multiple requests before leaving. This trial run was actually very rewarding and enlightening for the Pioneers. They quickly realized that starting the day with First Touch was beneficial for both patient and nurse. The patients were happier and the friendships that were fostered made the nurses want to say “Goodbye” at the end of the shift. One of the Pioneers said she felt like she could finally take the time and give herself permission to be the nurse she had always wanted to be. Everyone came to realize after only a few days with First Touch, that no one could be satisfied with nursing any other way.

The Pioneers developed mandatory 90-minute workshops for the CCU staff in preparation for the implementation of First Touch. Some staff said, “We are already doing this stuff. We don’t need to be told how to be a nurse.” Common practice versus common knowledge seemed to be a very good way to explain the goal ... “We realize that you know how to do this, but we hope you will make a commitment with us to hold First Touch close to your heart and practice its concept.”

The Pioneers began the sessions by asking each person to share “why they entered health care” and “why they stay.” Many discovered things about each other that they had never known. This sharing was a pivotal point in the workshop and kept everyone engaged during the rest of the class, which included the history, objectives, definition of First Touch, and expectation/agreement about implementation of the scripts.

**Healing
Environment...
Achieving
Relationships with
Trust**

Staff agreed that they would help each other as they created this environment for First Touch. The Pioneers put up banners to remind everyone to say their “Hellos” and “Goodbyes.” To keep enthusiasm going and to recognize the efforts of staff, H.E.A.R.T. cards were distributed to each staff member. This card is to be initialed by fellow health team members when they see or hear someone demonstrating the spirit of First Touch. The H.E.A.R.T. cards are a powerful motivator as peers recognize each other for their successes.

The Pioneers found that establishing relationships with patients non-clinically through First Touch resulted in decreased use of patients’ call lights because staff took care of their needs up-front. They also found that saying “Goodbye” and introducing the oncoming staff member provided for better transition and rapport with patients.



The Pioneers are monitoring their patient satisfaction survey data (using the Press Ganey Inpatient Survey) by looking at specific indicators: friendliness/courtesy of the nurses, prompt response to call light, nurses’ attitude toward requests, attention to specific/personal needs, nurses kept you informed, staff address emotional/spiritual needs. They have already seen improved scores in all of these areas.

The next step for CCU and the organization will be to take First Touch organization-wide. The Steering Team will meet with the Pioneers and Sage Consulting this fall to discuss the roll-out plan. The team will follow CCU’s lead as the organization implements First Touch.

Saint Joseph Health Center (SJHC), of Ascension Health, is a 300-bed hospital located in Kansas City, Missouri. The Cardiac Care Unit (CCU) is a 23-bed critical care unit whose primary patient population is cardiac and post-ICU open-heart patients. There are 51 staff members consisting of RNs - 42, PCAs - 6, and Secretaries - 3.

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First Touch 2003, Sage Consulting and Saint Joseph Health Center’s CCU ▼

