



Assisting Better Communication



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As the Founding Executive Director of the University of the Sciences in Philadelphia's Health Policy Institute, Dr. Stefanacci is building on his recent tenure as a Centers for Medicare and Medicaid Services (CMS) Health Policy Scholar. In that role, he spent a year working on policy development and implementation of the Medicare Part D Pharmacy Benefit, particularly regarding access issues for frail elders.

Dr. Stefanacci has a long and passionate history in long-term care (LTC). Having served as medical director for several nursing facilities and continuing care retirement communities, he is well versed in the needs of LTC facility residents. Additionally, Dr. Stefanacci's geriatric experience includes over a decade as a medical director of a large primary care private practice, a full risk provider group, a Medicare + Choice (M+C) HMO, and a Program for All-inclusive Care for the Elderly (PACE) initiative in Philadelphia.

A graduate of A.T. Still University, Dr. Stefanacci completed his clinical training at the University of Medicine and Dentistry of New Jersey in Internal Medicine and a fellowship in Geriatrics at the same institution.

Dr. Stefanacci serves on the board of trustees at A.T. Still and previously served on the National PACE Association board. He also is an active member of the American Medical Directors Association (AMDA), American Society of Consultant Pharmacists (ASCP), and the American Geriatrics Society (AGS). Recently, he was recognized as an American Geriatrics Society Fellow (AGSF). In addition to writing and lecturing extensively, Dr. Stefanacci serves on the editorial boards of *Caring for the Ages*, *LTC Interface*, *Jefferson's Health Policy Newsletter*, *The Journal of Quality Healthcare*, and *Medicare Patient Management*.

Dr. Stefanacci is also founder and member of the board of directors of www.Go4TheGoal.org.

Listen closely—now that I have your attention, I need to tell you that it's all about communication—how we communicate and what we communicate. Millionaires—no billionaires—have been made helping us to communicate better. Despite the improvements made in communication, health care still suffers from a failure to communicate. Each issue of *Assisted Living Consult* works to improve our communication so that we can improve the outcomes for our residents.

When we think of communication in the area of assisted living (AL), we are drawn not only to staff communication but to communication between our residents and staff/providers. To start this discussion, let's focus on an often overlooked area of communication, that is, communication from our residents. The value of these communications often-times provides a unique perspective, one that can only be composed by one with a wealth of real-life experiences. Sometimes this communication is hindered by medical limitations such as a stroke or hearing deficiencies. In this case, the expertise of a speech language pathologist (see *The Role of a Speech-Language Pathologist*, p. 40) or experts in hearing is needed to help our residents communicate. By utilizing the expertise of our care team members, we are more likely to achieve optimum levels of communication to and from our residents.

Resident Voices

To illustrate the point of the value of communication from long-term care (LTC) residents, I share with you a letter received from Daisy,

a resident of a LTC facility in Newark, New Jersey. My father, a general surgeon who retired at age 70, now proudly serves, at age 77, as the owner/administrator of the facility. Daisy sent this letter to my family soon after the passing of our son Richard. Again the reason to share this letter is to draw your attention to the rich communication of which our residents are capable.

Dear Stefanacci Family,

Thank you for your kind letter. Richard was truly a very special person. I was blessed to get to know him through your sensitive, understanding, and in-depth daily updates on the Go4theGoal Web site.

I learned to love this spunky kid, for his courage, his vitality, and his general "up" personality.

I sincerely believe that your love and devotion to his care, plus your understanding of his needs bridged the space filled with "uncertain things" for Richard and helped him continue on. I will never forget Richard and I am not surprised at the number of people who have reached out to you because of Richard. He touched a lot of lives. I know there will always be a spot in my heart where Richard is.

God bless you and may you receive the help of God's grace, especially now during this hard time, and be consoled by Jesus Christ our Lord.

Daisy Washington
Forest Hill Care Center

P.S. I wanted you to know I wrote that story to enter in the "Legacy" contest. If it had been a winning story it would have been printed in the Essex Record and, therefore, more people would know Richard's story and about the Go4theGoal fundraising foundation. I'm sorry it didn't win.

All too often LTC facilities are viewed as a warehouse for our seniors, a place that people go to, or rather are sent, to die. Those who understand LTC emphasize the "care." LTC facilities are a place where residents live and embrace life. To assist our seniors, we need to draw them out so they communicate their feelings, provide their years of wisdom, or articulate problems and solutions.

Physician Communication

Besides allowing our residents to communicate with us, we need to

also help them in communicating with others, especially other healthcare providers. Recently *The Wall Street Journal* (October 31, 2007) carried an article titled “Making the Most of Doctor Visits.” The points listed in the article are important ones that our residents should use when having discussions with their physicians. By using these guidelines, a more efficient and effective physician–patient interaction can occur, resulting in improvements in health outcomes.

Physician–Patient Rules of Engagement

- Write down questions/issues for the doctor beforehand, in order of priority.
- If it’s a diagnostic visit, prepare a detailed description of symptoms.
- Bring a list of current medications and dosages.
- Ask for decision-support aids, or reliable Web-based information about conditions and treatments.
- Make sure before the visit that the doctor has received test results/reports from other labs or doctors.
- If you’re unsure whether you can effectively interact with the doctor, bring a family member or friend.
- Take notes and/or ask the doctor if you can record the session for later review.

This important topic is addressed in greater detail by Dr. Weiss in her book *Seven Minutes: How to Get the Most from Your Doctor Visit*, available at www.breastcancer.org. This book focuses on such things as finding the right doctor, preparing for an appointment, saying what you want to say, getting answers, retaining what your doctor tells you, advocating for a loved one, and managing the doctor–patient relationship with confidence. Clearly

this is a resource worthy of any facility library or to serve as the foundation for educational initiatives focused on the wellness of our residents.

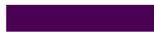
The Delivery

Besides the words themselves, the “channels” that we select to communicate those words are equally important. In a world that is increasingly rushed and dominated by impersonal e-mails and voice-mail, there is nothing that can replace the touch of a personally written letter as illustrated by Daisy’s lovely letter.

This is not to say that there is not a valuable place for technologi-



Technology can improve communication, or even make it more efficient.



cally advanced forms of communication. The key is balancing these forms with personal touches. If not for some of these advanced forms of communication, we would not get the opportunity to see Professor Randy Pausch’s powerful last lecture, titled “How to Live Your Childhood Dreams”¹—a moving piece of video that I would encourage you to take the time to view. (Randy Pausch is a 46-year-old professor at Carnegie Mellon University. See reference 1 for the video Web site.)

Technology can even improve communication, or at least make it more efficient. Take the case of the online interactive communication tools for patients being used by Dartmouth-Hitchcock. They have successfully implemented

“Patient Online,” a tool that extends clinical and administrative functions directly to patients using a personal Web site product that supports HIPAA-compliant clinical communication, patient appointment scheduling, prescription renewals, and referral requests with the practice.²

Patient Online is a secure Internet-based communication tool, the purpose of which is to increase communication between the patient and his or her healthcare team. This service is available to patients any time of the day or night for nonemergent needs, with a response time from the practice within 24 hours (excepting weekends and holidays). There is no reason that this service cannot also be used by both formal and informal caregivers as well.

Through the implementation of Patient Online, Dartmouth-Hitchcock, a multigroup physician practice in northern New England, has successfully improved patient care. The goals met through the implementation of Patient Online include increased communication between patient and physician, increased patient satisfaction and retention, increased practice efficiency and lower costs, and improved competitiveness.

By achieving these goals, Dartmouth-Hitchcock has been able to document significant benefits to both clinical operations and patient care. The improvement in patient satisfaction is attributable to the patient’s belief that by providing Patient Online, the group’s spectrum of customer service has increased and includes more accessibility to physicians. Additionally patients report that Patient Online is easy to use, offers quick response time, and can be used of their own time. This service removes the negative experience associated with extended holding patterns via traditional phone

communications. The utility of Patient Online allows patients to have more control over their health care and actively participate in their care management process. Facilities can reach out to area healthcare systems to develop these links and enhance the experiences for their residents who increasingly rely on the healthcare system.

Wellness Programs

Since communication is an integral part of providing assistance, think about developing as part of

your facility wellness program, education and tools to aid residents in bettering their communication with healthcare providers or AL staff and loved ones.

In the end it really is all about communication—getting it right with regard to the ideal “what” and “how” takes a lifetime to master so we should take the time to learn from those who have a lifetime of experiences. Oftentimes it just takes a little “assisting” to get our residents to communicate with us—communications that will likely benefit us just as much as them! **ALC**



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2. Walters BA, Danis K. Patient online at Dartmouth-Hitchcock. Interactive Patient Care Web Site. *AMIA Annu Symp Proc.* 2003; 2003:1044.

Letters



In the July/August issue of Assisted Living Consult (see p. 30), we asked readers to send us “Legacies of Love,” activities designed to gather the knowledge and cultural legacies of AL residents to share them with future generations. The program was sponsored by the National Center for Assisted Living (NCAL) as part of its program for National Assisted Living Week (September 9-15, 2007). The following letter is a response from one of our readers.

To the editor:

The Webster Dictionary’s definition of the word “legacy” is a gift, generally given with love, transmitted by

or received from an ancestor or predecessor from the past, and it was with love that Hoffman SummerWood Community participated in the National Assisted Living Week Legacies of Love. The event was held at SummerWood on Sunday, September 9, 2007, from 2:00 pm to 5:00 pm. Our event featured a “Legacy of Love Letter” that was written and submitted by the members’ families.

The family members were videotaped reading their letter to their relatives. The reading of the letters was a very emotional and beautiful experience for both the presenter and the receiver, as well as the SummerWood staff. There were tears of love, smiles of joy, and a strong sense of pride as the letters were being read. It was a wonderful opportunity for the family to communicate to their loved ones exactly how they feel about them and for the members to hear about the legacies that will live on forever.

The Legacies of Love reception featured beautiful music by the “Two Brothers” who played classic music from Fiddler on the Roof, as well as other popular tunes that had members and their families singing along. Hot hors d’oeuvres and beverages were served and enjoyed in the beautifully decorated dining room and Café. The Legacies of Love event was truly a sentimental and inspiring event for all who attended.

—Deborah Breedlove-Watts,
Administrative Assistant,
Hoffman SummerWood Community



Verna Moidel (right) and daughter Jan Schwartz (left)