

Notes from Open Space Topic Convenors

What was your topic or question?

When interacting with patients, coworkers, family, and friends, how to meet them on their path, their belief system, and allow and encourage them to exercise their options to deepen their chosen goals

The focus of the group changed from the broad category above, to be focused upon the patient in a hospital setting; but the concepts presented can easily be extrapolated and used with family, friends, and coworkers.

What were major discussion points?

- ✓ Patients
- ✓ Accessing peoples coping “tool boxes”
- ✓ Going to where the patient is at that point in time emotionally, intellectually, etc., and acknowledging his or her reality
- ✓ Identifying the one thing the patient wants to have this admission
- ✓ Utilizing a different word than “discharge planning” which has negative subliminal messages

What did you learn?

- ✓ Use a term such as “transitioning” instead of “discharge planning.”
- ✓ Put a form in the chart, not only for problem lists but for “coping lists.”
- ✓ Have a form to identify the patient’s “tool box,” and post the tools used in the patient’s room (perhaps alongside JCAHO and HIPPA considerations)
- ✓ Offer the patient the option to have someone in their life with whom they can share with who won’t judge or advise unless asked to.
- ✓ Strength list

Some of the stories, synchronicities, heartfelt interactions that were shared:

- Everyone who goes to hospital comes with a set of beliefs and coping strategies: usually these are their religion, radio station, newspaper, and their family.
- We can ask patients what they have in their coping toolbox: write it in the chart, on the inside of the door, or on the wall in the room. For example, if they say they love cats, then all who go in can talk about cats.
- When the hospital acknowledged that a one-hour nursing interview helped facilitate the hospital stay, some of the questions were: do your false teeth fit? Can you read/Can you read this? The patient had glasses but only could read something four inches high and had ten past admissions from misuse of medications! They got large lettering and color-coded the medications.
- Coping strength list
- Personal Information Sheet
- Listen: listening posture
- Suggestions: ask the patient to name five people, then pick one who came to hospital, then ask, What is the one thing you want us to do during this hospital stay? (And do QA on this to see if we were able to do it.)

- Have a person who is not responsible for the care of the patient, go in and listen to them.
- Rachel Naomi Remen was mentioned re: rituals that are behaviors that make us feel safe. When we are sick and traveling, we usually don't have them with us; and we need new ones. How is the health care setting filling that need? How do they know what the need is? One person suggested offering a ritual to the patient: take a stone, have all who are there whom they care about take the stone and put their chosen "energy" into it, i.e., courage, strength, humor; and then the person takes it off to surgery taped to his or her foot.
- What do you do to feel safe?
- The concept of a healing community was touched on: no one person does it all, no one person is everything to a patient.
- Short insights were presented: average doc will interrupt the patient after 17 seconds; we can accomplish more in sitting down 5 minutes than by 15 minutes of standing; when someone has to crane their neck to look up at you, it disrupts the impulses to and from the brain that hampers their ability to pay attention.
- It was noted that it was crucial to go to where the patient was in order to have a good experience: i.e. in the ER, this allopathic (cardiologist) physician asks: "Who do you share your feelings with?" Men: say "no one." Women say daughter, but "I don't want to burden her." These are the people they get emotional nourishment from. Physician encourages them to utilize the option to find someone in their life to share with: the requirement of the listener is that they do not judge, and offer no advice unless it is asked for. If we think we'll be judged or given advice, we will soon not share with that person.
- Example of a Cambodian patient who needed surgery but was refusing all suggestions: Dr. went in and put his hands together, said, "Namaste," and the patient said to his son that he will do whatever this man suggests. It was Friday and the cardiac catheterization was scheduled for Monday. The son came to the physician later, saying that of course he himself didn't believe in this, but please reschedule this for Thursday. Apparently his dad (the pt.) had gone to a futurist that many Cambodians utilized who had predicted that when he attempted to go back to Cambodia for a visit, he would become ill. Now with that having taken place, they again went to the futurist who said, fine, but if anything needs to be done, wait until after Wednesday. So the physician wrote in the doctor's orders, "Due to spiritual reasons, Card Cath rescheduled for Thursday." He also thanked the son for "saving a colleague from having a difficult procedure with a potential bad outcome on Monday." The hospital administrators, who usually did not like delaying a patient's hospital stay, were pleased when the JCAHO reviewer who at this review was focusing on the spiritual needs being met of the patients, pulled that particular chart to review.

Whom should we contact for more information?

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