The Triple C PI: A Tool for Communicating Compassion across the Continuum of Care

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In the era of HCAHPS surveys, hospitals are being reminded that it’s not enough to diagnose illness correctly or to insert an IV tube smoothly—as essential as those things are. Patients want to be treated as a person, not a disease. They want to feel cared for.

Today, doctors and nurses must be trained not merely in clinical excellence, but in compassionate care. Yet this kind of training is not only for doctors and nurses. Hospital housekeepers need it, too. Sometimes, housekeepers are regarded as lowest on the hospital staff totem pole. But in terms of quality time spent with patients and their importance in the fight against HAIs, they’re key players in the continuum of care and in the patient’s perception of care. In the experience of some patients and their families, the hospital housekeeper is a critical member of the healing team.

Housekeepers are often trained to announce themselves and explain the service they provide. But we can do better. Helen Riess’s research underscores why we need to learn not just the vocal expressions of care. Nonverbal communication of empathy and care is just as important.

In my own work with hospital housekeeping managers, we’ve begun developing new tools to help their staff learn how to provide top-class compassionate care and how to be great collaborators. One tool is the Triple C PI. “PI” comes from the name of an evaluation used to assess patient room cleaning. “Triple C” stands for the goal of compassionate, collaborative care.

The Triple C PI is an evaluation rubric inspired by the conviction that our team members are care providers, and that compassionate care consists of observable, teachable sub-skills that can be taught, coached, practiced, and hardwired.

Our rubric is adapted from a competency framework developed at a conference of healthcare experts, patient advocates, and families at the Emory Center in Atlanta. It can be used by managers to train, observe, and coach team members as they develop their compassionate care skills. We’re piloting a written form and a prototype for mobile devices, and will share a more refined version of this tool with our managers later this year.

I suggest that our approach would be fruitful not just for housekeepers, but for anyone providing care in the hospital. Even though doctors, nurses, and housekeepers engage in very different communicative tasks to do their jobs, the philosophy and fundamental approach to conveying compassion and care can and should be the same, across a hospital’s continuum of care. With a consistent strategic approach to communicating care, everyone in the hospital can convey and reinforce the same message of care.


2 “Recommendations from a Conference on Advancing Compassionate, Person- and Family-Centered Care through Interprofessional Education for Collaborative Practice.” The Schwartz Center for Compassionate Healthcare. 2014. URL: http://www.theschwartzcenter.org/media/Triple-C-Conference-Framework-Tables_FINAL.pdf