FIELD GUIDE | CORRECTIONAL HEALTH CARE EDITION

The Power of SMALL MOMENTS

Turning good care into great experiences.

A practical companion to the session. Four habits, the stories behind them, and a way to run it with your team in twenty minutes, written for the people who deliver care inside correctional facilities.

PREPARED FOR NCCHC ATTENDEES · LAS VEGAS · OCTOBER 2026

THE CARE MODEL

C CONNECT | **A** ANTICIPATE | **R** RESPOND | **E** ENGAGE

CHRIS SUND

Bestselling author of You Are Capable of More | President & COO, Uniti Med

CHRISSUND.COM

START HERE

How to use this guide

There are two ways to use what follows. The first is to keep it somewhere you will actually see it, and read a page whenever you need a reminder of why this work matters. The second is to teach from it, because the ideas in here are simple enough to hand to a team in a twenty minute huddle, and they stick better when people talk them through out loud with the folks they work beside every day.

This edition was written for correctional health care. Security, custody and accountability are part of every encounter, and nothing here asks anyone to set them aside. It asks something smaller: that inside those boundaries, the person in front of us gets to feel like a patient instead of a number.

WHAT YOU WILL BE ABLE TO DO

01 Describe the impact of patient experience on trust and outcomes.

02 Apply the CARE model to everyday interactions.

03 Recognize how small, intentional actions can improve outcomes.

WHAT IS INSIDE

THE HUMAN SIDE OF HEALTHCARE
The invisible suitcase, and the four questions every patient is silently asking.

ONE CHAPTER CAN'T TELL THE WHOLE STORY
Seeing the person behind the file, without excusing the past.

HOW EXPERIENCE GETS BUILT, AND WHAT PEOPLE REMEMBER
Why experience is a running total, and why the ending carries more weight than the middle.

THE CARE MODEL
Connect, Anticipate, Respond, Engage. Four habits, one page you can post on a wall.

EVERY ROLE, AND THE CULTURE BEHIND THE CARE
How one team builds one experience, and what leaders can do so their people feel it too.

TEACH IT, AND ONE MOMENT TOMORROW
A twenty minute huddle, a bank of questions, three pearls, and a commitment page.

IF YOU ONLY REMEMBER ONE THING

Good care keeps people alive.
Great care makes them feel alive.

SECTION ONE

The human side of healthcare

Patients experience us during some of the most important and difficult moments of their lives, and the strange thing about those moments is that people rarely hold on to the clinical details. They may not remember the name of the medication or which test came first. They remember how they were treated. That is just as true behind a secure door as it is in any hospital, and it is built almost entirely out of moments that felt small while they were happening.

THE INVISIBLE SUITCASE

Every patient walks in carrying something we cannot see. Family, a case, money, fear, past experiences, and questions they may be afraid to ask out loud. We see the reason they are here. They are experiencing everything they brought with them.

WE MAY SEE	THEY MAY BE THINKING
"Sick call request, housing unit B."	"Is anyone going to take this seriously?"

FOUR QUESTIONS EVERY PATIENT IS SILENTLY ASKING

01 DO YOU SEE ME?

02 DO I KNOW WHAT'S NEXT?

03 DO YOU UNDERSTAND WHAT THIS FEELS LIKE?

04 WILL YOU REMEMBER ME?

The CARE model on page 7 answers all four.

> *She doesn't come home telling stories about ventilators or charts. She tells stories about people. The scared patient who needed someone to slow down and explain what was happening. The family member who just needed reassurance.*
>
> **ON HIS WIFE COURTNEY, A RESPIRATORY THERAPIST**

PAUSE ON THIS

Who needs to feel seen right now? Think about that one person for a moment.

SECTION TWO

One chapter can't tell the whole story

When someone enters a correctional facility, one chapter of their life can quickly become the only chapter people see. A charge. A sentence. A housing assignment. A behavioral note in a file. Those facts may be important, but they do not tell us who that person is.

That person may also be a father who misses his daughter. A veteran carrying something nobody can see. Someone who has never learned how to ask for help. Someone who is scared about a diagnosis but has learned that showing fear is dangerous. Healthcare may be one of the few places where that person has an opportunity to feel like a patient instead of a number.

THE FILE AND THE PERSON

The file tells us what happened.
Care helps us see who is there.

Their history matters. Security and accountability still matter. But our responsibility is to care for the person in front of us. We do not have to excuse someone's past to recognize their humanity. We can treat them with dignity because dignity is part of great care.

A STORY WORTH RETELLING

A doctor was caring for a patient and doing everything he could to keep him alive. The patient had tried to show him a photo, and he never really looked. The patient passed away. Only afterward did the doctor look at that photo, a reminder of the life behind the chart. **He knew everything about the disease. He knew nothing about the man.**

So he started carrying a small notebook and asking every patient one question: *"Tell me one thing about yourself that's not in this file."* Page by page it filled. Not with diseases or diagnoses, but with lives. The man who owned a convenience store. The teacher who said the best sound she ever heard was the first time a student read. Our system is designed to document how a body breaks down. His little black book documented why a person mattered. He did not become a better doctor by adding this practice. He became a better human, who happened to be a doctor.

ASK YOUR TEAM

- What would be in your notebook? Name one patient and one thing you know about them that is not in the file.
- Where does the file speak louder than the person in our day, and what is one small way to change that?

SECTION THREE

How experience gets built

YOUR ORG CHART IS INVISIBLE TO THE PATIENT

Watch a Formula 1 pit stop and you will see twenty people with different responsibilities and different expertise, each working on one small piece of the process. The driver does not experience twenty departments. The driver experiences one pit stop. Patients are the same. They do not know that intake screening is a different team than sick call, the med pass, mental health, dental, or the officer who escorts them to clinic. They experience one organization, as the sum of every interaction they had that day.

EVERY EXPERIENCE HAS FRICTION. GREAT TEAMS REMOVE IT.

Think about the last frustrating experience you had as a customer. Chances are it wasn't one big thing. It was five small frustrations: confusion, waiting, uncertainty, feeling invisible. Death by paper cuts. Patient experience works the same way. It is rarely won or lost in one giant moment. It is a running total of small deposits and withdrawals, and every one of them lands.

MOMENT	IMPACT	RUNNING TOTAL
Remembered their name	+5	+5
A clear answer at sick call	+3	+8
A long silence after a request	–4	+4
An ignored concern	–6	–2
A kind explanation	+4	+2
A smooth handoff at transfer or release	+5	+7

EVERY MOMENT IS A DEPOSIT OR A WITHDRAWAL

> *Great healthcare facilities don't get better by doing more. They get better by doing the small things so consistently that patients feel safe, guided, and cared for at every step.*

SECTION FOUR

What people remember

THE PEAK AND THE ENDING CARRY THE MOST WEIGHT

Researchers studied patients undergoing colonoscopies. One group had a slightly longer procedure, but their discomfort eased before it ended, and they remembered the whole experience more positively than patients whose shorter procedure ended at a higher level of discomfort. Longer, and remembered better. Our brains do not add up every minute and divide by the total. The most intense moment matters, and the ending matters. Researchers call it the peak-end rule.

HOW DOES IT END?

Think about how encounters end in your facility. The close of a sick call visit. The last words at the med cart. A grievance response. A transfer, or a release. We pour enormous energy into delivering care. It is worth asking how much thought we give to how it ends. We do not control every moment, but some moments carry more weight than the rest.

PATIENTS DON'T WANT MORE INFORMATION

Most people do not remember every detail of what they are told. They remember whether they felt supported. In difficult moments, reassurance is often more powerful than information.

A STORY WORTH RETELLING

A nurse shared this story with me. Early in her career she cared for a patient for a while and supported his family through the decision to withdraw care. A few weeks later the family sent a card thanking her for the compassion she showed both him and them.

> FORTY YEARS LATER
>
> **She still remembers the card. Not because of what was done. Because of how she was cared for.**

ASK YOUR TEAM

- Think back over your career. What is one moment you will never forget, and why does it still stay with you?
- Which ending in our day gets the least thought, and what would a better last sentence sound like?

POST THIS PAGE ON A WALL

THE CARE MODEL

Four habits that answer the four questions every patient is already asking.

C CONNECT

I SEE YOU.

- Make eye contact before you speak
- Sit instead of stand, where security allows
- Use their name
- Put the screen and the phone down

A ANTICIPATE

NOBODY LIKES FEELING LOST.

- Explain what happens next
- Offer help before they ask
- Set expectations on timing
- Answer the question they did not ask

R RESPOND

KEEP PEOPLE INFORMED.

- Acknowledge the feeling first
- Look for the smoke, not the alarm
- Feel it before you fix it
- Give an update even when there is no news

E ENGAGE

PEOPLE LOVE BEING KNOWN.

- Remember one detail that is not clinical
- Follow up on it next time
- Ask a question about their life
- Build the relationship between visits

MOST OF THIS TAKES LESS THAN A MINUTE.

None of it requires more staff, more budget, or an extra hour. None of it asks you to give up security.

Connect

I SEE YOU.

Have you ever tried to have a conversation with somebody who was looking at their phone the whole time? We have all talked to someone who was physically there and clearly was not listening. Patients know that feeling too. It is possible to stand three feet from a person and still leave them feeling invisible. Presence is not just being in the room. It is making someone feel like they have the room.

Connection starts before the conversation does. Body language and eye contact arrive ahead of the first sentence, and patients can tell when we are rushed or distracted just as easily as they can tell when we are present. Connection happens in the first seven seconds.

THE MOVES

01 EYE CONTACT
Look up and make contact before the first word. It arrives ahead of anything you say.

02 USE THEIR NAME
A name turns a booking number back into a person, for them and for you.

03 SIT INSTEAD OF STAND
Where security allows, sitting reads as time. Standing reads as leaving, even when it is not.

04 REMOVE DISTRACTIONS
The screen, the radio chatter, the doorway glance. Give them sixty undivided seconds.

A STORY WORTH RETELLING

Think about a flight that hits bad turbulence. What does everyone on board do? They look at the flight attendant. If she is calmly pouring another Diet Coke, the whole cabin settles. Patients do exactly the same thing with us when they do not understand what is happening. Before they understand anything, they are reading us to decide how safe they feel.

ASK YOUR TEAM

- Where in our day is it easiest to make someone feel invisible without meaning to?
- When a patient only knows us through a door slot or across a med cart, how do we still make eye contact count?

TRY THIS WEEK

- Pick one interaction a shift and give it your full attention for sixty seconds, starting with their name.

Anticipate

NOBODY LIKES FEELING LOST.

Have you ever ridden in a car with someone and suddenly realized you had no idea where they were taking you? Even if they are a great driver, it is uncomfortable. The moment they tell you where you are going, how long it will take, and what to expect, you relax. Patients are no different, and in a correctional setting, where so little is in their control, not knowing what comes next lands even harder. Anticipation is recognizing the need before anyone has to ask, and that need is usually just information.

> **Uncertainty creates anxiety. Clarity creates comfort.**

THE MOVES

01 EXPLAIN WHAT'S NEXT
Name the next step and who will be doing it, even if it is small.

02 SET EXPECTATIONS
A rough time frame beats no time frame. If security limits what you can share, say what you can.

03 OFFER HELP BEFORE THEY ASK
A blanket, a cup of water, a plain-language explanation of a form.

04 LOOK FOR UNASKED QUESTIONS
Worry has a look. When you see it, name it gently and answer it.

A STORY WORTH RETELLING

You are at the gate, it is nearly boarding time, and there is no plane. The board still says On Time and everyone knows something is wrong. The uncertainty is often more frustrating than the delay. **People can handle bad news. They struggle with no news.** One honest update erases most of it, and it costs nothing.

Now picture your favorite restaurant, and imagine being told your food is late because they are short staffed, the kitchen is slammed and nobody knows what is going on. All of that might be true, and none of it belongs to the guest. Patients should not have to carry our internal problems either. No matter what is happening behind the scenes, keep their experience great.

ASK YOUR TEAM

- What do patients here most often have to ask us for that we could offer first?
- When a sick call request goes in, how long until the patient hears anything, and what do they hear?

TRY THIS WEEK

- Give one update you were not required to give, to someone who has been waiting.

Respond

KEEP PEOPLE INFORMED.

Responding keeps the communication high, and it is also about the empathy inside the response. When people are scared, frustrated, or overwhelmed, they do not always need an answer first. They need someone to help them feel less alone. Empathy does not fix the problem, but it changes how the problem is experienced. People need to feel understood before they feel helped.

Picture someone who is drowning. You do not start by teaching them how to swim. You give them something to hold on to first. When people are overwhelmed, empathy is that life preserver. It helps them feel safe enough to hear what comes next.

FIX IT, OR FEEL IT?

FIX IT (LESS HELPFUL)	FEEL IT (BUILDS TRUST)
"Don't worry."	"I can understand why that would be frustrating."
"Everything will be okay."	"Let's take this one step at a time."

A STORY WORTH RETELLING

If your smoke detector goes off at two in the morning, you do not get mad at the alarm. You look for the smoke. When a patient seems difficult, think of their behavior as the alarm. Fear, confusion, pain, or a total loss of control may be the smoke. In a facility where showing fear can feel dangerous, the alarm often sounds a lot louder than the fire. Don't get mad at the alarm. Look for the smoke.

A patient had recently started treatment after losing her husband. One morning a caregiver simply sat beside her and said, *"Tell me about him."* For five minutes she talked about her husband. Nothing about that changed her care plan. It changed her day. Sometimes patients do not need a medical answer. They just need a human being.

ASK YOUR TEAM

- What phrases do we reach for under pressure, and are they fix it or feel it?
- Think of a difficult patient from this month. Looking back, what was the smoke?

TRY THIS WEEK

- The next time you want to reassure someone, acknowledge the feeling first and let the answer come second.

Engage

PEOPLE LOVE BEING KNOWN.

How many of us have a favorite restaurant? If you ask why, the honest answer usually is not the food. It is that they know you. They know your order, your name, and what matters to you. People love being known, and patients are no different. When you ask about someone's kids, their hometown, or their favorite team, you stop being "the nurse" and you become the person who cared.

The patients we never forget usually aren't the ones we knew the least about. They are the ones we built relationships with. Everybody wants to feel known. Not as a diagnosis. Not as a treatment. Not as a number. As a person.

THE MOVES

01
REMEMBER
One detail that matters to them and has nothing to do with why they are here.

02
ASK
A meaningful question about their life, not a pleasantry about the weather.

03
FOLLOW UP
Bring it up next time. Relationships are built between visits.

A STORY WORTH RETELLING

Will Guidara ran one of the best restaurants in the world, and one night he overheard guests say the only thing they would miss about New York was a street cart hot dog. He ran outside, bought one, and had his kitchen plate it. After an incredible meal, what did they remember? The two dollar hot dog. Great experiences are not always created by doing more. Sometimes they are created by noticing more.

Closer to home: a patient mentioned months earlier that a granddaughter was graduating. All the employee asked was, *"How did graduation go?"* The patient lit up. Those are the questions that show we care.

ASK YOUR TEAM

- What is one detail you know about a patient that is not in their file?
- Has anyone here created a two dollar hot dog moment? What happened?

TRY THIS WEEK

- Learn one non-clinical thing about three patients, and ask about one of them next time you see them.

SECTION FIVE

Every role has a moment of magic

Patients rarely remember job titles. They remember people. The person who listened. The person who explained something. The person who noticed they were having a hard day. Every role touches the experience, and every role has the chance to become part of someone's story. None of these moments require a single extra resource.

INTAKE & SCREENING	**WELCOME**	You set the tone from the start, often on one of the worst days of someone's life.
NURSING & SICK CALL	**TRUST**	You build confidence when it matters most.
MED PASS	**COMFORT**	The most consistent face they see. You bring calm into anxious moments.
PROVIDERS	**GUIDANCE**	You help patients take the next right step, in language they can use.
MENTAL HEALTH	**SUPPORT**	You see the whole person, not just the diagnosis or the behavior.
CUSTODY PARTNERS	**RESPECT**	The escort to clinic and the tone at the door are part of the care, too.
DISCHARGE & REENTRY	**HOPE**	You shape the ending, and the ending is what people remember.

> *Patients do not experience twenty departments. They experience one organization, and every role touches it.*

WORK AS ONE TEAM

Most of the friction a patient feels lives in the gaps between roles. Close every handoff with two questions:

? WHAT DOES THE PATIENT NEED NEXT?

? WHO OWNS IT?

SECTION SIX

The culture behind the care

Patient experience starts with employee experience. If we want teams to consistently create human moments for patients, they have to experience some humanity themselves, because you cannot consistently pour out what people never feel on the inside. The model does not change when you turn it around: see your people, anticipate what they need, respond with empathy, and remember what matters to them.

WHY TAKING CARE OF OUR PEOPLE MATTERS

59%
OF HEALTHCARE WORKERS PLAN TO LOOK FOR ANOTHER JOB

65%
OF GEN Z HEALTHCARE WORKERS WOULD PREFER TO STAY WITH ONE EMPLOYER LONG-TERM

25%
TRUST THEIR EMPLOYER TO INVEST IN THEIR PROFESSIONAL DEVELOPMENT

Source: The Harris Poll for Strategic Education and Workforce Edge, published Sept. 16, 2026. Survey conducted June 12 to July 1, 2026.

Ask a room full of people whether they have ever had a leader make them feel truly valued, and most hands go up. Ask them to keep their hand up if it involved money, and almost every hand comes down. People remember how you made them feel.

FOUR PRACTICES FOR LEADERS

01 RECOGNIZE THE UNSUNG HEROES

The most valuable person is not always the one with the biggest number. Sometimes it is the person who helped someone else win, stayed calm when things got messy, or carried the culture when no one was watching.

02 MVP MEETINGS

Open your meetings by recognizing that kind of value out loud. What you recognize in front of the group is what the group learns to care about.

03 SECONDHAND COMPLIMENTS

Telling someone they did a great job matters. Telling them that someone else came to you to say how much they appreciated them lands differently, and it rewards the person who noticed.

04 WRITE THE NOTE

Take fifteen minutes and write to someone important in an employee's life. Tell them what this person means to the organization and the impact they are making. That pride comes back into the building.

TEACH IT

A twenty minute huddle

This guide was built to be taught in pieces, at shift change, in a staff meeting, or anywhere your team already gathers. Take one section at a time, run it in about twenty minutes, and repeat the format until you have worked through all four letters. Five sessions covers the whole thing, and the conversation matters more than the content.

0 TO 2 MIN **READ THE PRINCIPLE**	Read the opening paragraph of the section out loud. Do not paraphrase it, just read it.
2 TO 5 MIN **TELL THE STORY**	Use the story from that page, or better, one of your own from this facility.
5 TO 12 MIN **DISCUSS**	Pick two questions from the section or from the bank on the next page. Then stop talking.
12 TO 17 MIN **CHOOSE ONE MOVE**	Have the team pick a single move from that letter to practice. One, not four.
17 TO 20 MIN **CLOSE WITH A COMMITMENT**	Everyone writes down one thing they will do differently on their next shift.

FACILITATOR NOTES

- **Go first.** If you want honest stories, tell one of yours before you ask for theirs, and make it a real one.
- **Let the silence sit.** When you ask who needs to feel seen this week, count to five before you rescue the room.
- **Resist the urge to lecture.** The people in front of you already know what great care feels like. This is about naming it.
- **Invite custody partners.** Officers shape the experience at every door. A huddle that includes them builds one team.
- **End with one commitment, not five.** One thing, done on the next shift, beats a list nobody remembers by Friday.

TEACH IT

Discussion questions

Pick two per session. The best ones are the ones that make the room quiet for a second before anyone answers.

TO OPEN ANY SESSION

- Think about the patients you will see this week. Who comes to mind, and who needs to feel seen?
- Think back over your career. What is one moment you will never forget, and why is it still with you?
- When was the last time someone made you feel truly cared for, at work or anywhere else?

ON SEEING THE PERSON

- What would be in your notebook? What is one thing you know about a patient that is not in the file?
- How do we hold security and dignity at the same time, and where do we do that well already?

ON CONNECTION

- Where in our day is it easiest to make someone feel invisible without meaning to?
- What does a rushed encounter look like from the patient's side of the cart or the door?

ON ANTICIPATION

- What is the most common thing patients have to ask us for that we could simply offer?
- Where does a patient wait without hearing from us, and how long is that wait really?

ON RESPONDING

- What is the last thing a scared person needs to hear, and what do we say instead?
- Think of a difficult patient from this month. Looking back, what was the smoke?

ON ENGAGEMENT

- Who is the patient you will never forget, and what did you know about them?
- What is your two dollar hot dog? Has anyone here created a moment like that?

FOR LEADERS

- Who on this team deserves more recognition than they are getting right now?
- Do the people who work here feel the same care we are asking them to give away?

SECTION SEVEN

One moment tomorrow

Every story in this guide has something in common. None of them required more staff, more budget, or an extra hour in the day, and most of them took less than a minute. The opportunity is not finding more time. It is making the most of the moments already in front of us.

THREE PEARLS TO TAKE WITH YOU

01

SEE THE PERSON

Learn one thing about the patient that is not in the chart.

02

WORK AS ONE TEAM

Close every handoff with two questions: What does the patient need next? Who owns it?

03

CREATE ONE MOMENT

Use CARE in your next interaction: Connect. Anticipate. Respond. Engage.

ONE PATIENT. ONE TEAM. ONE EXPERIENCE.

So before you put this down, write something. One thing you will do differently the next time you are with a patient or a teammate. That is how culture changes. One moment at a time. Not ten things. One moment.

THE ONE THING I WILL DO DIFFERENTLY

WHO NEEDS TO FEEL SEEN THIS WEEK

THE MOMENT FROM MY CAREER I WILL NEVER FORGET

You don't have to change the world.
Just change one moment for one person.
Ten seconds. That's all it takes to be unforgettable.

CHRIS SUND

KEEP GOING

The patients in your facility are going to tell stories about your team someday.

WHAT WILL THOSE STORIES BE?

GOOD CARE KEEPS PEOPLE ALIVE. GREAT CARE BECOMES THE STORY THEY TELL.

CHRIS SUND

Chris Sund is the bestselling author of *You Are Capable of More* and the President and COO of Uniti Med, GQR Healthcare, and Nebula. He speaks to healthcare organizations across the country about leadership, culture, resilience, and the small moments that turn good care into the story a patient tells for years. Thank you to NCCHC and to everyone who works to deliver care inside our correctional facilities.

BOOK, PODCAST, AND SPEAKING	chrissund.com
THE BOOK	You Are Capable of More
THE PODCAST	Amplify Speakers Podcast

REFERENCES

Agency for Healthcare Research and Quality. (2023). TeamSTEPPS 3.0.

Centers for Medicare & Medicaid Services. (2025). HCAHPS: Patients' Perspectives of Care Survey.

National Academies of Sciences, Engineering, and Medicine. (2019). Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being. National Academies Press.

Wolf, J. A., Niederhauser, V., Marshburn, D., & LaVela, S. L. (2021). Reexamining "Defining Patient Experience": The human experience in healthcare. Patient Experience Journal, 8(1), 16-29.

The Harris Poll. (2026, September 16). Why 70% of Gen Z Healthcare Workers Are Job Hunting.

Guidara, W. (2022). Unreasonable Hospitality: The Remarkable Power of Giving People More Than They Expect. Optimism Press.