

ROUNDTABLE

MAKING PATIENT EXPERIENCE INITIATIVES STICK

A patient experience initiative can fail for many reasons. For starters, you can treat it like just another initiative—a fad that will inevitably fade from favor with the next change in the weather—or the C-suite. It can die from simple neglect—a lack of time, money, and attention—even if everybody understands and agrees how important it is. On the other hand, there are plenty of ways to make patient experience more than just another initiative, to weave it into the very fabric of your organization's culture, and ultimately to reap the rewards of a healthier bottom line and a reputation that people will talk about with anyone who will listen. *HealthLeaders* recently convened a panel of experts who shared their best tactics not only for making patient experience a priority, but also for maintaining the momentum.

Panelist Profiles

**SEAN KEYSER**

VP, operational improvement
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Roundtable Highlights

HEALTHLEADERS: *What is patient experience and, perhaps more important, what is it not?*

JANET NYSTROM: Patient experience is about the individual connections that our employees make with our patients every day. Regardless of your position, you want to create a story for that patient, something positive they will remember. Satisfaction is a lot different than experience. Satisfaction is meeting, not exceeding expectations. When we exceed expectations, we create loyalty. That is what we strive for.

RICK HENVEY: Patient experience is what happens at every touch point, from when you get out of the car to when you get your bill. So many healthcare organizations think it's about turning lemons into lemonade or smile school. It's about creat-

tion done. She walked him through it and now we have that great story about their experience to share.

NYSTROM: When patients write to us about their experiences, we call it "fan mail." We communicate our fan mail regularly. One story I can share to illustrate that employees are empowered to do whatever it takes to make the patient's experience an excellent one involves one of our maintenance mechanics. It was a Sunday afternoon—a really hot day. There was a family whose grandmother was in our hospital and she was dying. This employee was doing his rounds and saw there were a lot of kids in the family room. He brought them all ice cream bars—it was unexpected, and was a memorable experience for that family. We didn't train this employee to do that, we hired the right person.

SEAN KEYSER: Our vision is to deliver the most remarkable patient experience in every dimension, every time. We've pulled off customer service in a big way. We've pulled off quality in a big way. We've demonstrated excellent financial stewardship. How do we go beyond? It's the touch points. We ask "What happens here, what happens here, what happens here?" If you keep asking that question, you won't concentrate on customer service or quality or stewardship discretely. You're going to look at what's important at every point. Experience is holistic.

JOHN GNIDA: I've been to almost 400 hospitals now in 10 years with PRC and about 95% of the hospitals are on top of the latest buzzwords. So if you talk about patient experience, they've got it. Service excellence? They've got it. But do they really? When we talk to managers who are writing action plans or direc-

tors who are frustrated that they can't move their scores or grow their market, it turns out that they're not really doing service excellence work, which is creating remarkable experiences. Usually they're doing service recovery work instead. I don't want to denigrate service recovery, but it's a whole other strategy—it's not patient experience.

Creating the culture

HEALTHLEADERS: *How do you create a culture of service excellence?*

GNIDA: Make your mission part of everything you do. It's amazing how often you'll walk into a room and even though they say, "We're all about patient-centeredness," patient care is nowhere on the agenda. When the very first thing on the agenda is about care, it sends a message to everybody. People will start to buy the mission when our currency, our attention, and our time show our devotion to it.

NYSTROM: We have four service priorities, in order of importance: safety, courtesy, expertise, efficiency. Everything that we do is structured around those four priorities. Because they're in order of importance, you can make decisions and know that you're doing the right thing for the organization and, more importantly, for the patient. Efficiency, where finance lies, is our fourth priority. Courtesy and compassion, where service excellence falls, is ranked second under safety.

GNIDA: When I walk through the doors of a client who's scoring in the 90th percentile, I see it immediately. Everyone who wears a name tag, whether clinical or nonclinical, impacts patient experience. Because my perceptions of care are not just my nurse or my doctor, it's also how the person walking down the hall



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ing those "wow" experiences at every touch point. We send thank-you notes throughout the health system to 100% of our discharged patients from the inpatient units. This year, managers started including their business card with a personal note. Our cath lab director got a call from a man who had her card and wasn't feeling well. They called an ambulance, brought him in, and he ended up having a catheteriza-

looked at me, how the people standing over by the elevator are talking, whether they appear to be interested in helping people or not.

NYSTROM: In our pre-postop area if one nurse doesn't feel like she's connecting with a patient, she'll say to a fellow nurse, "We're not connecting, I'm not feeling a relationship here, can you try?" Recognizing this is very important. Their scores reflect their commitment to creating excellent experiences.

Bottom line impact

HEALTHLEADERS: *How does patient experience relate to the bottom line? What's the business case for creating "wow" experiences?*

GNIDA: There's a tremendously strong relationship between quality and survey respondents who say they are likely to recommend a hospital. Based on that data, we can predict that clients with a lot of patients who say the care was excellent are going to be okay financially, even in this crisis. It's remarkable how many of our clients who are in the top percentiles are reporting that they're weathering the storms pretty well. If you get positive buzz from your community and your patients, not only do they have memorable experiences, but they talk about these experiences to other people, they recommend you to their family, their friends. That's how we grow. That's how we succeed.

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HENVEY: We know excellence builds loyalty, which drives market share. I don't care if you're for-profit or not-for-profit. You're about market share when it comes to business. The numbers that PRC ran said that of the patients who ranked our care excellent, 80% were loyal to Parkview. Of those who said we were very good, only 20% said they were loyal to Parkview. If we're about building loyalty, excellence does that, which drives market share, period.

KEYSER: Reform or not, environmental changes or not, consumerism will have an incredibly strong presence in healthcare. As long as people are making choices about their care and making choices about where they want to receive care, then we owe it to them to create something extraordinary. Our vision isn't fashionable; it's not just rhetoric. It's intended to drive a business strategy—to create a remarkable experience that's going to lead people to tell other people "I wouldn't choose anyone else." That's the business case.

HEALTHLEADERS: *What is the role of leaders in the patient experience?*

HENVEY: It's all about leadership and it starts with them. Are they transparent with the data? Are they as passionate about this as they are everything else that they do? Are they living it? Are they genuine about what they're doing with that? The CEO has to lead it in a genuine way along with board members. For us, it starts with the board chair for the health system and cascades down through the other system boards. After that, it comes down to the CEO for the health system. Then it breaks down to everybody. In our case, that's 7,000 coworkers. My goal is to create 7,000 senior VPs of service excellence.

KEYSER: The board and executive team are the champions. You find out if leaders are serious by

looking at their calendars and check-books. At the operational level there are a host of strategy leaders. My role as an executive is to create and connect tactics that people can deploy every day.

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GNIDA: One of the changes we've seen is the commitment from leadership at the board level and the CEO level to create positions like Sean's and Rick's: someone at the VP or senior VP level who has authority to implement patient experience initiatives. It used to be one person in marketing trying to get all the nurses involved—and the results were mixed at best. The best practice model is to build a team that's capable and tasked with doing these things.

KEYSER: It helps to have one person whose only agenda is experience. We can say that everybody owns it. But you need somebody who gets up every day and asks themselves, "What did we do today that was a part of the operational implementation of this experience?" Someone's got to be thinking about the steps and the plans and the timelines and the human beings and the materials and the resources.

HENVEY: For years we've had a CFO and a chief quality officer. So those got the attention. Now we know that to focus on service and patient experience, you have to have somebody taking charge of it, someone who knows operations.

Engaging physicians

HEALTHLEADERS: *How do you engage physicians in patient experience, especially those who might be reluctant to embrace it?*

HENVEY: You can't just walk in and talk to a physician about changing everything. A lot of leaders and board members think you can just tell doctors what to do. You can't unless you have a relationship. I'm 110% behind physician champions. But you've got to develop them. Every six months I take a group of physicians to a conference put on by physician leaders to drive excellence. Everyone I've taken out there, every one of them, has had some sort of spike in their outcomes. And they had more buy-in.

NYSTROM: On the floor, we've changed a lot of the processes. It's not your traditional way of delivering care. We do multidisciplinary rounds. We have charts in the room. Our pharmacists are interacting with the patients. There's a certain workflow that the physician has to be involved with in order for it to run smoothly and effectively. There's been a lot of resistance but we're making steps in the right direction. Physicians start to embrace it when their patients tell them about their experiences and their patients have better outcomes.

KEYSER: We have to have a philosophical shift from thinking of physicians as customers to thinking of them as partners. Two of the seven members of our system executive team are physicians. There is a physician leader in every market along with the market presidents. That's a symbolic statement of the partnership with physicians. If we have physician leaders talking to physicians there's a greater chance they'll have some degree of engagement. We're starting conversations with, "We want the same thing—a remarkable experience for your patients. Getting there is not going to be easy. It's going to mean that we're going to have to support you more effectively at the

system level. It's going to mean that you work to understand and respond to their expectations. It's going to mean making some tough choices." We weren't making the best strides with the physicians before we started having meaningful conversations about what a remarkable experience looks like and agreeing that this is not going to be easy work to do.

HEALTHLEADERS: *Are physicians starting to recognize that patient experience is not a fad?*

GNIDA: It's not so much that physicians are against us as much as they're just not informed. We've never really included them in terms of what we're doing, our strategy. Also, they need to see tangible results and hear the stories from their patients. Ultimately, there's nobody who cares more about our patients than the doctors. Physicians push back at first but once they get it, they are the best champions you have. They're the ones who help drive this.

KEYSER: Experience isn't part of medical training. That doesn't mean they don't innately understand that patient care is about experience. But it requires behaviors, processes, and systems. We're asking them to consider an entirely new body of knowledge. They have to be introduced to it and understand what that means in terms of behavioral change. For many of them it's natural, but for some it's not.

NYSTROM: For nonemployed physicians, we hold orientation where they're walked through everything we do to improve the patient experience from our physician services team. Some buy in, some don't. Our physician services team works hard on this.

KEYSER: One core strategy is called the Distinctive Care Model. It has a

host of knowledge changes, skill sets, behavioral changes, and systems and process changes that we believe lead to a remarkable experience. There is a lot to learn out there. Learning is often limited to the standard operations leadership team and not to doctors. Well, who influences more than they do? One event, "The Physician's Role in Service Excellence," teaches that the simplest behaviors can make a difference. Sitting down, making eye contact, and asking open questions—things that are so simple that some organizations won't teach them to their



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doctors because they think it would be rude. But physicians—although not all of them—will say, "That's a good idea. I can do that today."

GNIDA: It's rare that we present in front of a room of physician leaders and they say, "Oh, we've heard all this" or "That's not going to change anything I do." Mostly the reaction has been, "Now I understand what you're trying to do here." Physicians are skeptical of some of our programs because we change them often and we're not consistent with promoting and engaging with them. Someone new comes in and they take the hammer out and start swinging. That impacts the relationship between the physicians and the next group that tries to put in an experience program. We have to be consistent and build trust.

Then they can be not just partners, but leaders.

KEYSER: One of our core values is compassion. People often worry compassion is not something you can teach. It absolutely is. We had a nurse say, “I’m not fuzzy-wuzzy. How can I be compassionate?” We asked her what she’s good at. She said “I’m one of the nurses they call when they can’t get the IV in the patient.” I told her that her ability to prevent more pain is a very compassionate act.

The employee’s role

HEALTHLEADERS: *What is the role of employees in creating the patient experience?*

NYSTROM: We created a selection process to ensure we were hiring people who can create excellent experiences for our patients. In every interview, regardless of whether the position is directly involved with patient care, we ask candidates what patient-centered care means to them. Even if they’re in the finance department or in HR, they need to connect the dots to see how they can affect the patient’s experience in their particular role. If a person cannot articulate how they affect the patient experience, it’s probably not the right place for them.

KEYSER: Storytelling is really important to us and has been for a good time now. Two years ago we started a program called cascading. We taught every executive to tell their story—why they got into and remain in healthcare. Each told their personal story to their reports. Those reports created their story and told it to their reports. We are training leaders in the art of storytelling because your ability to tell the experience of your patients and of you as a staff member engaging those patients has a very strong impact in the organization. People remember stories. They don’t remember bar charts and awards.

NYSTROM: We also rely on stories, and our employees are huge promoters of patient experiences. When Progress West opened, we heard people say, “Of course they’re going to get great patient loyalty survey scores. They’re a new facility. They’ve got top-of-the-line equipment.” I told every single person I interviewed that we could have the best processes, the most beautiful facility, and the latest technology, but if we hire the wrong people we could fail.

GNIDA: There’s this idea that a new hospital is going to be a savior for a patient satisfaction program or all of a sudden scores are going to go up. I always laugh, because when you look at the survey and what’s important to patients, it’s not about the waterfall in the atrium. We’re asking, “Did your nurses connect with you, did they have compassion, did you understand what your physician was telling you?” Quality care comes from people.

KEYSER: One of our hospitals was intended to be different from the beginning. We brought staff in with significant lead time prior to opening and trained them. It was a big investment. But opening day went off pretty much without a hitch. It gets down to vision. The executives said this place is going to be different; it’s going to feel right, people are going to be trained; they’re going to understand what their responsibilities are; we’re not going to spend our first six months figuring out what to fix. Well, if you’re going to say that you better be ready to pony up, because traditional leaders may say, “I have to have people on the payroll way before we open? Are you kidding me?”

HEALTHLEADERS: *How do you measure the impact of patient experience efforts?*


KEYSER: We look at our service measurement as a story. We have a significant intentional effort around trying

to humanize our data. When all leaders are talking about are scores and targets, they’re blowing it. When they talk about what the data are trying to tell us about what patients are going through, then we’re making progress. It would be easier just to spit out the data every week and post it and say, “Oh, bad dog, no biscuit,” or, “Things are going really well.” No. If there’s a gap between where



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you are and where you want to be, talk to people and try to understand what’s happening. Are their perceptions different? Are the drivers not what we thought they were? Are they having a rough day? Let’s look into it.

GNIDA: The more we embrace measurement, the more we can use it to our advantage. One way to do that is to understand it better. Managers often underestimate the percentage of patients who score the hospital as “excellent” on surveys. I could be at the top hospital in the world or at a low performer. They all think the top answer is “very good” or “good.” Yet “excellent” is by far the number one answer on patient surveys. If you collect data about problems, that’s what you’re going to see. That puts you in the mode of service recovery. Healthcare professionals are experts at diagnosing and fixing problems. From a patient experience point, that’s not the best strategy. We need to figure how we make something that already works pretty well even better. That’s harder. 

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