

## *The Patient Experience Post*

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Since the mid-1990s, Baird has helped healthcare organizations nationwide improve the patient experience and enhance organizational culture. Baird's culture assessment and diagnosis include experience mapping, medical mystery shopping, and focus groups to reveal the real customer experiences within your organization. Using your patients' experiences, Baird and her team prescribe critical next steps for improving patient satisfaction and HCAHPS scores.

## Is Perfectionism Hindering Your Progress?

by Kristin Baird, RN, BSN, MHA

“Perfect is the enemy of good” is an aphorism that is widely attributed to Voltaire, but [others have made similar points](#):

- Confucius: “Better a diamond with a flaw than a pebble without.”
- Shakespeare: “Striving to better, oft we mar what’s well.”

And, most recently, author Gretchen Rubin popularized the notion in her book, [The Happiness Project](#).

It’s a notion to which many of us in healthcare can relate.

We refer to this tendency as perfection paralysis. You also may have heard it referred to as analysis paralysis—a close cousin; they love each other’s company!

Perfection paralysis is the immobilizing fear of failing.

It manifests itself as waiting for the ideal conditions before moving forward with an initiative or new idea.

What causes it? Often, fear of failure, fear of being judged, or fear of losing credibility. I see it all the time when patient experience leaders hold back on starting anything and lose precious time.

The healthcare industry, of course, has always been risk-averse. That’s important to ensure high quality, safe, patient care and to save lives.

But, let’s get real, here.

Lives will not be lost from starting hourly rounding or focusing on a consistent and engaging greeting!

As with any kind of change management initiative, particularly related to the patient experience, I hear a lot of excuses for “why we can’t,” or “why we can’t now.” Unless they can be guaranteed great results, buy-in from others and acceptance from naysayers, many healthcare leaders are hesitant to make a move.

But, guess what? We’re not going to get 100% buy-in; we’re not going to get acceptance from the naysayers. If we want to make progress, we need to make a move.

So, what can we do to combat the tendency for inertia in the face of change? A couple of things.

### **First, Set Parameters, But Don't Hold to Them Rigidly**

Rounding, again, is a good example. Whenever you're launching something new, it can be tempting to create a grid or algorithm for every decision or step you're taking.

Unfortunately, if you try to force everyone's behavior into a neat little package or a predictable series of actions, you're likely to fail. You'll fail most notably in helping your staff feel confident in their decisions—in teaching them how to think for themselves. And thinking for themselves is critical, especially when we're dealing with patients, who are people. We can't wrap people, or their behaviors, into neat little packages. Your employees need to feel confident in their ability to make decisions, without parameters, to positively impact the patient experience.

### **Second, Set a "Go Live" Date**

I often ask healthcare leaders to share an example of a time when they had been successful in implementing a major change. Many of them cite the launch of a new EMR.

One of the reasons that they feel successful is that they set a go-live date and stuck with it. Stuck with it even in the face of uncertainty, or even setbacks. When a go-live date *really* means go-live, everybody works toward that date. They know that at a certain, specific point in time the switch will be flipped and there's no turning back.

Patient experience initiatives may not be as prescriptive as technology implementations, but the principle is still sound. Set a date; stick to that date, and do the necessary preparation to ensure success.

### **Third, recognize that There Will be Bumps in the Road: And Be Okay With That**

Yes, there will be bumps in the road. That is true of any initiative and, that's okay. Just have faith that you will manage and learn from those bumps as you encounter them. That's the beauty of bumps! They're a learning opportunity. A bump isn't a wall. They don't represent failure or finality.

Many times, in healthcare we have a tendency to mistake a bump for a wall, and we burn out and give up. When things don't go perfectly in your organization, are your leaders able to differentiate between bumps and walls? Are they able to say: "You know what? This is just a bump. We'll learn from it, and we'll move forward."

Stop viewing mistakes as a failure. Think about inventors. Thomas Edison, for instance, we've been told, when responding to a reporter's question: "Mr.

Edison, how did it feel to fail 999 times?," he replied: "Young man, I have not failed 999 times. I have simply found 999 ways not to create a light bulb." What a great perspective to have!

Healthcare is risk-averse for a good reason, but we don't have to apply that risk aversion to everything we do. When lives do not hang in the balance, we should embrace the opportunity to learn from our mistakes and missteps. Use the information gained to make course corrections. Improving patient experience is a journey.

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Nurse, author, and consultant Kristin Baird, "Healthcare's Customer Service Guru," is the author of *Raising the Bar on Service Excellence: The Health Care Leader's Guide to Putting Passion into Practice* (Golden Lamp Press, 2008), *Reclaiming the Passion: Stories that Celebrate the Essence of Nursing* (Golden Lamp Press, 2004), and *Customer Service In Healthcare: A Grassroots Approach to Creating a Culture of Service Excellence* (Jossey Bass, 2000). The Baird Group provides consulting, mystery shopping, and training services for improving the patient experience. To learn more, please visit <http://baird-group.com> or call 920-563-4684.