

The Patient Experience Post

Reflections from the Field
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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.

Who is the King and Who is the Pawn?

by Angela Fieler, Consultant

I recently had two “eye-opening” experiences as a customer - one as a patient, the other not - that generated eerily similar feelings and reinforced Baird Group teaching and consulting practices regarding the patient experience.

My first experience involved airline travel. I was in a small regional airport, waiting for a commuter flight to a larger airport. I had a 90 minute layover and, based on the information published by the airline about on time departures, was confident that I would make my connecting flight with no problem. About 10 minutes before the commuter flight was scheduled to depart, I got a text message saying the flight was delayed 20 minutes. That still left me a little over an hour, so I wasn't worried. The 20 minute delay came and went. People started nervously congregating around the desk but the gate agent was nowhere to be found. The flight crew was giving us estimated departure and arrival times based on operations information they were receiving. If they were right, I was going to miss my connection, but there was no one at the gate to discuss my options with. When the gate agent finally appeared, everyone with a concern rushed to the desk, me included. The agent made this announcement, “You all are blocking the boarding lane and have to step back. I have to get this plane loaded and I don't have time to help every one of you. The plane should arrive in time for everyone to make their connections.” Then she turned her back to us and opened the boarding lane for the “titanium” members. Not to be deterred, I approached her and asked what would happen if we did miss our connections. Her reply was simple, “Someone there can help you.” The plane did land when she said it would, but we had to taxi a very long way and then there was no gate available to us. Needless to say, I missed my connection and no one “there” was any more helpful than the first agent. I was rebooked on a flight the next morning that left at the crack of dawn – just six hours later - and I got a voucher for a hotel that was 40 miles from the airport! When I pointed out that this would leave me just 3 hours to sleep, the agent said, “Sorry. That's all I have for you.” While pondering next steps, I passed two gates with flights going to cities quite near to my final destination. I talked to the gate agents and found out that both flights had seats and that, had I been sent to either gate when I arrived, I could have made either flight. Next, I walked over to the airport hotel – don't get me started on the number of stairs that I had to lug my suitcase up and down on the way – that's a story for another day. I asked if they had any rooms available for travelers who were stuck for the night. She asked what airline, if I was a “titanium” member, which I was not, and then apologized for not having any availability. Right next to me, a gentleman who was a “titanium” member was having the same conversation – rather than an apology, he got a room key. As a customer, my value to this airline was very clear. They would gladly take my money and get me to where I needed to go, but on their terms, not mine.

Have you already started to think about how my experience as a patient went and where the similarities came in to play? I was recently referred to a specialty clinic – part of a premier health system with a great reputation for providing outstanding care. Having never been there before, I was quite surprised at how big the place was – a

four story outpatient clinic – and how small the parking lot was. There were plenty of open spots, but they all had reserved signs on them. Some of the signs had people’s names on them, some simply said “Reserved for Doctor” and some actually said “Reserved for non-patients.” Fearing I would be late for my appointment, I parked a few blocks away and walked back to the clinic. When I entered the building, I felt like I was in a very busy train station. There was a large, central desk in the center of the lobby with at least 8 computer stations. There were a lot of people walking to and fro on both sides of the desk. But there were no signs directing me where to go and no one on the staff side of the desk was looking up from the desk or away from the computer screen. I wandered around and finally found a sign in sheet on the counter. So, I signed in and took a seat. 30 minutes later, I was called up to the desk and was asked if “they” had given me the new patient paperwork. I started to ask who “they” were, but I was handed a clipboard and a pen along with instructions to fill out the paperwork and return it when I was done. It was the usual stuff – medical history, primary complaint, insurance information, privacy statements – no big deal. After another wait in a different waiting room, I was called to an exam room and the tech proceeded to ask me my medical history – the same questions I had just answered on the new patient forms, which the tech had in her hand, but never actually looked at. She also never made eye contact with me and never stopped chewing her gum or slurping her milkshake. When I pointed out to her that I had already answered all these questions and that she had my answers in her hand, she rolled her eyes and explained that their new computer system required her to enter my medical history. The tech then asked me to follow her and the doctor would see me. As she entered the room, I heard the doctor say, “I don’t like this room. It doesn’t have what I need and I can’t find anything.” She assured him she would help, and in I went. The doctor proceeded to fumble around in draws and on shelves, asking the tech for this or that. Sometimes, she found what he wanted, and sometimes she didn’t. At the end of the visit, when it was time to schedule a follow-up appointment, I discovered the reason behind this odd behavior. It turns out that the doctor I was seeing didn’t usually practice at this specific location. If I wanted to follow-up with him, I would have to drive 60 miles to the clinic he normally practiced in. Or, I could wait in the clinic I was in, for some unknown period of time that day, to have one of the regular specialists examine me again and then I could follow-up in three weeks with that specialist at the location that was close to my home. That’s what I like to call “sucky option A or sucky option B.” Once again, my value as a customer was being made clear to me. This well-known and highly respected practice would take my insurance company’s money and would provide the care I needed on their terms, not mine.

I suspect that both of these organizations pride themselves on their operational efficiency. They make use of highly regimented, well ingrained and non-negotiable processes. These processes provide frontline staff a shield to hide behind when relaying the bad news to customers without ever having to acknowledge that there is any bad news. They reinforce that the customers’ needs and experiences are not what matters most. Process is king and customers are mere pawns. What processes have you put in place that work really well for your organization but are not patient centered? Before you answer, spend a moment in the classroom of your everyday life and consider what lessons you can learn from your own experiences as a customer.



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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.

