

## People, Processes, and Place: The 3 Ps that impact the patient experience

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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.

For healthcare organizations, it is *all* about the patient experience. Unfortunately, managing that experience can, as we all know, be extremely challenging. There are so many situations that can make an impact—positive or negative—on our patients, their family members, and other visitors. And, as we all know but often fail to sufficiently focus on, sometimes it's the seemingly “little things” that can make or break that experience. It's important to remember that the patient experience is actually a series of multi-sensory experiences that are rapidly, often subconsciously, processed into emotional responses. At the end of the experience, we ask patients to give ratings. These ratings will be based on the culmination of those layers of experiences.

When summarizing often complex culture assessments and mystery shopping studies for healthcare organizations, we find that most findings will fall into three buckets for further consideration: Issues related to People, Processes, and Place have the most profound effect on patients—sometimes shockingly so. Are you focusing on the 3 Ps?

### **People**

Healthcare is a service business, and that means people are a major part of the mix when it comes to delivering value to patients. What they say, what they do, and even how they appear will factor into the experience. When our people fail to make a personal connection through eye contact and a smile, or say something that is perceived as rude, they have a marked impact on the patient experience. These encounters can be in person and over the phone. We observe these kinds of activities often.

For instance, one of our mystery shoppers called a clinic and asked for information about the services provided. The person on the phone *interrupted her* and said, “We can't possibly help you with that; we're a *clinic*.” OK.... Clearly a misunderstanding but poorly handled. What kind of impression do you think this left with the caller? Things like interrupting, not making eye contact, not being *human* during the intimate human encounters that healthcare is all about—these are the “little things” that have a big impact.

In another example, a nurse answering a call light told a patient, “You're not my patient.” This sends a message that patients are a disruption to the staff, and this does nothing to build patient confidence in teamwork.

### **Processes**

Patients know when our systems are broken. They may not know *what's* broken, but they know when their interactions don't feel like they're taking place as part of a smoothly operating, seamless system. I observed an example of this myself last fall when I took my 85-year-old mom—a cardiac patient—to an appointment. They had her register at the front desk area, then walk back

to a department to have an echocardiogram, and then *back* to registration to let them know she was done with her echo! When you have an elderly cardiac patient doing laps back and forth to the same departments, something about this process is broken.

My most recent example was just last week; I took my mom to learn the results of her PET scan. Newly diagnosed with cancer, we were on pins and needles waiting to learn if it had spread. Despite having an appointment, the receptionist told us that the doctor was out for the day, and she knew nothing about the appointment. She went on to explain the hospital had screwed up and didn't let the clinic know. You can imagine that this was a very stressful time for my mother, and this encounter reinforced the message that there is no communication between the hospital and clinic and that if I want seamless care for my mother, I'm going to have to run interference at every turn.

When you have these kinds of broken systems, it's painfully (often literally!) apparent that you don't have your act together.

Another area where we frequently see systems drop the ball is in the processes surrounding follow-up. How will the patient get results? Does the patient have to call you, or are you going to call the patient? Have you communicated this? Do you follow through?

### Place

When we consider the "place" part of the experience equation, we're factoring in anything that has to do with the physical environment. How effective is the signage in directing patients to where they need to go? Is the organization clean and clutter-free? Is the waiting area comfortable? Is it quiet, or is there a series of disruptive overhead pages? These "little things" impact trust. If your restrooms are not clean, for instance, it raises questions in the minds of patients about how clean other parts of your facility are, making them think things like "Am I at risk of infection here?"

All of these interactions and impressions add up to either make or break the patient experience. Too often, though, those within the system are "blind" to these experiences. That's why mystery shopping can be so impactful.

Mystery shopping is a form of ethnographic study—a "big term" that describes the gathering of empirical (another "big term") information about people. Empirical means, basically, *actual*—the unvarnished truth, something that is often to gain perspectives about on our own because our perspectives are jaded by the fact that we are "insiders."

In fact, we often hear hospital CEOs talk about how valuable they find the information gained through our patient visits, walkthroughs, and other mystery shopping activities because they *just don't see the same things that we might see*. Their involvement, in essence, makes these things invisible.

What might you be missing about the patient experience in your organization? Consider sorting information into the three buckets. It helps to simplify how



Transforming culture. Shaping patient experience.

your culture is fostering the behaviors, habits, and processes that impact the human experience.

*Phone communication is an essential part of the patient experience and is often the first part of the patient experience. In just seconds, your patients are deciding if you are friendly, knowledgeable, concerned, and willing to help. In fact, research shows that after just a 2-minute phone encounter, patients are clear about whether or not they would return to your organization or recommend it. Patients rely on phone encounters to make appointments and seek clinical advice. Other callers rely on phone encounters to gain vital information about a loved one. In both situations, it's important that you create a positive, trust-building experience. To engage your staff in essential phone skills, look toward the tips and tools in [You'll Have Them at "Hello": Phone skills that will WOW your callers every time](#). For only \$199, you'll receive the following: the video recording, presentation slides, a transcript of the recording, a participant guidebook, a moderator guidebook, a quality assurance tool, and additional handouts! This session is also available as a live training workshop.*

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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.