

The Patient Experience Post

Reflections from the Field
June 2016



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.

HCAHPS and the Used Car Salesman

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My husband and I recently purchased an RV. Before we drove off the lot, we had a two hour introduction to our new vehicle. At the end of the session, our tutor asked us to fill out a survey about our experience. I was happy to, until he added this, "I'll get fired if I don't get good grades." I started to get into a discussion with him about the opportunity to learn from customers' experiences, but could see my husband rolling his eyes, so I left it alone, for the moment.

When we got home, my husband asked me why I felt compelled to have a lengthy discussion about a survey with an employee who was just doing what he was told. And with that simple statement, I had a new appreciation for what hospital staff members experience with regard to HCAHPS.

HCAHPS has been around for more than 10 years. The CMS rules regarding what hospitals can and cannot do or say related to the survey have been around for almost as many years as well. So why then do I still see "Strive for Five" or "We want to ALWAYS be the best for you" posters in hospitals? How is it that when rounding, I still hear nurses and/or leaders asking "Did the nurses always communicate clearly with you?" or "Has it always been quiet at night?" The answer? Because that is what these people are being told to do!

I don't mean to suggest that leaders are specifically telling staff members to go against the CMS Quality Assurance guidelines, which clearly say hospitals are prohibited from using language similar to what appears in the survey. The guidelines provide examples of the types of questions that are NOT permissible (e.g. "Did the nurses always answer your questions?" or "Is there a way we could always...?") and examples of alternative questions that are permissible (e.g. "Are the nurses answering your questions?" or "Please share with us how we could improve your hospital stay.") The guidelines go on to say that when discussing the HCAHPS survey before or after discharge, hospitals are not allowed to wear buttons or display signs that say things like "Always" or "10." Nor can anyone at the hospital imply that people will be rewarded for certain responses or that the goal is for all patients to respond a certain way.

I know that leaders wouldn't intentionally take the financial risk associated with violating CMS rules. But every time a leader says something like "Our goal is to be in the 90th percentile in HCAHPS" or "Our bonus plan is based on our HCAHPS ratings", he or she is communicating that the score is what is important. Not the actual patient experience, or the learning opportunity that a survey represents, but the score itself. I recently participated in a leadership discussion using a hammer to make the point that leaders have the power to build or destroy.

Take a moment to reflect on the message you are relaying to your team regarding surveys, and the patient experience. Are you using your leadership hammer to build a positive patient experience based on what a patient sees and feels? Or are you using that same hammer to beat your staff down about scores that haven't reached a pre-determined goal? You chose healthcare as a profession – one that focuses on human beings caring for human beings. Let's not take the same approach as those who have chosen the automotive industry when it comes to learning from the customer experience.



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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.

