

The Patient Experience Post

Healthcare's Resource for
Service Excellence
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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.

Lessons from the field: How Committed Are You?

Angela Fieler, MPA, CMQ/OE, Senior Consultant

We were working with a senior leadership team recently on culture change, discussing next steps. The team leader stopped the discussion mid-sentence, turned to the group, and asked, "How committed are you to this work?" That seemed like an odd question, given that the leadership team presumably approved of and supported our contracted work with them. Several of the team members were taken off guard and each in their own way answered, "We know how important this work is to the organization." The CEO took that as a verbal commitment and the conversation continued.

After the meeting, we asked the CEO what he was after when asking the question. He said he wasn't sure he had buy-in from the whole team. He gave examples of key leaders missing key meetings, not completing assigned pre-work in preparation for our visits, and not actively engaging in patient experience discussions. We agreed that these might be indicators that some members of the team did not consider the patient experience a high priority. We suggested that he have one-on-one conversations with each leader to set the expectation that patient experience always be the first priority. Further, we suggested that he give specific examples of behavior the leader being coached had exhibited, that did and did not meet this expectation.

The next time we were set to meet with this team, we needed a two hour block of time to address the agreed upon agenda. No matter how flexible we were on dates, we were repeatedly told that leader meeting agendas were already packed. The best we could get was 90 minutes. Who was controlling the agenda? Was it a single person or a group of people? Had any of these folks been coached as we suggested?

We covered a lot of ground in that 90 minute meeting and left the team with a specific task to complete as a group before our next visit. Needless to say, when we returned for our next visit, that task had not been completed. If the word commitment means dedication to a cause or activity, how many people on this team would need to be truly committed to complete this task? Did they need a majority or could one person have ensured that this work got done? Would it matter who the one person was?

While creating a great patient experience involves everyone, the commitment to do so must start at the top. All senior leaders not only



Transforming culture. Shaping patient experience.

have to demonstrate their seriousness and commitment to providing a great patient experience, they have to communicate the why, the what, and the how to the people for whom they have responsibility. If your organization seems to be lacking a commitment to improving the patient experience, before you ask how committed your team is, consider asking how committed you are. If you aren't sure about the level of commitment in your organization, ask the Baird Group how a Culture Assessment might help you define not only the culture you *have*, but the culture you *want*, as well as a road map for creating that culture.

To learn more about the [Baird Model for Service Excellence](#), employee engagement or leadership development workshops, or to sign up for her FREE newsletter, write to info@baird-group.com.