

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 Your PX a Real Priority or is it Lip Service? 4 Key Indicators to Evaluate your Current State

by Kristin Baird, RN, BSN, MHA

The difference between being able to recite your mission and vision statements versus living them are significant. We've been hearing for years now about how concerned healthcare leaders are about the patient experience. Yet major deficits continue to prevail.

As we work with health systems, leaders, and staff around the country, we often see a disconnect between the stated mission and vision, and the actual actions of leaders. Those actions, or the lack thereof, send a message loud and clear to the rank and file. They tell the tale of whether the patient experience is really a priority, or just lip service.

Leaders set the stage not only by identifying what's important to the organization, but by modeling behaviors and dedicating resources needed to support those things. The other, most telling indicator of importance is whether or not the leaders are holding everyone accountable. There should be a straight line of sight from the organization's strategic plan to the actions and behaviors of leaders both in terms of what they do, what they dedicate resources to, and what they hold others accountable for.

Here are two examples of the best and worst in accountability.

Example #1: One healthcare organization was in the process of establishing a patient experience center. As part of that process, a team worked together to come up with a list of expectations of all staff and providers. Those expectations (expressed as standards) were committed to paper and a discussion ensued about whether to have staff and providers sign a commitment agreeing to uphold these values through their actions. The team also considered that if a signature was expected, to what extent would everyone be held accountable if they failed to live up to the standard.

The group was having difficulty reaching agreement so they put it to a vote. "On a scale of one to ten, with ten being highest," said the team leader, "write on a piece of paper to what extent we should hold everyone accountable to these expectations." The result. A four. You do the math. With this level of commitment to holding staff and providers accountable to a list of expectations for an exceptional patient experience how successful do you think the organization would be? Lip service.

When I see this occur, I typically let the leaders know that they are saying that consistent, high quality service is not expected, but rather, suggested. You would never suggest impeccable hand washing. You set it as an expectation and hold everyone accountable. So why are service expectations treated as

optional? Because it's scary to think about holding everyone to a high standard if that hasn't been the history. It may mean having to have some crucial conversations with some dominant personalities.

Example #2: Contrast that example with another hospital where the CEO drew a clear line in the sand. In a discussion similar to the one described above, he stood up and said, "This is who we are. This is what we stand for. These standards are no different than our code of conduct. We wouldn't make concessions on our code of conduct and we will not make concessions on this. Those that cannot agree to these expectations will not work here." Real.

Accountability is visible.

I can't tell you how many times we've heard employee in focus groups make comments like "Nobody has ever been fired here for treating patients poorly or failing to live up to the values." That type of statement implies that accountability is non-existent and that consistent, high quality customer service is just lip service. There may be standards on paper about customer service, but they're not backed up through holding staff accountable. When the word on the street is "nobody has ever been fired" for not living up to patient service expectations, how real do you feel those expectations are?

The Four Key Indicators

As we work with organizations we generally look to **four key indicators** that tell us whether expectations are real, or just lip service:

1. Is the patient experience and service excellence part of the strategic plan?
2. Are all leaders incentivized on key performance indicators to hold everyone accountable for service improvement?
3. Is the message consistent from the top down in terms of storytelling about service? Are those stories tied back to the standards and the organization's purpose, mission, and vision?
4. Are poor performers who do not meet these standards coached up or out of their positions?

If you can answer "yes" to all of these key indicators, your commitment to the patient experience is real. If you can't, it may be more lip service. If it is lip service, your employees and patients, know it!

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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.