

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.

Leaders Don't Duck!

by Kristin Baird, RN, BSN, MHA

We've all been there—faced with a critical moment of truth when we might offer some much-needed feedback (constructive or corrective) to an employee, but we let the moment go. Maybe it's because we don't feel the setting is appropriate—perhaps we're in a meeting or with a patient and family members. Maybe we think it's just an isolated instance, and it's not really a “big deal.” Maybe we just aren't ready to face a potential confrontation at that particular moment in time.

Whatever the reason, we duck the issue. But, guess what? Great leaders don't duck! They don't overlook these moments of truth that represent opportunities to clearly convey expectations and support the organization's mission, vision, and values in a meaningful way.

Certainly there are times when an immediate comment may not be appropriate, but even in group settings there is opportunity for course correction, coaching, and modeling desired behaviors. For instance: Suppose you're in a meeting, and one of your staff members makes an inappropriate comment about a colleague or a patient. It's a comment that is not supportive of the culture you are trying to create, a comment that was certainly heard and attended to by other employees in the room.

What are you going to do—duck? No! This is an opportunity to provide feedback in a non-confrontational but meaningful way. You might say something, “You know, when we make comments like that, even when we're among colleagues, it undermines the culture of respect that we're trying to create.”

Or, in another setting, an employee makes a negative or even derogatory remark about “administration”—the “they” that is often the target of criticism in many organizations. In a situation like this, you might say, “You know, that sounds very blaming; it sounds like you have a legitimate concern, but let's rephrase that concern so it is more aligned with our culture of collaboration.”

We don't need, or want, to humiliate employees, but we *do* want to provide them—and others around them—with an indication of what we will, and will not, tolerate. If we don't, if we “duck,” we send a very loud message to others. A message that is not likely to be the kind of message we want to send. Often what is holding us back in situations like this are the “leadership tapes” that have become programmed in our minds over time. We need to recognize and, sometimes, change or revise those leadership tapes so that we are not ducking during those critical moments where we have an opportunity to make an important impact.

We all have these tapes. I've caught myself putting off crucial conversations because I've been playing the tape “Choose your battles,” or even an excuse-type tape like “Well, this isn't her usual self—she doesn't normally act this

way,” or “This is something I think I should address in private; I’ll do that as soon as I can,” but, inevitably, the right time doesn’t happen.

Allowing employees to make negative statements, or demonstrate undesirable behaviors, can have significant consequences on the culture and the patient experience. For instance, consider the impact of comments made by employees in front of patients or family members about how “busy” or “understaffed” they are. What message does that send? Whether the unit is actually understaffed or not doesn’t matter—the patient and family are only hearing the perceptions of staff, and, invariably, they believe those perceptions. How do you think these beliefs will play out as they provide feedback through surveys likely to impact your HCAHPS scores? Perception, unfortunately, is reality.

I’ve conducted focus groups where family members will tell me, “The staff is working very short all the time,” and I’ll say, “Really? How do you know that?” And, they’ll say, “Well, they told us.” This is a prime example of an opportunity to reinforce standards for service excellence.

If you don’t want employees’ casual, but ultimately harmful, comments to have a negative impact on patient perceptions and the patient experience, you can’t duck! You need to establish clear expectations, hold staff accountable to those expectations, and provide feedback—both constructive and corrective—clearly.

Great leaders don’t duck! If you duck, and you allow these kinds of comments to continue; you’re not fostering the culture that you need to foster. It’s important to pay attention to the tapes you play inside your head and make sure they are the ones that will help further your goals. The nice thing is that you can re-write your tapes to be part of your conscious leadership plan.

Would you like to explore the leadership tapes playing in your head that may be keeping you from being the positive role model you’d like to be? We have an exercise that you may find useful here: [free download](#).

Additional resources:

- [Raising the Bar on Service Excellence](#)
- [Customer Service in Health Care: A Grassroots Approach to Creating a Culture of Service Excellence](#) (hurry, low inventory!)
- [“Harnessing Energy: The Leader’s Role in Cultivating an Organization of Service Stars”](#)

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



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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.