

## *The Patient Experience Post*

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July 2015



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## Taking a Seat at the Table

by Kristin Baird, RN, BSN, MHA

### Hurry Up and Change this 100 Year-Old Hospital

There's a new role emerging in hospitals and health systems around the country: the Patient Experience Professional (PXP). That title varies from organization to organization and may be classified as a manager, coordinator, or even CXO. The PXP is a person appointed to lead the patient experience strategy and a corresponding improvement in HCAHPS scores. Whether promoted from within or hired from outside the organization, the person selected to fill this role is likely to feel an initial rush of exhilaration, soon to be followed by a sinking feeling of "now what?"

As hospitals face declining reimbursement and increasing competition, many are turning to people in these newly-minted PXP roles for quick results. And that's the problem, as those who have been placed in this role can tell you, there are no easy answers—there are no quick fixes.

Many hospital cultures have been established over several decades. Those cultures are what is generating the current results. Getting different results requires analyzing the culture, developing a plan, and executing the plan in order to change the outcomes. It's not something that happens overnight, yet many well-meaning healthcare executives expect to achieve fast answers and quick fixes.

There's some degree of risk for both the organization and the individual in the PXP role if expectations aren't managed. The organization and senior leaders have the risk of losing credibility by failing to achieve the patient satisfaction scores that will guarantee long-term success. They also risk being viewed by staff members as focusing on another "flavor of the month" solution and, ultimately, of lackluster financial performance.

The individual's reputation can also be at risk as senior leaders look for, but fail to see, quick results. The PXP that is charged with attaining those results, risks damage to their own reputation and job security, if they fail to deliver.

**What's a new PXP to do?** There are many possibilities, but first things first.

A few months ago I did a webinar for The Beryl Institute called, *Taking a Seat at the Table: Five Ways Patient Experience Champions Can Increase Their Influence and Gain Support*. I won't go into all five here but rather focus on the one that is quickly pushed aside for the sake of the almighty task list and a desire to prove yourself quickly.

The first, and most essential thing, the new PXP can do is to build relationships. Face it, PXPs are in a challenging position. They're charged with achieving results but without the having direct authority to hire, fire, or hold staff accountable for behaviors that directly impact the patient experience. It boils

down to having accountability without authority. This means that they must achieve results through others. That requires influence, and influence is built upon strong relationships. And strong relationships take time. But how do you exert influence without control?

One of the first things someone in a PXP-type role must do is forge relationships. When people trust you, they are much more likely to ascribe to your vision and partner with you on achieving goals. To be successful, the PXP must partner with operations and seek first to *understand* how and why things are currently done the way they are, before attempting to implement the quick fixes that the C-suite is often looking for. That can be a challenge, but it's not insurmountable.

I've seen examples of how PXPs have successfully built strong relationships that position them for great success. In one setting, I watched a patient experience champion evolve significantly once she learned the art and science of building relationships. "Becky" was in her role about six months when I was asked to coach her. During our rounds on the units, I observed how the nurses responded to Becky. They were clearly leery of her. I later learned that they were suspicious that she was there to spy or cast judgement. With coaching and time, that reputation made a 180° turn. I observed her, one day, as she made her rounds, she very clearly communicated—through both words and actions—that she was there not as "the enemy," but as a partner to the team. She would step in and quickly answer a call light, get a patient some ice water, or perform other important, but non-nursing-related tasks, which served to position her very positively in the minds of the nurses and other staff members working the unit. They saw her as a partner, not a pariah. Once she earned their trust, she was able to do more one-on-one coaching to support the nurses.

When you're new to one of these roles, the most important thing you can do is listen, learn, and observe operations before attempting to inflict change upon them. If you try to rush in with a series of tactics that are delivered like edicts from on high, you're going to be resented. The result will be no results! You can have the best plans in the world, but if nobody is joining you in your quest, you won't get very far. Find out how you can forge relationships that will help you achieve your goals and position yourself and your organization for success.

Join us for a timely and informative webinar designed specifically for patient experience champions who want to be more effective in their role.

*7 Habits of Highly Effective PXPs*, Monday, August 3, 2015 at 11:00 AM CDT. Sign up now to learn how you can effectively manage the expectations coming from the C-suite while building the strong relationships you need to achieve results. Click [here](#) for more information and to [register](#).

*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,*



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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.