

## *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.

## The Patient Experience at the Speed of Trust

by Kristin Baird, RN, BSN, MHA

Over the past year I've had several first hand, up close, and personal experiences with healthcare delivery as I've assisted my mother with her radiation treatment appointments and recovery from a pulmonary embolism. While there have been some stellar examples of great patient care, most notably her exceptional oncologist and primary care physician, there have also, unfortunately, been some extremely disheartening incidents of disconnects and disappointments—both major and minor.

These disconnects were most frequently due to one individual in the continuum of care but caused us to question competencies across the board and even lose trust. That's why it is so important that everyone in the organization understands the impact of every gesture and statement he or she makes.

Trust is fragile. The trust between patient and healthcare providers is at the core of the patient relationship and directly related to compliance and outcomes. We're not in the business of delivering medical treatment—we're in the business of building and maintaining patient trust. Unfortunately, I suspect that most healthcare organizations are not being as effective in building these critical trusting relationships as they may believe.

There can be a major disconnect between the message you believe you're delivering and what the patient and their family members hear. But, by being observant and, most importantly, taking a "patient-view" of these common interactions, you can build and maintain trust.

Let's take a look at some examples from actual experiences I've recently had and how these situations might have been easily turned around to leave more positive impressions:

- **What happened:** Two different members of a healthcare team gave us two very different explanations of the care plan. (One said 5 treatments, the other said 15.)
- **What the patient thinks:** "If they're telling us different things, what can we believe? Does anyone in this place really know what's going on? Which one is right? Who can we believe?"
- **What the organization could do about it:** Critically evaluate their processes and take steps to ensure that both processes and practices are consistent. Actively seek out and fix inconsistencies. Communicate broadly, often, and persistently.

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- **What happened:** We approach the registration desk and give my mother's name. The receptionist says: "Who?" "When did you think you had an appointment?"
- **What the patient thinks:** "Uh oh; they must not have mom on their schedule. Did we do something wrong? Have we made a mistake, or did they? We feel very unwelcome."

- **What could the organization do about it:** Insist that staff take personal responsibility for every situation and help to coach and counsel them to carefully consider their words. Scripting these common interactions can help immensely. In this case, the receptionist might have said: “I am glad to assist you. Can you spell your name for me? Let me check on this. I know I will be able to help you.”

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- **What happened:** We ask a staff member a question and they say: “Oh, you’re not my patient.”
- **What the patient thinks:** “Really? We’re in your hospital to receive care and you don’t ‘claim’ mom as a patient? Doesn’t she ‘belong’ to every member of the organization?”
- **What the organization could do about it:** Establish a culture where *every* member of the organization “owns” the patient and is responsible for the experience. It’s not “their” patient, it’s “our” patient. Managers do rounding consistently and observe for coachable moments.

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- **What happened:** We repeat an instruction provided by another member of the organization—a caregiver—and this staff person responds: “Who told you *that*?” When we tell them, they say: “Oh! You can’t go by what *they* say!”
- **What the patient thinks:** “Huh? Aren’t you *all* part of the same team? Shouldn’t we be getting the same instructions from all of you about mom’s care? Can we really trust anything that anyone tells us from this point on?”
- **What your organization can do about it:** Demand that all members of your staff, including your providers understand that they are part of a team, and that they are expected to respect and support everyone in the organization, even when things go wrong—and they will. Be aware of how certain comments throw co-workers under the bus.

Each of these experiences—and many more—actually happened to me and my mother over the past several weeks. Fortunately, I’m comfortable in healthcare settings and don’t hesitate to ask questions. And, I’m a very assertive individual. But what if I wasn’t? What if I didn’t “know the system” and know people in it? What if I were like the *millions* of people in this country who find themselves attempting to navigate a foreign, frightening, and all too often, unwelcoming place?

This isn’t the level of service and care delivery that we’re striving so hard to achieve in this country. We need to ensure access and exceptional patient care every time, every place – not just for savvy consumers who can fight and claw their way to get what they need, but for *everyone*.

What’s the patient experience like in your organization? Are you [sure](#)? Here are four methods for assessing the experience.

1. Experience mapping—this is where you map the patient experience from start to finish to drill down into the system and interactions along the experience pathway
2. Intercept interviews—this method involves stopping the patient at the close

of the visit to ask about the encounter. This is particularly useful in assessing one specific aspect of the experience but can be applied to general reaction to the entire encounter.

3. Mystery shopping—this approach provides clear documentation of the experience along with reactions and emotional responses to specific situations and interactions.
4. Rounding—this is the least expensive and yields the highest ROI. Rounding affords the leader the opportunity to observe and coach in real time while assisting to raise patient trust and confidence in the system.

*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 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.