Patient Experience Conference 2012 Encore Webinar Series

Creating and Sustaining a Culture of Service

Presented by: Lynn Ehrmantraut, Senior Vice President – Performance Improvement and Julie O'Shaughnessy, Executive Consultant, Avatar International LLC

Dial-in Number: 1-877-668-4493
Passcode: 803 950 671

Improving the patient experience
Defining Patient Experience

The sum of all interactions, shaped by an organization’s culture, that influence patient perceptions across the continuum of care.

- The Beryl Institute
Upcoming Patient Experience Regional Roundtables

Chicago – September 20
Host site: Northwestern Memorial Hospital

Orlando – November 8
Host site: Florida Hospital

Make Connections
with other patient experience leaders.

Take Away New Ideas
to enhance your patient experience efforts.

Leave with a Plan
to immediately impact your organization.

Space is Limited. Register Now.
Housekeeping

- All participant phone lines are muted
- The presentation will run 45-50 minutes with about 10-15 min for Q&A
- Q&A will be conducted through the chat function. Please submit questions to the host for a facilitated Q&A after the presentation.
- Webinar materials and session recording will be available for all attendees (an email will notify you when available with the appropriate link)
- A post-webinar survey will be distributed following today’s session
Creating and Sustaining a Culture of Service

Presented by Lynn Ehrmantraut, Senior Vice President – Performance Improvement and Julie O’Shaughnessy, Executive Consultant, Avatar International LLC

Culture propels any organization towards, or prevents achievement of its mission and vision. Creating a Culture of Service for patients, staff and physician partners is a tall order, and sustaining that successful culture is equally challenging. This session explores the seven components necessary for a culture of service. National survey results of leadership teams will be shared (the triumphs and challenges) as well as practices and pitfalls inherent in each area: Pressure for Change (and what Value-Based Purchasing adds to the pressure), Clear Vision/Good Plan, Clear Expectations and Accountability, Skills and Attitudes, Measurement and Feedback, Recognition and Incentives, and Minimal Barriers. The session serves as a “mini-assessment” and recalibration of your plan to deliver and sustain a culture of service.
Creating and Sustaining a Culture of Service

Lynn Ehrmantraut
Senior Vice President

Julie O’Shaughnessy
Executive Consultant
A balanced blend of human psychology, attitudes, actions, and beliefs that combined either create pleasure or pain, serious momentum or miserable stagnation.

The sum of all interactions, shaped by an organization's culture, that influence patient perceptions across the continuum of care.

~The Beryl Institute
If the pressure for improvement is low and all other components are present, change can occur but it will be slow.
Clear Vision and Plan

- Pressure for Change
- Clear Vision and Good Plan
- Standards, Behaviors & Training
- Recognition and Incentives
- Measures and Feedback
- Clear Expectations & Accountabilities
- Minimal Barriers

If there is no clear vision or plan and all other components are present, staff can improve but there will be wasted effort.
Skills and Attitudes

If staff do not have the proper skills and attitudes and all other components are present, there will be anxiety and frustration.
Elements of A Service Driven Culture

Recognition and Incentives

- Pressure for Change
- Clear Vision and Good Plan
- Standards, Behaviors & Training
- Recognition and Incentives
- Measures and Feedback
- Clear Expectations & Accountabilities
- Minimal Barriers

If there is little recognition or feedback, change will be non-integrated.
Without good measures, progress will be uncertain and unfocused.
Clear Expectations

If expectations and accountabilities are not clear, no meaningful change will occur.
If there are barriers to SERVICE EXCELLENCE, improvement will be difficult to maintain.
Comparing Top and Bottom Performers

The Four Cornerstones of an Exceptional Patient Experience:

- **Focus** – devotes more time
- **Accountability** – more humble self-assessment of success
- **Engagement** – more engaged staff
- **Commitment.** - leadership involved in service

*Figure 3 – Comparing Top and Bottom Performers*

<table>
<thead>
<tr>
<th>Bottom Performers</th>
<th>HCAHPS Overall Rating</th>
<th>HCAHPS Would You Recommend</th>
<th>Avatar IP Percentile 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Top Performers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>33</td>
<td>13</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>95</td>
<td>94</td>
<td>81</td>
</tr>
</tbody>
</table>

Source: The Beryl Institute white paper Sept/Oct 2010
# 2012 Service Driven Culture Survey

**Welcome to the SDC Survey for ABC Medical Center**

Please complete the following brief demographic information, in addition to the survey itself. Reports contain aggregate data only. Individual data is not reported. Both items are necessary for creation of a report meeting your organization’s specifications. If you unsure of your “job type”, please contact the survey coordinator who informed you of this survey process.

**Job Type:**
- [ ] Senior Leadership / Administrator / Vice President
- [ ] Director
- [ ] Manager/Nurse Manager
- [ ] Customer Service Steering Team/Committee
- [ ] Physician
- [ ] Other

I have been working at the organization for:  
[ ] Employment Time...

---

**Instructions:** Think about your healthcare organization as you read each of the statements below. To what extent would you agree that each statement describes your organization?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Slightly Agree</th>
<th>Neither Agree / Disagree</th>
<th>Slightly Disagree</th>
<th>Strongly Disagree</th>
<th>Don’t Know / Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Our physician surveys have helped me make meaningful improvements in my area(s) of responsibility.</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>2. I have received the proper training on how to interpret and use patient survey results.</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>3. Benchmark or comparative patient survey data tells us how we are performing relative to our primary competitors.</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>4. A significant part of our incentive or merit system here is based upon providing exemplary service to patients and visitors.</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>5. Our healthcare organization is well prepared for the national patient survey (HCAPPS) and public reporting of its results.</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>6. The questions on our employee surveys are actionable – we can do something based upon results.</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>7. If something bad happens to a patient or visitor related to service, the appropriate employee or manager is definitely held accountable.</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>8. Our staffing levels are sufficient to ensure good service to patients.</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>9. Staff throughout the organization are well trained on how to respond and resolve patient or visitor complaints.</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
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<th>Slightly Disagree</th>
<th>Strongly Disagree</th>
<th>Don’t Know / Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Managers throughout our healthcare organization are held accountable for continuously reviewing patient survey results and making improvements.</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>11. We have time to really understand patient survey results and work on improving service quality.</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>12. There is good cooperation with other departments to provide excellent customer service.</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>13. A high emphasis is placed upon customer service skills in addition to job competencies for hiring and promotion.</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
</tbody>
</table>
Survey Says

"After" VBP

- Pressure
- Clear Vision
- Expect & Account
- Sdds/Behaviors/Train
- M&F (patient)
- Minimal Barriers
- Recognize/Incent
- M&F (colleagues)
Beyond the Survey... says

- Compelling Pressure for Change
- Leadership Alignment – crevice or canyon?
- Goal Setting Strategies
- Ongoing (targeted) Service Training
- Measuring Success
Closing the GAP – Small Group Activity

• One SDC Element per group

• Identify one practice in your organization (or that you are aware) which would help close the gap for the assigned element
  – Individually
  – Group share
Practices that get Results

- Pressure for Change
- Clear Vision and Good Plan
- Standards, Behaviors & Training
  - Recognition and Incentives
  - Measures and Feedback
  - Clear Expectations & Accountabilities
- Minimal Barriers
Standards, Behaviors and Training
High emphasis on customer service skills and used for hiring and promotion.

Staff provided guidelines for visitor interactions.

Written policy/guidelines that translate service values into action.

Staff well trained on how to respond to and resolve patient or visitor complaints.

Service standards/behavioral guidelines are established and used.

Ongoing, high quality customer service training.
Behavior Standards

- Attitude is Everything: Creating a Lasting Impression
- Thank Somebody: Reward and Recognition
- Make Words Work: Talk, Listen, Learn
- All for one, one for all: Teamwork
- Make it Better: Service Recovery
- Think Safe, Be Safe: Safety at Work
- Look Sharp-Be Sharp: Appearance Speaks
- Keep in Touch: Ease Waiting Times
- It’s a private matter: Confidentiality
- To “E” or not to “E”: E-Mail Manners
- Vive La Difference: Diversity
- Get Smart: Increasing Skills and Competence

Source: http://www.sharp.com/choose-sharp/sharp-experience/behavior-standards.cfm
Practices that get results

- Linked to mission and values
- Signed by all employees
- A condition of employment
- Included in the Selection Process
- Ongoing review by High Performers
- Standard of the Month
- Standing Agenda Item (Meetings & Employee Forums)
- Leader Role Modeling
- Accountability
Over the last couple weeks the CEO sent out a request to take a quiz based on the book all staff were asked to read. The deadline was Friday January 15th and my records indicate that you did not submit a Quiz. I would like to hear from you if there was a particular reason or barrier that kept you from being able to complete it. If you did complete the quiz and my records are wrong please let me know.

Staff that did not meet this deadline are in violation of the standards. What this means is that you will be listed on the monthly report to Senior Leadership as having a standards violation. In isolation there is no additional consequence. If there should ever be a trend of standards violations then the appropriate disciplinary action will be taken.
Significant part of incentive/merit system here is based upon exemplary service to patients and visitors.

Staff and managers are recognized and rewarded for patient survey results here to the same extent as for financial and operational performance.

Individuals or groups that “go beyond the call of duty” to provide exemplary service are recognized here.
Top 5 Workplace Incentives

- Written Thanks From Leader
- Personal Thanks From Leader
- Promotion for Performance
- Public Praise
- Morale-Building Meetings

Study conducted by Dr. Gerald Graham, Management Professor at Wichita State University
Two Leadership Tools

The Huddle

The Fish Bowl
Clear Expectations & Accountabilities
Managers go out of their way to show patients and visitors that we really care about them.

Managers held accountable for continuously reviewing patient survey results and making improvements.

Managers serve as role models by consistently demonstrating excellent customer service.

Managers are help strictly accountable for customer service problems and issues.

If something bad happens (related to service) employees are help accountable.
Accountability

**ac-count-a-bil-i-ty** noun
the quality or state of being accountable; especially an obligation or willingness to accept responsibility or to account for one's actions
A Culture of Accountability

• Make it personal
A Culture of Accountability

• Make it personal

• Be specific

Keeping a clean, neat and orderly environment is key to patient satisfaction. It's everyone’s job!

Help improve our patient’s experience by reducing clutter, picking up trash and taking personal accountability to keep it clean.
A Culture of Accountability

- Make it personal
- Be specific
- Role Model

“I attribute my success to this - I never gave or took any excuse.”
A Culture of Accountability

- Make it personal
- Be specific
- Role Model
- Monitor performance
A Culture of Accountability

- Make it personal
- Be specific
- Role Model
- Monitor performance
- Enact consequences quickly
I find it helps to organize chores into categories: Things I won't do now; Things I won't do later; Things I'll Never Do...
Based on what you know today, if one of your employees applied for a job would you hire them?
<table>
<thead>
<tr>
<th>Type</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Recognize the small stuff</td>
</tr>
<tr>
<td>Yes, but</td>
<td>Connect to Purpose</td>
</tr>
<tr>
<td>No</td>
<td>Enact Consequences</td>
</tr>
</tbody>
</table>
People want to know when they have spinach in their teeth
Alignment matters
Our gift to you

Write one thing you will do differently based on what you have learned today, to improve the patient’s experience.

Use the CHAT function, send us your “one thing” and include your email address in the chat.


www.servicedrivenculture.com

Unleashing Excellence by Dennis Snow & Teri Yanovitch, John Wiley & Sons, Inc. 2010.

Thank You

Lynn Ehrmantraut
800-282-8274 ext. 105
lynne@avatar-intl.com

Julie O’Shaughnessy
800-282-8274 ext. 1385
joshbaughnessy@avatar-intl.com
Upcoming Webinars

September 13
**Families in the ICU, Oh My! The Development of the Family Care Partner Role in a Level One Trauma Center**
*Presented by Sherry Smith, Patient and Family Centered Care, Memorial Health University*

October 11
**Engaging Physicians in the Patient/Provider Experience**
*Presented by Daniel Arguello, Emergency Medicine Physician, Banner Health and Diane Rogers, Healthcare Organizational Change Consultant, Contagious Change LLC*

November 6
**Achieving Patient Experience Excellence through Cultural Transformation**
*Presented by Rhonda Dishong, Director of Customer Experience Design, Memorial Hermann and Qaalfa Dibeehi, Chief Operating and Consulting Officer, Beyond Philosophy*
We invite you to Join us...

The Beryl Institute is the leading community of practice for individuals and organizations committed to improving the Patient Experience. Through its efforts, the Institute:

• Engages over 9,500 members and guests from 23 countries
• Produces two monthly e-news features Patient Experience Newslink and Patient Experience Monthly, sharing leading policy and practice around the patient experience
• Publishes 6-8 comprehensive white papers per year and offers accompanying webinars
• Supports 10 patient experience research grants
• Conducts the leading benchmarking study on the state of patient experience
• Hosts the annual Patient Experience Conference and Regional Roundtable gatherings

Become a member – join today!
www.theberylinstitute.org
Thank you for participating!

Please keep your eyes open for a post-webinar evaluation coming soon...

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