WHITON HOUSE

The Patient Experience Puzzle

"Constancy to purpose is the secret to success."
~Benjamin Disraeli

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The Intent

This guide is intended as a resource for senior healthcare leaders in the pursuit of superior experiences and outcomes for patients and their families. The goal is to enhance the dialogue and improve the understanding of how we, as senior healthcare leaders, can create and impact the patient experience from within, thereby significantly helping our country tackle the healthcare challenges of the 21st century.

Additionally, for those who impact healthcare in their roles as board members, regulators, elected officials or researchers, this guide may provide a new perspective into the healthcare organizations with which you interact and influence.

Finally, since we are all healthcare consumers, this guide can also help us better understand the industry that cares for our families and consumes 17% of our economy.[1] We all have a role to play in creating the type of healthcare experience we seek.

Introduction

As healthcare leaders, we see first-hand the external pressures that are forcing the changes within our organizations, the changes that are driving us to focus on the many facets of the patient experience. The old notion of the patient waiting "patiently" on the exam table to receive instructions is disappearing. For years, research has shown that higher customer satisfaction increases loyalty and word of mouth marketing, which in turn provide stronger financial return and growth. Positive patient experiences, more importantly, are likely to increase patient compliance and thus lead to better clinical outcomes. In fact, in an effort to foster better clinical outcomes and increase focus on the total experience, the Healthcare Consumer Assessment of Healthcare Provider Services (HCAHPS) links federal reimbursement to the survey results we gather from our patients.[2] Focusing on the total patient experience is both good business and good clinical practice.

It is also the right thing to do. Healthcare is more than just the sum of its parts, more than a new building, more than state-of-the-art technology, more than "covered" lives. It is caring for our fellow human beings at their time of greatest need. Yet the picture, as put together by thousands of stories by our media, yields an unflattering image of healthcare in this country. It is no wonder that our patients, our healthcare workers, and even we ourselves are cynical. The problems are overwhelming, marked by complicated systems, irrational pricing structures, and burgeoning costs.

Like it or not, ready or not, the healthcare industry is being forced to change. The Patient Protection and Affordable Care Act (PPACA), passed in 2010, is one of the drivers of that change. But the greatest pressures to change stem from the compounding effects of an industry struggling with rising costs, increasing demand, inefficient systems, reimbursement changes, patient satisfaction data being available to the public, and patients who demand more from their experience. Each has an effect on the others, compounding the pressure to change.

The result is an industry, by and large, dealing with and responding to external forces, bracing for the next "disruption." It's neither the way to run a business nor care for people. The profound and productive transformation the industry needs must come from within. Is this the time to create that shift?

Well-respected physicians and administrators across the country are leading the transformation of our industry. But the prominent few names and organizations that headline the news can leave us with a sense that a relatively small group of innovators are pushing against a large, less-responsive system. With almost 5,000 healthcare organizations providing services and care to our population, we need more "leaders" to dispel this myth.

In reality, there are countless organizations in every state working tirelessly to improve the outcomes for patients. But at times the effort seems inefficient and ineffective, as if we are paddling upstream, against this river of external forces. Through my work with various organizations, I know this feeling first hand. Having worked in healthcare for almost 25 years, my feeling is the "river current" these leaders are battling just got stronger.

Perhaps it is time to take a moment to rethink what we are trying to change and the impact we are seeking.

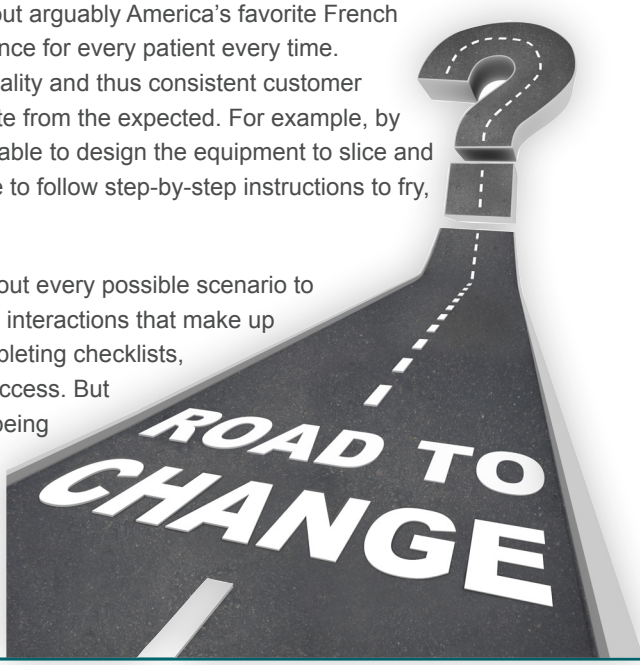
What are We to Trying Fix?

In recent years, our industry has seen many changes to both the "hardware" and "software" sides of the patient experience. The hardware side, equipment, technology and facilities, etc, could be viewed as the more manageable components to transform. The software side, the interaction between the provider and the patient, is much more variable and as such is more difficult to manage and measure.

On the software side, healthcare organizations have spent thousands of hours working with staff to improve the patient experience. Most organizations instruct staff on how to behave differently. Programs focus on reward and recognition, communication, training, coaching; the list goes on and on. In the pursuit of excellence, we ask healthcare workers to memorize scripts, complete check lists, and adhere to processes. So, why do the results not match the effort put forth?

Organizations in other industries owe a good portion of their success to their ability to create a consistent product. Just as McDonald's is able to turn out arguably America's favorite French fries every time, we too want to create the best experience for every patient every time. Fast food restaurants are able to achieve consistent quality and thus consistent customer satisfaction by engineering out the opportunity to deviate from the expected. For example, by tightly controlling the potatoes they purchase, they are able to design the equipment to slice and dice every potato the same way. Then workers are able to follow step-by-step instructions to fry, season and serve "perfect" French fries.

But healthcare leaders can't control the input, nor play out every possible scenario to write step-by-step instructions for the millions of unique interactions that make up the patient experience. Yet by memorizing scripts, completing checklists, etc., that is what we have tried to do, and with some success. But when we do this, and only this, staff feel as if they are being handed a laundry list of "to do's" to cram into their shift. **Rather than genuine improvement to the patient experience, too often the result is that the patient becomes secondary to the process – just ask the patient.**



"Not everything that can be counted counts, and not everything that counts can be counted."
~Albert Einstein

The rapid deployment of electronic health records (EHR) and comparative effectiveness research are two of the most powerful tools for accelerating positive change in healthcare. But if used improperly by healthcare leaders, we run the risk of the patient becoming a widget on a manufacturing line, mitigating the countless benefits we could reap through purposeful consistency and standardization.

Maybe we have been addressing the wrong issues at the wrong time.

We want to believe we can implement change. But just as we cannot simply adhere to processes, regulate behavior and measure performance to achieve change; we cannot just change out the broken pieces. The media like to use the word overhaul to describe the task at hand. And overhaul implies much more than change.

Maybe we need to shift our focus away from the easy to reach, easy to measure pieces of the patient experience. Perhaps we need to step back to assess our Vision. Is it deliberate? Does it define the patient experience we seek to provide? Then we can move forward by figuratively laying out the pieces of the patient experience – analyze them, understand how they fit together. With a new understanding, we can reassemble a better, more consistent, sustainable patient experience.

When we look at the patient experience today, it's easy to see that some pieces don't fit together very well. At times it's not anyone's vision of the ideal patient experience. To achieve our Vision will mean putting the pieces in order. It will mean taking apart and reassembling some sections. It may seem to be a daunting task. But if we know where and how to start, it does not need to be as difficult as some might imagine.

The patient experience is like a puzzle with thousands of pieces. For every hospital stay, the patient and their family members will have many interactions with doctors, nurses, phlebotomists, receptionists, housekeepers, dietary assistants, and therapists to name a few key staff functions. If, for example, one patient and their family interacted with over 50 people during an average hospital stay, that would yield a half million staff/patient interactions for a hospital with only 10,000 patients per year. Those interactions are the pieces that comprise the patient experience puzzle.

The premise of this guide is that the patient experience is largely defined through the multitude of interactions between a patient or family member, and a physician, employee or volunteer; the software side of patient care. The patient experience is a direct result of the shared attitudes, values, goals, and practices that characterize an institution, organization or group – the culture. The culture, as set forth by the senior leadership team, defines the structure that enables the pieces of the puzzle to fall into place and then holds them there. Therefore, the changes we seek to make will only stem from changes to the culture of the organization.

"Out of clutter find simplicity. From discord, find harmony. In the middle of difficulty lies opportunity." ~Albert Einstein

Putting Together the Puzzle

In choosing a jigsaw puzzle as an analogy for the patient experience, I focus on three tenets of puzzle construction that translate to the process of building a culture:

- Establish order
- Ensure the pieces fit together
- Work in manner that fits your situation and exploits your strengths

The first and most important element is to introduce order to complexity.

Establish Order

I have many fond memories of sitting around the table on lazy afternoons to assemble a puzzle with my family. The beautiful picture on the box provided a vision of what we could create. But soon enough, with the box open and a thousand pieces strewn on the table, we realized the difficulty of our task.

Yet in the midst of that chaos, we always found a starting place and a method for placing the pieces. In my family, we looked for the edge pieces that made up borders. The borders created the framework that enabled us to locate and place the rest of the pieces.

This same methodology applies to creating a new culture within our healthcare organizations – build the framework first.

By focusing on what I refer to as the four borders of the patient experience, we can put in place a basic framework to manage the complexity of our task. The four borders of *The Patient Experience Puzzle* are:

- Vision in Action
- Create a Team Roadmap
- Unleash Potential of the Individual
- Deliver the Experience

Ensure the Pieces Fit Together

The second tenet of puzzle construction is that the pieces must fit together to create the Vision, the picture on the box. Disjointed efforts and mismatched pieces cannot unite to create the picture we envision. But properly matched and placed pieces fill in the picture as we work, build momentum and enable us to move forward with confidence. We know we are on the right path.

In *The Patient Experience Puzzle*, each border contains three components to secure the puzzle pieces in place. This is critical for ensuring that the changes implemented are sustainable and build off of each other. The intent is not to look for a magic bullet to change our culture. Rather the goal is to build lasting improvement.

Work in Manner that Fits Your Situation and Exploits Your Strengths

The third tenet of puzzle construction is the freedom to choose a construction method/sequence that suites our skills and nature, rather than follow a scripted set of instructions. Different puzzles – round, square, table-size, floor-size, landscape, abstract, etc; may require different construction methods. And each of us may approach the same puzzle in different ways.

Interestingly, a review of different healthcare organization's strategic plans interestingly yields more similarities then differentiation. Strategy gurus and authors, James Allen and Chris Zook share that differentiation is the essence of strategy, the prime source of competitive advantage.[3] For an industry that desperately needs new ways of doing things in pursuit of better outcomes, finding a balance between best practices and differentiation is critical. The *Patient Experience Puzzle* supports this approach.

The Patient Experience Puzzle provides general sequencing and critical components for creating the puzzle framework; however, the intent is not to create a "to do" list. Throughout the Puzzle, different resources and ideas are provided to enable senior leaders to develop their own plans and opinions and opportunities for learning and inquiry.

Ultimately this guide is an organization's opportunity to personalize its journey while utilizing some of the best ideas and practices for building a purposeful culture.

The following chapters discuss how we can build a deliberate culture to produce the intended patient experience. As you read through these chapters, think about how you could apply the concepts presented in your own organization. Are you already doing some of these things? How well are they working? How could you use this information to steer the culture in your organization? At the end of this guide is a worksheet to help you capture your thoughts and begin crafting a plan of action. It is a journey worth taking.

Vision in Action

Call to Action: Leaders share the same commitment and passion for the Vision. In talent and ability, they are equally matched to impact the Vision.

In puzzle construction, setting the first piece is critical. Jim Collins in his book *"Good to Great"* focuses on the senior leader as the key to moving from good to great.[4] In 2005, Studer Group, a national healthcare consulting firm, published "*Organizational Change Process in High Performing Organizations*." Through interviews with senior leaders whose organizations had achieved exceptional financial and customer service results, Studer Group identified the number one ingredient for success was the engagement of the senior leaders.[5]

As a senior leader, you are the cornerstone of your area of responsibility, that first puzzle piece. You have the power and the responsibility to set the tone and example for others to follow. Through deliberate action, you can be an example of the *Vision in Action*.

That senior leaders can and should steer the success of the organization may be a given. But it's easier said than done. Today's senior leadership teams must navigate a landscape that would send most people running for cover - front page articles about something gone terribly wrong at the hospital, public scrutiny, a complex regulatory environment and decreasing reimbursement, to name just a few.

In this incredibly challenging environment, it is more important than ever to choose to act deliberately. Deliberate action saves time and resources, and directly impacts the success of our actions. The three components of *Vision in Action* are:

- Define the Vision
- Be the Role Model
- Put the Right Team on the Field

Deliberate, purposeful and consistent action in each of these lays the foundation for the cultural shift we seek to create.

"You've got to think about big things while you're doing small things, so that all the small things go in the right direction."
~Alvin Toffler

Define the Vision

An organization without a Vision is rudderless.

We need the "picture on the box" to guide and unify our efforts. Without that Vision how will we know what we are aiming to achieve? We have to know where we want to go. Sally Lansdell in "The Vision Thing" offers four descriptions of Vision [6]:

- A guiding philosophy and a tangible image
- A realistic, attractive, credible future for an organization
- What the organization will do in the face of ambiguity
- A picture of a destination, the larger goal

In healthcare we may be suffering from a false positive. We believe we have a Vision, but do we really?

Most organizations do have a vision statement that exists as part of a larger set of mission and value statements. For many organizations these have been in place for years and reflect the broad services and scope of healthcare institutions in general. But let's look at the impact that deliberate Vision can have.

On May 25, 1961 President John F. Kennedy, before a joint session of Congress, issued the bold challenge to place a man on the moon by the end of the decade. That compelling destination was the unifying force that enabled NASA to unite a vast amount of people, resources and complicated technology to a common goal. Key to its success was that everyone understood and took ownership of the Vision.

For example, in an anecdote often repeated in leadership courses, a reporter interviews employees at NASA in the 1960s. In the story the reporter asks a janitor, "What is your job?" The man proudly replied, "I am helping get a man to the moon." It's a simple, but powerful example of taking ownership of a Vision and of connecting everyday tasks to their contribution toward the Vision.

Flip to healthcare. How many healthcare organizations have spent time defining a deliberate Vision, personalized for the organization? Over time organizations have most likely added services and capabilities, reacted to new regulations, and negotiated different relationships with physicians and payors; creating an organization that is defined by its legacy rather than a Vision of its future – a false positive for a vision statement.

Many healthcare organization vision statements reflect this legacy – a desire to be all things to all people. The consequences are the inability to make trade-offs and set discernible strategies. The organization has a vision statement, but its not leading to where they want to go. As Lansdell points out, "Without a Vision, a mission and the strategies based on it may merely reflect the status quo or react to recent events. With a Vision, the organization is able to create its own opportunities and be proactive and innovative." [6]

As we debate the future of healthcare and realize the status quo is quickly becoming unsustainable, having a deliberate Vision is becoming critical. Without a deliberate, personalized Vision, we will continue to face challenges to delivering consistent, deliberate patient experiences.

Fortunately we have examples of organizations within the healthcare industry that exemplify the power of a compelling Vision. Two such examples are the Mayo Clinic and MD Anderson Cancer Center.

Mayo Clinic

While not identified as its Vision, the Mayo Clinic was founded over a hundred years ago on two guiding values that continue to cultivate the culture for which the clinic is famous:

- The needs of the patient always come first.
- Medicine is a collaborative science.

These may seem to be simple ideas. However, authors Kent Seltman and Leonard Berry, in *Management Lessons from the Mayo Clinic,* identify how the organization uses these core values to develop operating principles that drive every management decision. For example, to foster a collaborative culture, the Mayo Clinic actively searches and screens for clinicians who are team players. The clinicians chosen to join the staff are then compensated through a salary model, versus the more traditional production model; thereby encouraging collaboration among colleagues.[7]

The Mayo brand has earned world-wide recognition because of its reputation for delivering a consistent, quality patient experience.

MD Anderson Cancer Center

Two thousand miles south another great organization, MD Anderson Cancer Center in Houston, Texas has a different Vision, “Making Cancer History.” Thousands of people, across the sprawling campus that is MD Anderson, are working to achieve that Vision “through outstanding programs that integrate patient care, research and prevention, and through education for undergraduate and graduate students, trainees, professionals, employees and the public.” [8]

Patients are the integral component to the world-class, integrated care MD Anderson provides. Through clinical trials, patients are not only being helped, but also aiding researchers and physicians in their quest for cures. It’s a relationship that MD Anderson values. They maintain contact with patients post-treatment to gather their input. A MD Anderson patient is a permanent link in the integrated care chain. It is this relentless passion to not just treat cancer, but to find a cure that makes MD Anderson such a unique place.

While these are famous institutions, organizations across the country, from community hospitals to medical groups, fill important roles in healthcare. Any organization, large or small, world-famous or locally respected, will benefit from a powerful, deliberate guiding Vision.

Idea Box

The Vision Journey

We can apply our knowledge of metrics and performance management to the task of evaluating an existing Vision or developing a new one. In a conversation involving senior leaders, physicians, community members and staff discuss the following questions:

1. What do we do really well?
2. What do the customers we serve really need?
1. What makes our customers different? Can we serve some better than others?
2. How do they experience us now?
3. Who could be doing what we do better?
4. Who can we partner with?
5. What health challenge do we want to take on?
6. What can we operate differently to the most value?
7. If we could start over what would we create?
8. If we did one thing better than anything what would it be?

In healthcare we face some potential barriers to creating deliberate, guiding visions. Recognizing the potential barriers is what keeps the Vision clear and deliberate. Perhaps the most formidable barrier is that healthcare is an industry consumed with metrics.

An Industry Focused on Metrics

In the 1990's Drs. Robert Kaplan and David Norton wrote a very important article and subsequent book about the Balanced Scorecard. A performance measurement framework, the Balanced Scorecard offered a robust planning and management system that added strategic non-financial performance measures to traditional financial metrics to give managers and executives a more balanced view of organizational performance.[9]

However in healthcare, we may have inadvertently become unbalanced over time, with an almost obsession-like focus on metrics.

Today, healthcare organizations report on hundreds of metrics (core measures, patient safety, nursing data, infection rates, etc.) which makes monitoring and collecting performance metrics a major operational function. For example, HEDIS (Healthcare Effectiveness Data and Information Set), an important quality measurement tool, alone consists of 70 measures across eight domains of care.[10]

While laudable, the processes for gathering and tracking data can contribute to the "patient-as-a-widget" experience, which is in direct conflict with our intent. Additionally, the focus on metrics may have steered us away from the conversations we need to have and the changes we need to make to foster, support and sustain a deliberate Vision. Focusing too closely on just the scores is a reactive approach to building the patient experience identified in our Vision.

Vision as a Journey

The Vision is not a destination. We'll never reach cruising altitude, be able to switch to auto-pilot or turn off the engines. As we'll see again and again in this guide, we need to continually keep our finger on the pulse of the organization and of those we serve. Leaders at every level of the organization (not just senior leaders and consultants) must continually evaluate the Vision. Is it still deliberate or has the picture changed?

In Eau Claire, Wisconsin, Sacred Heart Hospital saw the need to assess its future. In a process called Imagining 2016, the hospital along with St. Joseph's Hospital, planned community visioning sessions in 2010 to better understand the healthcare needs of those they serve.[11] Of note is that Sacred Heart, part of the Hospital Sisters Health System, has a track record of achieving some of the best patient satisfaction results in the state and in the nation. The high scores are a product of the Vision, they are not the Vision.

Developing a deliberate Vision and continually checking-in with that Vision are especially important in light of the new healthcare reform law. Since passage of the PPACA, organizations have been focusing intensely on how to become an Accountable Care Organization. But is the pursuit of the accreditation merited? Is it a component of a deliberate Vision? Vision should spring from within, by those who know the services and potential of the organization best; as well as be a response to external forces such as competition and regulation. Interestingly, organizations like Geisinger Health System in Pennsylvania and Intermountain Healthcare in

"Be the change you wish to see in the world ."
~ Ghandi

Utah, in many ways, have shown for years that innovative product development is possible regardless of legislation by bundling core services into one fixed price.

Many organizations hope the ACO legislation will align payor and provider incentives, and thus increase quality and decrease cost. But the ACO legislation wasn't the impetus behind deliberate decisions to develop innovative products such as Geisinger Health's ProvenCare, a single bundled payment for cardiac inpatients. The driver was these organizations' early belief that you did not have to choose between quality or cost.[12] The leaders of these organizations share a commitment to look at every aspect of care in pursuit of both lower cost and high quality care, while understanding what they do exceptionally well.

The patient experience should be a deliberate product of the Vision. That is why this first border, *Vision in Action* is critical. Only with a clear and descriptive understanding of the Vision can we begin to build or rebuild the structure that will both define and support the Vision. And once we ourselves can see the Vision, through our actions we can help others see it as well.

Be the Role Model

Vision doesn't change a culture. People do. More specifically, we as leaders do. We are that first puzzle piece, the cornerstone.

As senior leaders we have a responsibility to take the Vision beyond the board room; to be examples of the *Vision in Action*. Fulfilling this responsibility is extremely important for ensuring the Vision lives and breathes throughout the organization.

If we want others to follow our example, we must first do the homework that enables us to set an example they will want to follow. To truly understand where our patients and our staff are coming from, we need to walk a few steps (or maybe a mile) in their shoes. Consider visiting with patients, reading survey comments, volunteering for shifts and meeting with staff. With a better understanding of the day-to-day reality of both staff and patients, we can deliberately choose which components of the Vision to role model.

For Example:
One senior leadership team I worked with recognized the importance of connecting every decision to its effect on the patient. Every meeting would end with a discussion about "Is this the right thing to do for the patient or family?" Sarcasm was not permitted. By asking this question at every meeting, among themselves and with staff, the senior leaders reinforced that every decision must revolve around what is best for the patient.

Another organization I worked with identified the concept of "trusted partner" as a key component of their Vision. The organization had a history of broken promises, distrust and high staff turnover. This negative culture was impacting the patient experience and thus community perception. To reverse this trend, the CEO was deliberate about following up with people, recognizing achievements, being on time to meetings and making himself accessible to more than just the senior leadership team. The CEO, in his own day-to-day work, found a way to exemplify what it meant to be a trusted partner.

Herb Kelleher, one of the most fabled American CEOs, is another example of both the power of a defining Vision and what it means to be that Vision in action. His leadership style was tightly integrated to the Vision and strategy of Southwest Airlines. This start-up airline took on the established airlines with its unorthodox approach to stringent cost control and employee engagement.

"Kelleher obsessively monitored key indicators like cost per available seat-mile to make sure that Southwest always operated below the industry average. Southwest's cross-utilization of workers was unique to the airline industry. Pilots helped clean up cabins, ramp workers sold tickets, and Kelleher himself spent time loading baggage, ticketing customers, and mixing drinks on board. Statistically, Southwest employees worked longer and harder than employees at any other airline."[13] Employee behavior was a key part of their operational strategy, and Herb Kelleher led by example.

In all of these examples, the bottom line is we need to lead the change from within and from the top. We can define the Vision and be a role model, but for the Vision to stick, to become the backbone of the culture requires the commitment of the right team.

Put the Right Team on the Field

The first component of *Vision in Action*, Define the Vision, provides an opportunity to evaluate leadership teams in a new light – in their willingness and ability within the context of the leadership team to make the Vision a reality.

In this context the evaluation involves more than just the ability to lead. Is this the right leader in their ability, commitment and contribution to the team? The journey might not be a good fit for some leaders. Or we may need to fill a talent void on the team. We need to evaluate all leadership teams in the context of the deliberate Vision, at all tiers of the organization so we can field a strong team from senior leadership to the department leader level.

This is a challenging step, one where many organizations stumble. Some skip this step, fail and then move on to the next initiative; never getting at the root cause of poor organizational performance or more specifically why the Vision remains only a framed statement on the wall.

So what makes a good leader? What makes up a good leadership team? Selecting leaders and assembling a leadership team must be deliberate.

- Commitment to the Cause
  High-performing teams share a driving force, a common passion for the cause, that motivates, unites and strengthens the team. When assembling a team or evaluating an existing team look for this defining attribute. Are all team members sufficiently passionate and committed?

"Motivation is everything. You can do the work of two people, but you can't be two people. Instead you have to inspire the next guy down the line and get him to inspire his own people."
~Lee Iacocca

- Character
  Each of us has our own strengths and our own challenges. They are part of who we are – our character. Think of these as innate qualities, not as an area for potential development. On successful teams, the characteristics of the individual strengthen the team.
- Competency
  Many organizations hope to improve leadership teams through the development of competencies, but upon evaluation they often turn out to be broad platitudes which mask the real efforts that need to permeate the organization. Sometimes, they are so general that they could fit any healthcare organization or any industry.[14] Or they can be so detailed and overwhelming that an organization can neither remember nor comprehend their purpose. Ultimately competencies must create a shared identity among an organization's leaders that differentiates them just as the Vision should differentiate the organization. Helping leaders develop & utilize those competencies becomes critical for the organization's success.

Continually Evaluate the Team

Most of us don't have the opportunity to build our team from scratch, to start with a "clean slate," so to speak. But over time, through ongoing assessments, coaching, de-selection, and new selection, we can enhance our team.

To achieve accurate, objective assessments of the team, we must set criteria by which progress is monitored. What results do we expect to see from each leader? Is the leader achieving the expected results? Quint Studer underscores the importance of objective performance evaluations and holding leaders accountable for results and states these are critical elements for developing strong leaders in his book *Hardwiring Excellence*.[15] Until it becomes "second nature" continually evaluating our leadership teams will take practice. But with practice the process becomes easier. As we hone our skills and evaluation tools, expected results become easier to define and recognize.

Too often, year after year, we see the same performance gap and consequently lack of results for a leader. The additional effort to develop the leader has not paid off. Sometimes we have to realize we have been coaching the wrong player for the position. I have seen cases where too much care and concern is shown for a leader maintaining their current position, essentially letting down the patients and derailing the Vision.

Larry Bossidy, in *Execution, The Art of Getting Things Done,* speaks to the role of senior leaders in managing this performance gap. "Leaders who execute look for deviations from desired managerial tolerances – the gap between the desired and actual outcome in everything from profit margins to the selection of people for promotion. They move to close the gap and raise the bar still higher across the whole organization."[16]

Most organizations with excellent outcomes have built some type of systematic leader review process in addition to a strong annual evaluation. In "Developing Your Leadership Pipeline", authors Jay Conger and Robert M. Fulmer cite various examples of different processes that focus on development and succession planning. In one example, the CEO of a large multinational company participated in a review of every leader at a certain level of the company.[17]

The goal of this deliberate process is not to create a cookie-cutter approach to leadership, but rather a disciplined approach for moving toward the defined Vision

A leader is only as good as the weakest link on the leadership team.

"The job of a leader today is not to create followers. It's to create more leaders."
~Ralph Nader

Plan for Succession

Leadership teams evolve, through de-selection and selection. Great leaders move on to new roles. To keep a strong team on the field, we need to plan for succession. Surprisingly filling leadership vacancies is one of the greatest challenges I see senior leaders face and it becomes a barrier to high performance. Inevitably organizations rely on interim leaders, a red flag that the succession planning system could be improved.

In *"Developing Your Leadership Pipeline"* the authors suggest that to plan for succession, leaders should identify critical roles/positions and then identify two potential candidates who could be developed to fill those positions. For example, senior leaders working with Human Resources, identify critical roles/positions and then select more than one potential candidate to be developed to fill those positions.[17]

This ensures ongoing leadership development and assessments are given high priorities. In the authors' example, the plan is transparent; both current leaders and potential future leaders are aware and participate in the plan.

In summary, to lay the first border, the foundation, we must address the three components of *Vision in Action*:

- Define the Vision
- Be the Role Model
- Put the Right Team on the Field

These components foster the "hard wiring" of the Vision into the organization's culture and talent management strategy, thus steering the change from within and from the top down. We are setting the stage for a patient experience that is the direct result of deliberate decisions made up stream versus talking about the importance of a good patient experience and hoping it trickle downs. *Vision in Action* provides the foundation for the placing the next border of the puzzle, *Create a Team Roadmap*.

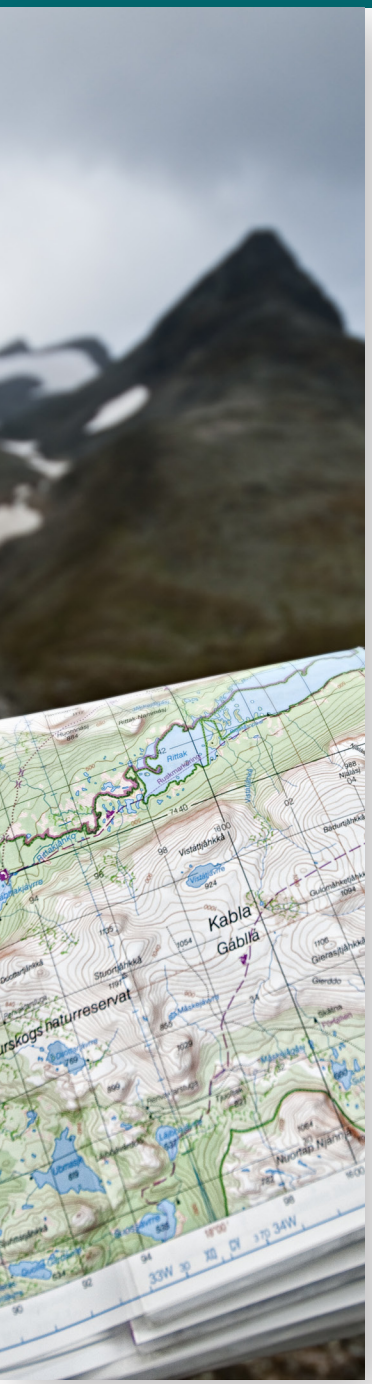
Create a Team Roadmap

Call to Action: There is a disciplined approach at the department level for implementing the vision.

The first border is on the table. We have a Vision and teams of qualified, compatible, passionate leaders to carry the Vision to every level in the organization through deliberate, every-day actions. In *Create a Team Roadmap* we help our department leaders develop plans for connecting actions at the department level to the Vision. The Team Roadmap helps the leader gain traction to motivate the department and keep the Vision central to everything the department does.

The components of the second border are:

- Develop the Plan Together
- Make the Connection
- Create Expectations



"The difference between a goal and a dream is a plan."
~author unknown

Develop the Plan Together

The Vision and plan to achieve that Vision must eventually translate into actions that take place at the department level.

To often a strategic plan becomes the playbook for the senior leader, but fails to cascade to the front line. Therefore, we need to involve our department leaders in the development of a plan that will steer the department's contribution toward the Vision. Working WITH our leaders to develop this plan, versus handing them a "playbook" is important. Each department, from leader to front-line staff, has a role to play and a shared responsibility in reaching the Vision.

As senior leaders, we have the opportunity and the ability to see the "big picture," to see how department level actions impact the organization as a whole. But our strategic viewpoint may also inhibit our ability to fully comprehend the day-to-day workings of the department and the unique challenges the staff face. Our department leaders help us see these. Soliciting input from those who understand the day-to-day operations provides a reality-check for the plan and increases its chance for success.

Ownership is critical to the success of the Team Roadmap. Not only will you be tapping into the department leader's skill set, know how and experience, but also their relationship to front line staff.

In creating a Team Roadmap department leaders, with guidance from their senior leaders, should:

- Identify the department contributions and responsibilities to the Vision.
- Identify the capabilities that need to be developed to fulfill the contributions and responsibilities.
- Create plans for developing, cultivating and measuring the capabilities

Developing the plan together provides an opportunity for department leaders to become stakeholders in the plan.

Prioritize

Many organizations complete these steps in good order – they define a Vision, launch strategic initiatives and have engaged leaders. Then reality sets in.

Leaders find themselves spending most of their time putting out fires. They aren't getting to their "A" priorities. Even worse, they have so many; they don't know which should truly be "A" priorities. Sound familiar? That our leaders feel they have too many "A" priorities is another example of where we as senior leaders may have unwittingly got in the way of achieving our goals.

We need to carefully consider the initiatives we ask our department leaders to manage. Otherwise, as they take on more and more initiatives, performance on all will suffer, including those that address critical safety and quality issues. For example, implementing an employee hand washing initiative would seem to be a simple, cost effective way to reduce infection rates.

Yet, compliance to this initiative is disappointing. Many organizations have undertaken major initiatives to change staff behavior and mind-set about hand washing and have been successful in dramatically increasing hand washing compliance. But considering the effort, how many such initiatives can a department leader manage? By discussing what is on our leaders' plates we help them prioritize in-line with the strategic plan: "Yes, that is critical. No, that is not necessary." Or, "Not right now". Again, deliberate decisions are made.

Plan to Assess Progress

Whether these initiatives are financial, clinical, service, strategic or operational in nature, plan to monitor progress on these top priorities with department leaders at regular intervals.

What should that interval be for this global review of all plans identified in the Team Roadmap? Monthly is too short – four weeks come and go quickly. Annually is too far out. A 90-120 day time frame provides three to four opportunities per year to review progress and if need be, re-prioritize initiatives. To which initiatives must the leader recommit, and maybe more importantly, on which initiatives should the leader no longer focus?

The 90-120 day interval also provides opportunities to gain insight into the challenges our department leaders face. It's a reality check into the goals and initiatives we set.

While the process and tools may be unique, all department leaders will benefit from a Team Roadmap that shows the way, monitors progress and when need be, gets them back on course.

"One person with belief is equal to a force of ninety-nine who have only interests."
~Peter Marshall

Make the Connection

Having a plan is not the same as connecting the work of our leaders and staff, to the purpose of the plan, the Vision. Conversations about the strategic plan are starting points. In a later chapter we will discuss the importance of including staff in design processes. But before we seek department leader or staff input, they must understand the initiatives the organization is undertaking in order to reach the Vision.

At Wheaton Franciscan Healthcare - All Saints hospital in Racine, Wisconsin, the senior leadership team developed a 15-minute video in which they shared the Vision and the five strategic areas on which the organization was going to focus to support the Vision. All physicians and staff members were asked to attend a showing of the video over a two week period. The session took no more than 30 minutes. At the end of the video each attendee received a card asking them to answer two questions: 1) To be successful as an organization, what actions should we be taking? 2) To you keep you informed, on what should future employee communications focus? [18]

Over 3000 comments were collected, reviewed by leadership and posted on the organization's intranet for all to see. The feedback led to the development of several action plans that embraced many of the individual comments. The key

was having a conversation about the organization areas of focus with all staff and most importantly getting their input.

This type of communication at the organization level creates a context for better understanding. But communication at the department level brings it home. Communication is frequently identified as an issue in employee satisfaction surveys. But we all know there isn't a lack of communication in healthcare. On the contrary, we have a lot of communication. So, we don't need to do it more, we need to do it better – both what we say and how we say it.

A skilled department leader interprets the organization's goals, translates them to the department level and connections individual contributions to the goals. How we choose to implement the plan is as important as the plan itself. Consider the following two approaches:

- Example 1:
  The department leader holds a once-a-year staff meeting to share the goals for the year. Staff members see a fifteen minute presentation on labor expense per unit of service, core measure tracking and patient satisfaction goals. It's a bit dry. It's not that the leader didn't put time into the presentation. But it lacks impact and falls on deaf ears.
- Example 2:
  In contrast, another leader who understands the power of communication might approach the meeting this way: They review how the department, through the work of individuals and teams, accomplished its goals last year. The leader then connects how the department's work will help the organization achieve this year's goals; maybe sharing a quote from the CEO about how their department's work is tied to the Vision. Each person is asked to write down one or two things they know they will do to impact the department goals, thus emphasizing the contribution of the individual. The message is, "You are making a difference. You are the Vision in Action."

"Discipline is the refining fire in which talent becomes ability."
~ Roy Smith

I will never forget the presentation by a young manager who was responsible for the non-clinical support services at a hospital. His department had recently increased patient satisfaction scores, reduced cost and increased productivity. Audience members wanted to know how he achieved these results. In his answer he shared that he helped his team see how, in some aspect, the patient's life depended on them. He could connect almost every department action to the patient's safety, well-being, and clinical outcome.

For example, he could connect how delivering a tray of food was eventually tied to a patient being discharged on time, thus impacting length of stay. Anyone could follow what he was saying. Some might say this particular leader had natural talent. Maybe he does. But talent not honed and developed is just that – raw talent.

The right communication, in content and delivery, at the department level makes the goal real and connects the employee to the Vision. The "words in a frame on the wall" become personal — "look at what we can do."

Create Expectations

To steer and align the actions of individuals onto the path that leads to the Vision, they need to understand what is expected of them – not some of the time, or most of the time, but all of the time. Expectations are the boundaries that define our actions in pursuit of the Vision.

A few years back, I was coaching a relatively new emergency room director who was developing a young leader. When I asked how that young leader was doing, the director enthusiastically told a story that showed the young leader was learning to set and enforce expectations. The young leader had recently seen an employee do something inappropriate. The young leader recognized the situation as an opportunity to coach the employee. When the employee's response was completely inappropriate, the young leader sent the employee home. The director shared how much courage this took. This type of follow-through is what it takes to clearly set and reinforce expectations.

"Act as if what you do matters. It does."
~ William James

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One Bad Apple Can Spoil the Whole Bunch

Attitude and behavior, good or bad, are contagious. A lack of appropriately defined expectations creates a void in which a pattern of negative behaviors can develop. Left unchecked, these can be contagious, and like a virus can quickly infect a team, department or organization, derailing all the plans we have set in place.

It starts like this: a team is working hard to achieve some formidable goals and weather tough situations such as tight finances. But the team has one or two members who don't go the extra mile to offer a hand to a peer, or have no problem sharing their "I'm having a bad day" attitude with coworkers and maybe even patients. These negative behaviors affect morale and motivation of the team, and eventually the organization.

Create Appropriate Expectations

Most healthcare organizations have corporate-wide standards of behavior that stem from the organization's values. These help steer the culture across the organization and should continue. For example, the previously mentioned organization that focused on "trusted partner" set an expectation that every staff/patient interaction would include a "check-in" to ensure the patient/family member understood the information.

But expectations "live and breath" at the department level, and we must consider them within this context. In "*Human Sigma,*" authors John H. Fleming and Jim Asplund, make the key observation that there is more variance between departments in an organization than between competitors.[19]

To become a high performing, successful team, members must understand their role within the context of the expectations and align their behavior accordingly.

In addition to guiding employees to the goal and Vision, these expectations also acclimate new staff to the culture. They quickly learn it not is okay to whine about your schedule or patient load, it is not okay to blame some else, it is not okay to say, “I can’t do that, it’s not my job,” etc. The expectations become part of the culture.

Organizations spend considerable time choosing which expectations to establish. But the power of expectations does not stem from the standard alone, but rather is a by-product from the discipline of staff supporting and conforming to a few key standards of behavior.

As we close in on placing the last piece of the second border of the *Patient Experience Puzzle*, a pattern emerges; at every level of the organization we need to have the right leader in the right place creating the right context for action. Every leader is the cornerstone of their piece of the puzzle.

The next border of the *Patient Experience Puzzle* connects the potential of the inidividual to their power to impact impact the Vision and therefore the patient experience.

Unleash Individual Potential

Call to Action: The power of the individual is unleashed and they understand the value of their role.

As we move toward laying the third border of *The Patient Experience Puzzle*, we can see how the other borders steer and support our efforts.

We know the importance of having the right leaders at every level of the organization. We know planned, deliberate communication is key to maintaining a meaningful conversation about the Vision. We know setting realistic, prioritized initiatives and monitoring progress are critical to keeping the team aligned and moving forward.

Continuing with the tenet that no two people will assemble a puzzle in the same exact way, we need to realize that even though staff share the same goals and follow the same expectations; they may not approach them in the same way. If we can see our teams as groups of individuals with unique skills and potential, we can maximize the performance of the teams. We can put the right players in the right position on the field. By unleashing the potential of the individual, department leaders can more readily foster purpose and self-motivation, hence strengthening the connection to the Vision.

More than Employee Satisfaction

Countless articles have been written about the importance of employee satisfaction as a precursor to customer satisfaction. I think this is a little misleading. Ultimately, satisfaction is not just about being happy, but about being accountable to a higher cause than one's personal contentment. Organizations can become internally focused – concentrating more on their own needs, rather than those of the customers. This is not a formula for creating a culture that produces excellent patient experiences.

In *Unleash Individual Potential* we address the challenge of establishing a relationship with the individual employee, while maintaining the objectivity to coach and develop the employee. We want our employees to be owners of the institution or to be renters somewhere else. Three components comprise the third border:

- Establish a Relationship
- Coach for Outcomes
- Test the Alignment

"We are what we repeatedly do. Excellence then, is not an act, but a habit."
~ Aristotle

Establish a Relationship

As we discussed in *Create a Team Roadmap*, department leaders often find themselves with too many "A" priorities. With so much to do, it easy for them to unwittingly manage the department as a group; and to become reactive, instead of proactive.

For example, leaders often pride themselves on having an open door policy. And that's good. But, this can also be a reactive approach. If the leader waits for employees to come to them with issues and concerns, than this can lead to the chronic complainers and the most "needy" employees having the most face time with their leader, leaving the leader little time to develop their best players.

Annual performance evaluations do not provide the proper context for developing a relationship with an individual employee. The interaction is too infrequent to have a lasting effect.

A positive personal relationship provides the best context for engaging staff on an individual basis. The Studer Group promotes real-time, one-on-one rounding as the best way to develop such a relationship.[15]

Rounding

Rounding on employees is the relatively simple concept of making a personal connection with each employee. But for such a simple concept, leaders and organizations struggle to implement and sustain this critical practice. There are several reasons:

- Department leaders see the concept as something they already do, and therefore no real effort is made to change behavior.
- Senior leaders fail to be direct in establishing this as an expectation, not just a suggestion. They may feel that to do so would encroach on an individual leader's style.
- Senior leaders do not use the information gathered by department leaders, thereby missing an opportunity to establish the value of such efforts.
- But perhaps most importantly, we have to recognize we are asking our department leaders to form a new habit. An expectation to round on employees will foster the habit, but habits take time to form.

In addition to allowing time for the habit to form, there are other ways we can help department leaders weave the habit of rounding into the department culture.

Create a Team Roadmap discussed the importance of creating and prioritizing plans. Creating a plan to round at regular intervals will help foster the development of the new habit, until it is second nature, not just another item on the proverbial To Do List.

To be effective, rounding must be more than occasionally "checking in" with staff members. Rounding is a relationship building tool, a coaching opportunity and an information gathering mechanism.

While some leaders may choose a casual approach, the intent must always be deliberate and the approach genuine. Rounding is a skill, one that must be honed. New leaders may struggle with balancing a deliberate intent with a genuine approach.

We already know that the goal of any expectation is not to create robotic behavior. In fact it is the opposite. The goal of an expectation to regularly round on individual employees is to weave the practice into the culture, and thus enable leaders to hone the skills that tune them into the vibes of the department. Our best doctors understand this principal and use it to care for patients. They develop a consistent framework within which they gather information and look for patterns that lead to details patients might not think are important to provide. It's what makes them "good" doctors.

In the same way, the sincerity and the consistency to which leaders approach rounding, will not only help them develop critical thinking skills, but it will also groom staff to engage with the leaders in a purposeful manner, an essential step to creating the sustainable culture we envision.

"People often say that motivation does not last. Well neither does bathing – that's why we recommend it daily."
~ Zig Zigler

Recognition

Building a relationship with individual employees must also include recognizing the contributions and achievements of the individual, not just a "great job" shouted out to the team.

I have always been struck by the frequency cited in Gallup's Q12 employee satisfaction survey question, "In the last 7 days I have received recognition or praise for doing good work?" [20] That seems like a great deal of recognition. However, in an industry prone to burnout, where workers are often surrounded by sickness and sadness, it may be even more important to make time to acknowledge an employee for going that extra mile. Personal recognition helps reconnect the individual to the Vision. Pizza parties and Employee Of The Month awards are nice morale boosters, but they don't have the same impact as recognizing an individual for their personal contribution or accomplishment. It's like the hand-written thank you note versus a typed form letter.

Resource Box

In *"How Full is Your Bucket,"* authors Tom Rath and Donald O. Clifton discuss the impact and challenges of individual recognition. They point out individuals will have different responses to our efforts to recognize and reward their efforts. The authors offer suggestions including what questions to ask employees in a Bucket Filling Interview for discovering ways to offer the types recognition employees want. [21]

"A good coach will make his players see what they can be rather than what they are."
~Ara Parasheghian

Coach for Outcomes

High-performing players and high-achieving teams are not an accident. They are a product of hard work. If a healthcare organization is to achieve its Vision, leaders need to provide the coaching to motivate and develop each member of the team.

However, it is difficult to coach someone who doesn't want to improve. Practices such as rounding and individual recognition create an environment of mutual trust and respect in which an employee is more likely to welcome and respond to coaching. And it is through the relationship we establish with each employee that we are able to identify their unique talents and challenges, and also the unique coaching plan we need to develop for them. In sports we often speak of coaching a team. If we think about it, the coach is coaching individual players to develop their individual skills to create a high-performing team. One approach or plan does not fit all. Employees will have different needs and may respond differently, sometimes dramatically differently.

Standard rating and performance tools help monitor an individual's progress, but we need to turn observations into feedback, either through additional coaching or corrective action.

In my experience, the key to providing constructive feedback is to move beyond easy-to-apply characterizations, labels and stereotypes; and instead root out the specific issues that are impacting performance – both positive and negative.

Timing is everything. For the observant leader coaching opportunities occur everyday, not just during performance reviews. Through consistent rounding, leaders gain opportunities to observe employees and recognize coaching opportunities. Because of the relationship they develop with each employee, department leaders will know when seizing the moment or saving the observation for future discussion is appropriate and which approach will yield the best response from the individual. However, we cannot let a bad day, a long day or a stressful day become a reason for postponing a coaching opportunity.

Well known, respected coaches, in sports and industry, support and challenge their players/staff, and reward hard work and achievement. They also set clear expectations and consequences for not meeting them. When, after a defined period, the coaching hasn't worked, they stop and they say good-bye.

Coaching is one of the many software aspects of leadership. It's not only the message, but how we choose to deliver (or not deliver) it. We need to make sure our department leaders are well-prepared to provide appropriate coaching. Just like rounding, it's a skill that must be honed. Too often department leaders do not receive enough or appropriate leadership coaching because their leaders see them as clinically competent. Their excellent clinical skills, which lead them to the leadership role, end up impeding their development as leaders. Effective coaching is by design, not by chance.

"The single biggest problem in communication is the illusion that it has taken place."
~George Bernard Shaw

Test the Alignment

The third and final component in *Unleash Individual Potential* is for department leaders to routinely assess the relationships they have been fostering:

- Between the themselves and each employee
- Between the employee and the organization
- Between the employee and their personal commitment to the Vision

Strong commitments to all three relationships are critical to achieving the cultural shift that will support the Vision. For example, employees could be highly loyal to their boss, but lack allegiance to the organization. Or staff could be loyal to their boss and the organization, but fail to translate that loyalty into personal commitment and action to the patients and their families. These relationships are like the pulse of the department and organization, that as leaders we must constantly be monitoring.

Most organizations use a formal employee engagement or attitude survey once every 12 or 18 months as a means to evaluate these relationships. However, while important, I view these assessments more as accountability checks. The annual evaluation of the employee and the employee attitude surveys do not provide the frequency nor the intimacy to tune into what is really going on. Just as plant managers ensure quality products through QA checks at every shift/lot, not just during inspection time, we need to keep our finger on the pulse of our staff/department/

Idea Box

Short, informal surveys conducted during staff meetings provide another way to gather feedback. For example, department leaders might ask staff to rate communication at the department level – frequency, effectiveness, appropriateness, etc.

Another idea is to ask all department leaders to focus on a list of questions during their rounding and then provide the results to their senior leader. This quick and nimble process enables leaders to tune into the vibe of a topic across the organization.

organization. Routine rounding provides the best opportunities to test the alignment of these relationships.

Holding Up the Mirror

Occasionally, we all need to hold up the mirror to check our own alignment. What is the status of our own relationship to the organization, to the Vision? Am I an example of the Vision in action? Am I an example of the change I wish to see?

If we don't hold up the mirror, we may think there is a different picture than the one that really exists.

Unleash Individual Potential identified three components of effective leadership that unleash the talents of individuals and power high-functioning teams:

- Establish a Relationship
- Coach for Outcomes
- Test the Alignment

As the borders of the *Patient Experience Puzzle* take shape, we can see how each establishes more of the structure to support the pieces. Engaged teams create a stable workforce, where knowledge flows throughout the organization, not out the door with employee turnover. The last border of our puzzle, *Deliver the Experience*, completes and connects the framework.

Deliver the Experience

Call to Action: The organization creates an experience that flows from the vision.

The work to build the first three borders of *The Patient Experience Puzzle* has laid the foundation for this last border. We see the picture start to take shape. It's time to see if the picture matches the Vision.

An organization can have a compelling Vision, a solid leadership team, wonderful plans, the best technology, good communication, and a motivated and committed staff, but they must also have the tools for shaping the Vision. In essence the tools are the production line for a deliberate patient experience. Just as the French fry machine at a fast food restaurant is set to a specific cooking time and temperature, so too can we set our culture to prepare staff to be active participants in creating the Vision. From *Vision to Action* to *Unleashing Individual Potential*, deliberating designing the patient experience on the Vision and connecting every action to its affect on the experience, has been the goal.

There are three components to this final border of *The Patient Experience Puzzle:*

- Focus on the Detail
- Think with the Volume Turned On
- Seek Out Patient Feedback

"That's been one of my mantras -- focus and simplicity. Simple can be harder than complex: You have to work hard to get your thinking clean to make it simple. But it's worth it in the end, because once you get there, you can move mountains."
~Steve Jobs

Focus On the Detail

In our earlier border, *Create a Team Roadmap*, we identified the importance of establishing plans both at a strategic level and at the department level. While these plans identify critical work, projects and milestones for our journey, it is essential that we focus on the details - the impact on the patient.

Apple Inc., although outside of the healthcare industry, exemplifies how attention to detail impacts the customer experience. The company has revolutionized how we access and listen to music, use information from the Web and connect via our phones. Interestingly, there has been a running debate whether or not Apple even has a vision statement.[22] But here is an example where the early vision of the company to revolutionize personal computing permeates its culture and product development to this day.

Tom Cook, CEO and successor to Steve Jobs, said this about the company,

> *"We believe that we're on the face of the Earth to make great products, and that's not changing. We're constantly focusing on innovating. We believe in the simple, not the complex…*
>
> *We believe in saying no to thousands of projects so that we can really focus on the few that are truly important and meaningful to us. We believe in deep collaboration and cross-pollination of our groups, which allow us to innovate in a way that others cannot."* [23]

This attention to simple but important detail influences everything from the customer experience in an Apple Store, the simple, beautiful look of the products to the connectivity that these products and services provide.

Attention to detail was a unifying component to the collective psyche of the early designers of the Mac. Launched in January 1984, the Macintosh 128K represented Steve Job's vision to humanize the personal computer. Details of the design included a configuration that made the computer look like a human face. It was slanted from front to back to place emphasis on the front side, the face. There was no hard drive because the fan noise would have detracted from the experience. The keypad was like a typewriter without the ambiguous function keys of a computer. While radical for its time, it was also remarkably intuitive, enabling users to connect with the Macintosh as intended.[24]

The connection from vision to reality was in the design details, unprecedented for computer design at the time. It is no stretch to say many Macintosh users feel as if they have relationship with their computer.

Interestingly the period in which the company stock suffered the most was when the vision and product offerings seemed disconnected, and Apple was just another computer company trying to compete with IBM, instead of revolutionizing the world through its product offerings.

While the Apple story is perhaps one-of-a-kind, the lesson for healthcare organizations is that attention to detail shouldn't be so uncommon.

Here are three tips to follow for focusing on the detail:

- Start with the Patient in Mind
- Assemble the Right Design Team
- Seek out Design Inspirations

Start with the Patient in Mind

We can all probably call to mind situations in which we've become frustrated with an overly complex, poorly designed process that's taken too much energy and too much time to get through – tax forms, insurance claims, etc. I know I've wondered, "Who designed this? What were they thinking?" Now imagine if your well-being or that of a loved was dependent upon such a process. Maybe you've already been there. I have.

While plans may fill a binder or be but a few pages, they create points of impact. The simple decision to move the location of a unit secretary can have profound impact on the patient experience. The processes and spaces patients encounter affect their perception of their experience. Insightful, thoughtful design to spaces such as reception rooms and processes such as patient flow through a surgical suite can have huge impacts on the patient experience. It is essential that any design of a process, service, or product look at the potential impact and value to the patient and supporting family.

Assemble the Right Design Team

In fact we should take this notion of patient centric thinking a step further. It is vital to consider the patient experience as seen from the both of caregiver and patient perspectives. These participants in the experience are our best sources of input into the design of the experience. Too often a design is developed in a sterile environment that ultimately fails to pass the test of real world operations.

Front-line staff members have the ability to foresee the real-world application of the design, thus enabling us to essentially begin testing while we are still designing. Additionally, this provides an opportunity for those who are responsible for carrying out the process or service, to stake ownership in the process. In bringing in the frontline perspective, the organization is also expanding its base of ideas and solutions. The previous three borders of *The Patient Experience Puzzle* have prepared the frontline to be able partners in the design and testing process.

Likewise, patients and their families have another perspective to offer. From informal focus groups to official patient advisory boards, we have many options for including their input into the design process.

Seek Out Design Inspirations

From information shared between healthcare organizations, to direct input from our patients, to out-of-the-box examples, the organization must continually be in search for improvements to the desired patient experience.

Some of the very first patient-centered innovations in healthcare came from outside the industry. On-demand menu selection is one example offered by food service partners. It was fairly revolutionary at the time to let the patient order what they wanted, when they wanted, within the construct of a diet program. Freeing up the patient to be an active participant in their food choices creates so many wins. By allowing patients to take on this responsibility, it reduces the amount and cost of wasted food, engages the patient in their own care and ultimately increases compliance with the treatment plan.

Other healthcare organizations seek outside help, from companies such as IDEO (a global innovation design firm), to consultants, to business partners such as EHR vendors.

Additionally, LEAN process improvement training where organizations focus on eliminating waste or initiated Bright Ideas where organizations harvest experience improvement ideas from staff can now be powerful toolsets for our workforce.

Throughout *The Patient Experience Puzzle* we have strived to connect every action to its ultimate effect on the patient experience. Every process, beginning with the initiation of an appointment or referral, should be a deliberately defined experience for the patient, and one we continually seek to improve.

Think with the Volume Turned On

While we may do our best to design a perfect experience, we must remember that the patient and their family bring their own feelings and perspectives to the experience. These are huge variables. Unless we help our patients connect to the purpose of our actions, how will they know and be able to appreciate the extra steps we take to meet their needs, protect their privacy, ensure their safety and improve their outcomes?

We deal with healthcare matters all day long. But our patients typically do not. Their experiences can lead to a great deal of anxiety. Patients have to trust that we are going to take good care of them.

While not the same as a personal healthcare crisis, for many of us flying on an airplane causes anxiety. We don't travel by air every day. Most of us are not pilots. We trust that the pilot and flight crew will take good care of us. This is why pilots tell us about the flight plan, the turbulence that may occur, their safety record and a few details about the safety checks they perform. Since we cannot see what goes on behind the locked cockpit door, these messages aim to reduce our

"Communication works for those who work at it."
~John Powell

anxiety. We hear that the pilot is prepared and is going to do whatever he can to make sure we have a comfortable, safe flight. These messages help create transparency, which builds trust. Right away this improves our perception of the experience.

It is easy for patients to misinterpret or completely miss the point of a very deliberate action. For example, checking a patient's wrist band. A patient, whose wrist is repeatedly "grabbed" by staff members without explanation, may view this as intrusive and as a disruption to their rest. The purpose of checking their pulse or wrist ID band to ensure their safety and well-being might not even register.

Many organizations employ scripting to help staff communicate the intention of the action to the patient, but with mixed results. The problem is not with the concept of scripting. Rather it is the failure to recognize that we can not possibly script every scenario. As discussed in *What are We Trying to Fix*, there could be over 500,000 patient-staff interactions in the average hospital in just one year. While there will be a few critical scripts essential for patient safety and core processes, our goal should not be to find a "one size fits all script" for every interaction. If we train employees to memorize and not think, then when they need to create their own words to address a unique situation, they will lack the ability. The result will be obedient foot-soldiers who are ill-prepared to guide the patient experience; mimicking instead of connecting.

In my experience, the best approach to teaching staff to communicate intention to the patient has two tiers. First, as a leader, articulate the outcome of the interaction between patient and staff that we trying to create and offer ideas for how to accomplish this including a few key words. In certain cases an organization may feel a strict adherence to certain words is critical. This is understandable, but the majority of communication should not be scripted.

The second component is perhaps the most important to developing staff communication skills. Teach staff members to THINK OUT LOUD. "I am closing this door for your privacy" or "I know this needle prick may hurt a bit, but I have done this a thousand times" or "Do you have questions I haven't addressed?" We may be thinking these things but we have to SAY them.

Create the transparency; earn the patient's trust - every step of the way. Don't allow room for misinterpretation.

And while we are teaching staff to think with the volume turned on, we also need to remind them to keep the patient in their sight – literally. As we take advantage of online records and resources in the exam room, these tools should enhance the care-giver/patient relationship, not detract from it. Properly applied, the technology improves safety and maximizes clinical decision making. The issue is not the terminal in the room, it is how the caregiver uses this tool to enhance the patient experience. For example, some organizations have built their computer systems to include steps and questions that prompt the caregiver to engage the patient.

"Success is not a place at which one arrives, but rather the spirit with which one undertakes the journey."
~Alex Noble

Thinking with the volume turned on, like so many other things discussed in *The Patient Experience Puzzle*, must become part of the culture – something that we naturally do, in every interaction. Many of the tools and strategies discussed in the previous chapters will work here as well. For example, identify a common task or scenario and ask staff to share best practice ideas –what words and actions work in certain situations. The goal is not to build a better script library, but rather through an exchange of ideas, help employees develop their own communication skills. Employees that develop their own, natural, effective communication style exemplify what it means to *Unleash Individual Potentia*l.

By thinking with the volume turned on, we help our patients connect to the Vision, in which their experience was a specific result of the Vision brought to life. So, what do they see?

Seek Out Patient Feedback

The final component to *Deliver the Experience* is not an end point, but a link to ensuring consistent, sustainable patient satisfaction and loyalty with the operations we have created to deliver the desired experience.

The Vision is not a destination; it is a journey. So, we have to constantly ask, measure, and evaluate if we are meeting the needs of our patients and their families now, and in the future. Patient satisfaction surveys, focus groups, and rounding on patients are just a few ways we listen to our patients. If something doesn't meet the patients' needs or generate the outcomes we want, we need to rethink it.

As mentioned in the introduction to *The Patient Experience Puzzle*, there are significant changes underway that enable patients to see and evaluate their healthcare providers as never before. For example, to receive reimbursement from the Center for Medicare and Medicaid Services (CMS), hospitals must publicly report patient experience data. And they face financial consequences for not showing progress on areas that need improvement . Quality measures and ranking are reported frequently by multiple sources. For consumers, the opportunity to compare hospitals on simple questions such as "Would you recommend this hospital?" is now a few mouse clicks away.

IDEA BOX

Ask a Patient to Journal Their Experience

Select a patient well-suited to the task. Select a leader to contact the patient prior to their appointment or early in their in-patient stay.

Instruct the leader to ask the patient to journal their experience. Near the end of the experience, but before the patient is released, instruct the leader to meet with the patient to review the patient's thoughts – what aspects of the experience went well? What aspects could have been accomplished differently? Then plan to share the patient's feedback with staff.

These measurements are important but provide an after-the-fact perspective on services and care already provided. Just as real-time rounding with staff provides powerful coaching opportunities, so to does real-time rounding on patients. It enables us to see not only that something is working or not working, but also the opportunity to ask the patient, in the moment, why. Rounding on patients also provides an opportunity to steer the experience, in progress, in a positive direction.

Intuit® is famous for not only their QuickBooks® product, but also for their passion for soliciting customer feedback. Intuit was one of the first companies in the software industry to take the bold step of offering free, real-time access to technical service representatives to answer questions. This was a win-win solution. Not only did it provide superior service to the customers, but this direct line to timely feedback also helped Intuit improve their product faster than their competitors. In fact Intuit turned the most vocal customers into their greatest fans. They selected these customers to be beta testers. Rather than hiding from customer feedback, Intuit integrated it into their culture.[25]

A relentless passion for understanding the patient's perspective is a must. Tools, resources and ideas are available to help, but success relies on the commitment to the mind set and approach. This builds a culture that is constantly looking both outward and inward to develop and evaluate the Vision.

Deliver the Experience is about more than just focusing on the patient. It is about making the patient an active participant in the design and execution of the experience. This is done through three main components:

- Focus on the Detail
- Think with the Volume Turned On
- Seek Out Patient Feedback

In this last border we make sure the Vision developed in Vision in Action is actually what the patient experiences. This is where the puzzle really fills in, and we can see the picture. This step is where we acknowledge the Vision is not static. As patient needs evolve so too will the Vision need to evolve. It is not an end, but a connection back to the beginning to make sure our Vision is always deliberate.

The road to excellence is always under construction.

Next Steps and Resources

Through the *Patient Experience Puzzle* my goal has been to enhance the dialog and improve the understanding of how senior leaders can impact the patient experience from within. I hope my puzzle analogy has helped you see how your own organization can build a culture that supports and sustains your own Vision of patient-centered care.

The three tenets of puzzle construction you can apply to building that culture are:

- Establish order
- Ensure the pieces fit together
- Work in manner that fits your situation and exploits your strengths

By following the framework outlined in *The Patient Experience Puzzle*, the organization can build a deliberate culture to produce the envisioned patient experience.

Border	Components	Call to Action
Vision In Action	• Define the Vision • Be the Role Model • Put the Right Team on the Field	Leaders share the same commitment and passion for the Vision. In talent and ability, they are equally matched to impact the Vision.
Create a Team Roadmap	• Develop the Plan Together • Make the Connection • Create Expectations	There is a disciplined approach at the department level for implementing the vision.
Unleash Individual Potential	• Establish a Relationship • Coach for Outcomes • Test the Alignment	The power of the individual is unleashed and they understand the value of their role.
Deliver the Experience	• Focus on the Detail • Think with the Volume Turned On • Seek Out Patient Feedback	The organization creates an experience that flows from the vision.

Next Steps and Resources

To aid you in developing next steps,*The Patient Experience Puzzle Planning Worksheet* allows you to create an inventory of what your organization already has in place and identify pieces that may be missing. The goal is to work efficiently. Your time is too valuable.

Building the structure and filling in the details enables you to tap into internal resources and external experts for ideas, practices and approaches.

I also provide a list of recommended books and articles. Maybe you have already discovered some of these titles and have put what you learned to use in your organization. A significant benefit of this process is the growth a senior leadership team can experience when they learn together. It opens the mind and builds mental capacity. With that said, don't feel the need to devour the entire list. And of course, this list is not exhaustive. It is meant to provide an efficient pathway, and all of them will fit within this puzzle construct.

Remember though the most important resource is your conscious effort to build a deliberate culture that will yield the intended Vision.

Please contact me at Oakleigh@whitonhouse.com or visit www.whitonhouse.com to ask questions, make comments or to share your ideas.

Having read through *The Patient Experience Puzzle*, think through the four borders and use this worksheet to identify pieces your organization already has in place. Evaluate where there is opportunity for strengthening the foundation of your puzzle. The worksheets offer one or two questions to prompt you in thinking about each component. The goal is to create the most realistic snapshot of what your organization's Patient Experience Puzzle looks like today. The more conversation and dialogue this creates, the better. Have others complete this exercise as well.

Vision in Action

Call to Action	Component	Questions	Strengths	Opportunities	Next Steps
Leaders share the same commitment and passion for the Vision. In talent and ability, they are equally matched to impact the Vision.	Define the Vision	How specific is the organization's vision? Does it differentiate the organization? When was it last revisited?			
	Be the Role Model	What do staff say about senior leaders? What common characteristics or behaviors do senior leaders share?			
	Put the Right Team on the Field	How deliberate is the leadership development process? Is it tied to the vision? Is there an effective system for evaluating leaders?			

Create a Team Roadmap

Call to Action	Component	Questions	Strengths	Opportunities	Next Steps
There is a disciplined approach at the department level for implementing the vision.	Develop the Plan Together	Do all leaders utilize a common planning tool? How is it tied to their evaluation? Is it connected to the Vision, strategy and goals of organization? Are department leaders involved in developing organization plans?			
	Make the Connection	How effective are leaders at connecting the Vision to department goals and to individual efforts?			
	Create Expectations	Are expectations clear and consistently held throughout the organization?			

Unleash Individual Potential

Call to Action	Component	Questions	Strengths	Opportunities	Next Steps
The power of the individual is unleashed and they understand the value of their role.	Establish a Relationship	What organizational practices are followed to ensure leaders and staff have a positive working relationships? Are these practices effective and consistent throughout organization?			
	Coach for Outcomes	What ongoing feedback do employees receive other than the annual evaluation? When implementing a new skill or requirement how does the organization approach training staff?			
	Test the Alignment	How do you ensure that there is alignment between senior leaders, department leaders and staff?			

Deliver the Experience

Call to Action	Component	Questions	Strengths	Opportunities	Next Steps
The organization creates an experience that flows from the vision.	Focus on the Detail	What tools, strategies and resources does the organization use to design the experience? How involved are staff, patients and physicians? How consistent is the experience?			
	Think with the Volume Turned On	What communication strategies do employees use to connect with patients? Training? Are staff and physicians observed to improve skill set?			
	Seek Out Patient Feedback	How is patient feedback incorporated into operations? How many changes are made based on feedback? How disciplined is the organization when acting on feedback?			

Books, Articles and Papers

I recommend these outstanding books that focus on culture building within healthcare:

- Studer, Quint. Hardwiring Excellence. FireStarter Publishing. 2004.
- Berry, Leonard and Kent Seltman. Management Lessons from Mayo Clinic: Inside One of the Worlds Most Admired Service Organizations. McGraw-Hill. 2008.

These resources provide an excellent overview of strategy and execution:

- Porter, Michael. "What is Strategy?" Harvard Business Review. 1996.
- Collins, Jim. Good to Great: Why Some Companies Make the Leap... and Others Don't. HarperCollins Publishing. 2001.
- Bossidy, Larry, Ram Charan and Charles Burck. Execution: The Discipline of Getting Things Done. New York: Crown Business. 2002.
- Martin, Roger L. "The Execution Trap." Harvard Business Review. July-August 2010.

Digging deeper into issues of leadership, customer and employee engagement are the following:

- Foote, Nathaniel, Russell Eisenstat, & Tobias Fredberg. "The Higher-Ambition Leader." Harvard Business Review. September 2011.
- Ulrich, Dave and Norm Smallwood. Leadership Brand: Developing Customer-Focused Leaders to Drive Performance & Build Lasting Value. Harvard Business School Publishing. 2007 or (Article) "Building A Leadership Brand." Harvard Business Review. July-August 2007.
- Fleming, John and Jim Asplund. Human Sigma: Managing the Employee-Customer Encounter. Gallup Publishing. 2007 or (Article) Fleming, Coffman, & Harter. "Manage Your Human Sigma." Harvard Business Review. July-August 2005.
- Conger, Jay and Robert Fulmer. "Managing the Leadership Succession Pipeline." Harvard Business Review. 2003
- Cook, Scott. "The Contribution Revolution." Harvard Business Review. October 2008.

Finally as the need for industry transformation intensifies, these books and articles offer valuable insight into thinking differently about healthcare.

- Flower, Joe. "Beyond Reform: Better Healthcare for Less." Imaginewhatif.com. 2011.
- Christensen, Clay M., Jerome H. Grossman M.D., Jason Hwang M.D. The Innovator's Prescription: A Disruptive Solution for Health Care. McGraw-Hill. 2009.
- Herzlinger, Regina. "Let's Put Consumers in Charge of Health Care." Harvard Business Review. 2002 or Consumer-Driven Healthcare. Wiley & Sons. 2004.
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End Notes

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About the Author

Oakleigh Ryan is a strategist, writer and organizational development coach with 25 years of experience leading and serving healthcare and not-for-profit organizations. In 2010 she founded Whiton House LLC, dedicated to creating positive change in healthcare and communities by bringing ideas and people together to achieve a common goal.

A graduate of Stanford University, Oakleigh earned her MBA from Harvard University. Oakleigh and her husband Tobin Ryan moved to Tobin's hometown of Janesville, WI in 2002 to raise their two children, Murray and Mac.

Highlights of Oakleigh's career include:

- Senior Coach and Knowledge Management Leader with Studer Group, a national healthcare consulting firm
- Business Development Executive with SmithKline Beecham Clinical Laboratories responsible for launching one of the first private/public clinical laboratories in the U.K.
- Vice-President of Service Excellence for Wheaton Franciscan Healthcare, a faith-based healthcare system with 16,000 employees
- Editor of some of the best-selling books and videos for healthcare leaders including the book Hardwiring Excellence by Quint Studer
- Author, "The Role of Patient Advocacy Groups in Rare Tumors." Desmoid Tumors (Springer, August 2011)
- Creator of the Healthcare Letter website, www.healthcareletter.org, a web-blog dedicated to engaging the American public in healthcare reform dialogue
- Fundraiser and Board Member for not-for-profits and community organizations

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