

**Leadership**  
and the Link Between  
Service Excellence and Operational  
Efficiency

Rita Croom, MBA, SHRM-CP  
SVP, Chief Patient Experience Officer, Capella Healthcare



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**Leadership**  
and the Link Between Service Excellence and  
Operational Efficiency



THE RITZ-CARLTON

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and the Link Between Service Excellence and  
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**Leadership**  
and the Link Between Service Excellence and  
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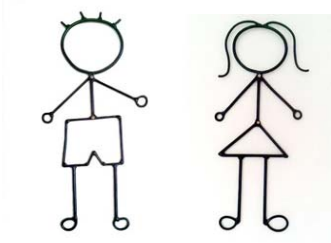
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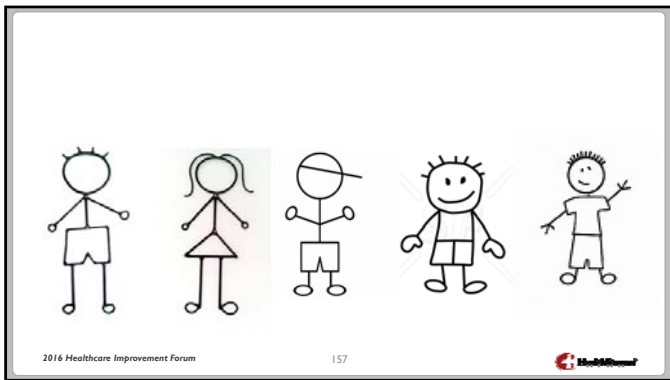
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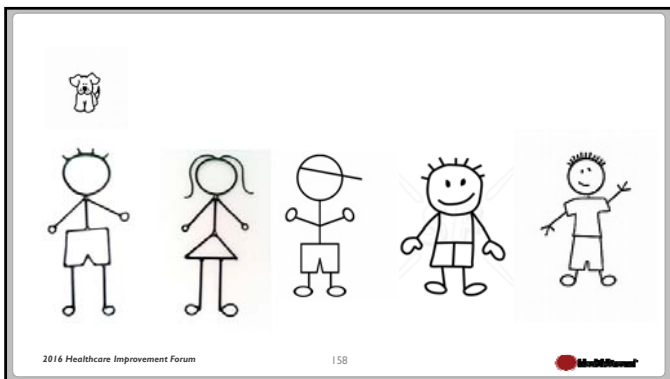
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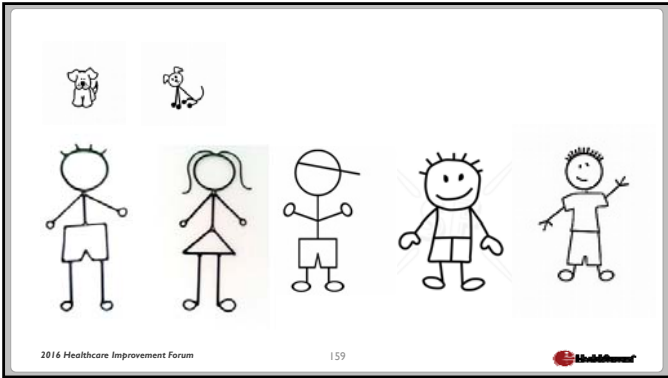
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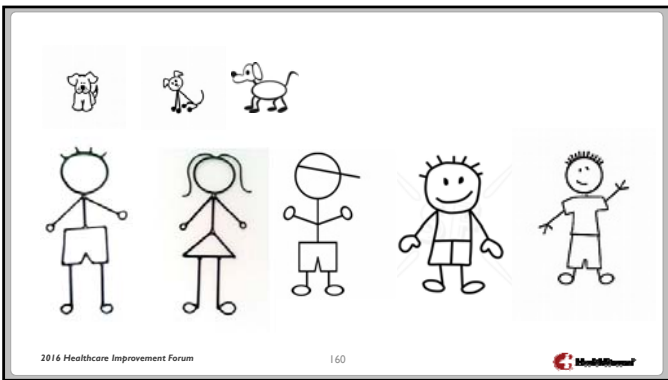
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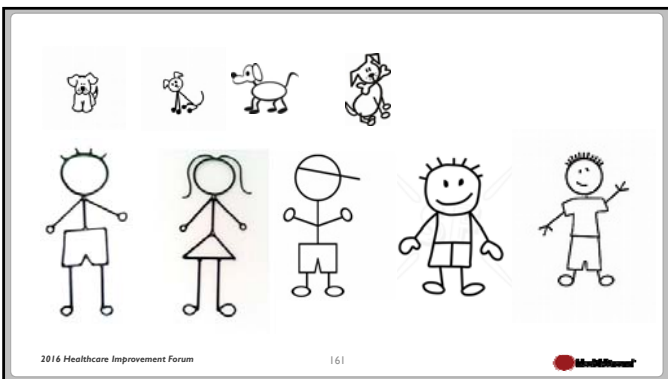
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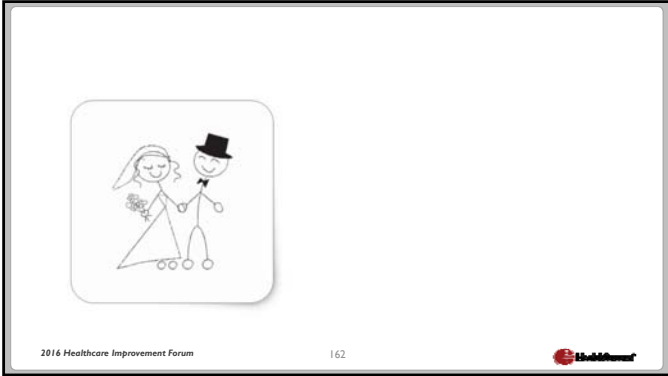
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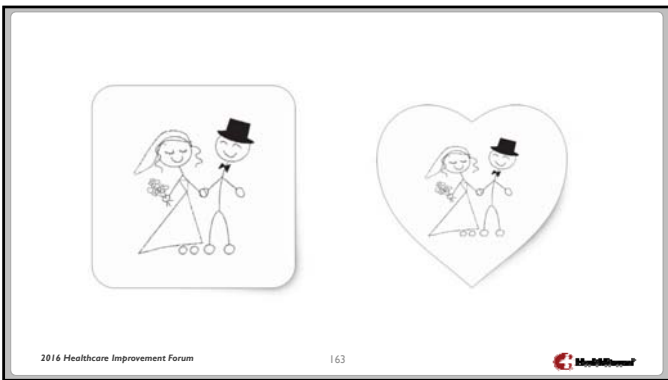
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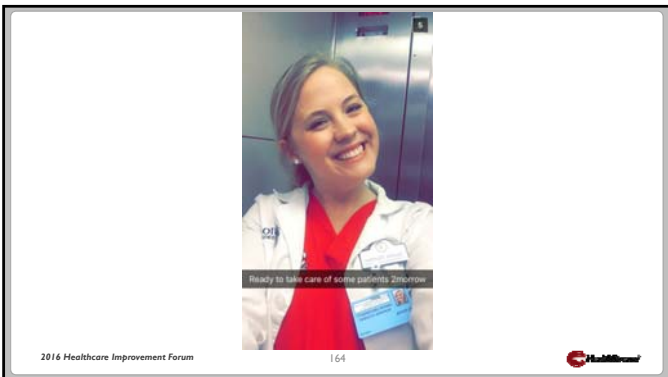
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**LEADER RIGHT**

Try to recall a situation in which you were working with a person  
who was in a leadership position who did something

**RIGHT**

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**LEADER WRONG**

Try to recall a situation in which you were working with a person in a  
leadership position who did something

**WRONG**

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### LEADERSHIP

University of Chicago  
the consensus was

### Self Centered vs Other Centered

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### Carl Rogers - Experience Research

BIO: Rogers taught at the University of Chicago, Ohio State University, & the University of Wisconsin at Madison. Carl Rogers died February 4, 1987

"Experience is, for me, the highest authority. The touchstone of validity is my own experience. No other person's ideas, and none of my own ideas, are as authoritative as my experience. It is to experience that I must return again and again, to discover a closer approximation to truth as it is in the process of becoming in me. Neither the Bible nor the prophets -- neither Freud nor research -- neither the revelations of God nor man -- can take precedence over my own direct experience. My experience is not authoritative because it is infallible. It is the basis of authority because it can always be checked in new primary ways. In this way its frequent error or fallibility is always open to correction."

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### The Past



"When we want your opinion,  
we'll give it to you."

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**Defining Consumer Satisfaction**  
**Gise, J and Cote, J.**  
**Academy of Marketing Science Review**

- **Focus of Response**
  - Object of consumer satisfaction comparing performance standard
  - Determination of appropriate focus can have *Chameleon Effects*
- **Timing of Response**
  - Duration of satisfaction, how long satisfaction response lasts
- **Dissatisfaction**
  - Bipolar opposite of satisfaction

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**Defining Patient Satisfaction**

- Variation in defining patient satisfaction
- Lack of consensus limits consumer satisfaction research
- Difficult to select appropriate definition, develop valid measures and compare empirical results
- Suggest definitional framework of consumer satisfaction
- Ensure definitions are consistent with consumers views as a whole
  - 1) Consumer satisfaction is a response (emotional or cognitive)
  - 2) Response pertains to a particular focus (expectations, product, consumption, experience)
  - 3) Response occurs at a particular time (after consumption, after choice, based on accumulated experience)

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**The Atlantic: The Problem With Satisfied Patients**  
*Misguided attempt to improve healthcare has led hospital focus on making people happy, rather than well.*

**Potential cost of subjective patient survey scores are leading hospitals to steer focus from patient health, messing with the highest stakes possible:**

***people's lives.***

- "Many patients have unrealistic expectations for their care and their outcomes".
- "My roommate was dying all night and his breathing was very noisy"
- "The hospital doesn't have Splenda."
- One critical-care nurse had to argue with a patient who believed he was being mistreated because he didn't get enough pastrami on his sandwich
- Medical/Surgical nurse told *The Boston Globe* that the scripting made her feel like a "Stepford nurse," and wondered whether patients would notice that their nurses used identical phrasing.
- **"Patients can be very satisfied and dead an hour later."**

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### 4 P's of Marketing

<p><b>Instead of PRODUCT</b></p> <p><b>Focus on SOLUTION</b> Define offerings by the needs they meet, not by their features, functions, or technological superiority.</p>	<p><b>Instead of PLACE</b></p> <p><b>Focus on ACCESS</b> Develop an integrated cross-channel presence that considers customers' entire purchase journey instead of emphasizing individual purchase locations and channels.</p>
<p><b>Instead of PRICE</b></p> <p><b>Focus on VALUE</b> Articulate the benefits relative to price, rather than discussing how price relates to production costs, profit margins, or competitors' prices.</p>	<p><b>Instead of PROMOTION</b></p> <p><b>Focus on EDUCATION</b> Provide information relevant to customers' specific needs at each point in the purchase cycle, rather than relying on advertising, PR, and personal selling that covers the waterfront.</p>

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### First things First

#### Fix your service beginnings and endings

- **Human memory** - FIRST and LAST items are *REMEMBERED*
- **Customer experience:** First and last moments of a customer interaction are what a customer is likely to hold in memory
- **Difficult to recover** if first impression is:
  - Front-desk staff member's irritation at being "interrupted"
  - Spending a long time finding a parking space
  - Parking space distance from the building
  - Signage in the building that is confusing

**Your goodbye needs to be better...**  
*It could make all the difference.*

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### Incorporating Hospitality

#### Rosenthal, E. New York Times: Is this a Hospital or a Hotel?

- Luxury accommodations such as private rooms, couches, flat screen TV's, views of nature
- Health Economists view these costs as unneeded and only increasing the \$2.7 trillion healthcare bill (*Amount date of article*)
- Medical arguments propose the opposite indicating private rooms lower infection rates and allow comfort to rest and heal

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**Introducing Hospitality  
Quest for Value-Add to Patients**









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**Hospitality Measures**

- Various studies have investigated the association between patient experience and clinical outcomes.
- Evidence points towards 'good patient experience' and 'good clinical quality' going hand-in-hand.



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**Harvard Business Review: Strategy that will fix healthcare**  
**Michael E. Porter and Thomas H. Lee, MD**  
*Value Based Healthcare – Value Agenda*

In a recent case study by Michael Porter and Thomas H. Lee, MD

- Achieving the best outcomes for the lowest cost
- Move from supply-driven health care system around what docs do
- Move toward patient-centered system around what patients need
- Shift from volume and profitability to patient outcomes achieved

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### Harvard Business Review: Strategy that will fix healthcare by Michael E. Porter and Thomas H. Lee, MD



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### Patient Centered Focus

- Customer focus key domain of quality, health care has not yet fully embraced using patient feedback as a driver of quality improvement
- Potential driver in US has been FY 2013 introduction of Hospital Value-Based Purchasing program including incentive payments for performance in patient care experience scores.

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### Hospitality Measures

- *'Nothing about Me without Me'*
- Need to understand the current experience of patients as well as partner with patients to drive improvement in health care.

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### Voice of the Patient

Strides made in understanding and evaluating clinical processes and outcomes, it's the *understanding of quality from perspective of consumers that is emerging as a critical issue in health services delivery.*

- **Higher evaluations of quality are related to satisfaction**
  - Intentions to use a service again in the future
  - Compliance with advice and treatment regimens
  - Choice of provider or plan
  - Decreased turnover and malpractice law suits
  - Possibly better health outcomes.
- **Consumer feedback as condition of accreditation**
  - Joint Commission on Accreditation of Healthcare Organizations
  - National Committee for Quality Assurance (NCQA)
- **Quality improvement methods**
- **Consumer-perceived quality positively related to financial performance**

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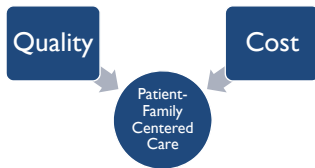
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### Triple Aim



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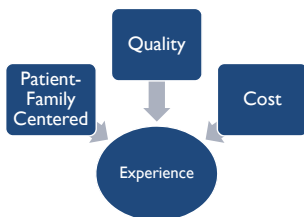
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### Triple Aim to Quadruple Aim



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### Communicating with Numbers Using Data to Energize your Team

*"If the other guy's getting better,  
the you'd better be getting better FASTER  
than that other guy's getting better...  
or you're getting WORSE."*

Tom Peters - The Circle of Innovation

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### Five Pillars of Excellence



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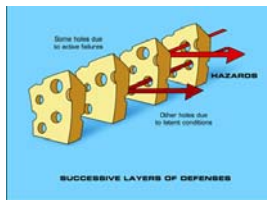
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### Quality Pillar Well Designed Processes Achieve Quality Outcomes



The original source for the Swiss Cheese illustration is "Swiss Cheese" Model James Reason, 1990. The book reference is Reason, J. (1990) Human Error. Cambridge University Press, Cambridge.

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**Key Domain of Quality**  
**Responding to patients needs and preferences**

**Picker Institute identified 8 domains - 1993**

- Respect for patient preferences and values
- Emotional Support
- Physical Comfort
- Information
- Communication and Education
- Continuity and Transition
- Coordination of care
- Involvement of family and friends
- Access to care

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**Numbers to Remember Impacting QUALITY**

- \$60,000

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**Numbers to Remember Impacting QUALITY**

- \$60,000
- \$300,000

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**Numbers to Remember**

- \$60,000
- \$300,000
- 30%

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**Numbers to Remember Impacting QUALITY**

- \$60,000
- \$300,000
- 30%
- 57%

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**Numbers to Remember**

- \$60,000
- \$300,000
- 30%
- 57%
- 28.5%

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### Numbers to Remember Impacting QUALITY

- \$60,000
- \$300,000
- 30%
- 57%
- 28.5
- 2.3%



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### Five Pillars of Excellence



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### Service Pillar



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### Service Pillar - Survey Indicators

- Consistently report need for improvement in clinical **communication skills** and teamwork
- **Provide early warning indicator** of safety issues as patient perception of poor communication is associated with elevated adverse event rate
- **Patient perspectives** highly correlated with **patient experience of care**
- **Patient feedback positive predictor** for staff participation in hand hygiene and for MRSA

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### Organizational Culture

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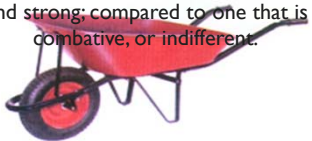
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### What is Culture?

Dynamic change between an environment that is clear, positive and strong; compared to one that is chaotic, combative, or indifferent.



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### Culture

*“The only thing of real importance that leaders do is to create and manage culture.” “If you do not manage culture, it manages you, and you may not even be aware of the extent to which this is happening.”*

Edgar Schein, professor MIT Sloan School of Management

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### Culture

*“Culture is a little like dropping an Alka-Seltzer into a glass- you don’t see it, but somehow it does something.”*

Hans Magnus Enzensberger

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### Culture

*“Culture eats strategy for breakfast.”*

Adrian Gostick

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**People**

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**People Pillar**

- Focus on staff experience is important for healthcare organizations
- Link between patient experience and the way staff experience their work environment
- Positive staff experience is closely associated with positive patient experience

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**Communication**

- Most important tools for strengthening Emotional Intelligence is *LISTENING*
  - Reflective listening to clarify content
  - Reflective listening to clarify feelings
  - Listening to non-verbals

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### Communication Exercise

- Importance of developing good listening habits and to practice listening in situations that are challenging.
- Regardless of level of expertise, a return to basics is essential when it comes to listening skills.

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### Communication Exercise

- Select Partner
- One person speaker
- One person listener
- Talk about any subject YOU feel strongly about
- Use listening skills that include:
  - Clarifying questions
  - Feeling
  - Content of message
  - 1 minute – switch roles

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### Communication Exercise Debrief

- How did it feel to be listened to?
- Were you tempted as the listener to make comments or tell your own story?
- What was difficult about the exercise?
- What did you learn about your listening habits?

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**Clarity Communication**  
<https://www.youtube.com/watch?v=jsdIRiQM75s>



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**Communication**

*The single biggest problem in communication is the illusion that it has taken place.*

-George Bernard Shaw

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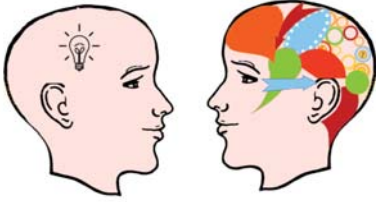
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**IQ vs EQ**



IQ vs EQ

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### IQ vs EQ

**IQ**

*Book Smart*  
Helps with Tests  
Bringer of Solutions

**EQ**

*Street Smart*  
Helps with Life  
Bringer of People

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### How do you market Empathy?

*We know how to care FOR people – that’s what we’re trained to do. But, while we care FOR people, we also need to show that we care ABOUT them.*

*Every patient, every time.*

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### How do you market Empathy?

*We know how to care FOR people – that’s what we’re trained to do. But, while we care FOR people, we also need to show that we care ABOUT them.*

*Every patient, every time.*

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### Government Mandates

- The Affordable Care Act of 2010 established the Hospital VBP Program, which applies to payments beginning in Fiscal Year (FY) 2013, on or after October 1, 2012, and affects payment for inpatient stays in 2,985 hospitals across the country.
- Under the Hospital VBP Program, Medicare makes incentive payments to hospitals based on either:
  - 1) **How well they perform** on each measure, or
  - 2) **How much they improve** their performance on each measure compared to their performance during a baseline period.




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### Cost of HCAHPS Administered as separate survey:

Based on information from major survey vendors and survey companies, estimated costs of HCAHPS administered as separate survey are as follows:

Survey Type	Cost Per Complete	Costs Per Hospital	Number of Completes
Mail Survey	\$10-\$15	\$3,000-\$4,500	Assuming 300 completes
Phone Survey	\$16.67-\$20	\$5,000-\$6,000	
Active interactive voice response (IVR)	\$10	\$3,000	

- Given most hospitals collect patient survey data using mail surveys, the average weighted costs of HCAHPS collected as separate survey are estimated between \$11.00 and \$15.25 per complete (\$3,300-\$4,575 per hospital) assuming 80% of hospitals collect HCAHPS by mail and remainder by phone or active interactive voice response (active IVR).
- Costs of a shorter (7-item) version of HCAHPS administered as separate survey are estimated at \$7.02 for mail survey and \$11.25 for phone, with weighted average cost of \$7.87 per complete (\$2,361 per hospital).




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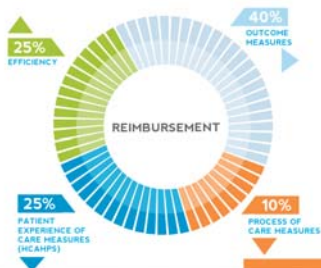
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### Value Based Purchased FY 2016




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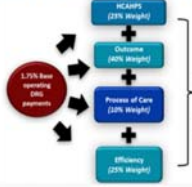
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### Fiscal Year 2016

#### ROADMAP FOR FISCAL YEAR 2016



In Fiscal Year 2016 (payment adjustment effective for discharges from October 1, 2015 to September 30, 2016) the Value-Based Purchasing (VBP) program includes a total of 24 measures. The measures are represented in four different Domains; HCAHPS Composites (Patient Experience of Care), Outcome, Process of Care and Efficiency. The diagnosis-related groups (DRG) base operating payments will increase from 1.50% in FY 2015 to 1.75% in FY 2016 as illustrated in the graphic at left.




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### CMS - PURSUIT OF GREATER VALUE AND QUALITY PAY NOW OR PAY LATER

#### INCENTIVE PAYMENT




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### 2016 EXPERIENCE MEASURES

#### 2016 PATIENT EXPERIENCE OF CARE MEASURES (HCAHPS)

HCAHPS Survey Dimensions	2016 Floor (percent)	2015 Threshold (percent)	2016 Threshold (percent)	2015 Benchmark (percent)	2016 Benchmark (percent)
Communication with Nurses	53.99	75.56	77.67 ↑	85.70	86.07 ↓
Communication with Doctors	57.01	79.88	80.40 ↑	88.79	88.56 ↓
Responsiveness of Hospital Staff	38.21	63.17	64.71 ↑	79.06	79.76 ↓
Pain Management	48.96	69.46	70.18 ↑	78.17	78.16 ↓
Communication about Medicines	34.61	60.89	62.33 ↑	71.85	72.77 ↓
Hospital Cleanliness & Quietness	43.08	64.07	64.95 ↑	78.90	79.10 ↓
Discharge Information	61.36	83.54	84.70 ↑	89.72	90.36 ↓
Overall Rating of Hospital	34.35	67.96	69.32 ↑	83.44	83.97 ↓

Source: HHS/HRF, Final rule 8/13/15




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### HCAHPS

- Be careful selectively focusing on the individual HCAHPS questions, as your **day to day** approach.
- Effective and powerful goal is to create an organization-wide halo effect that raises your scores as well as your actual rate of referral — not just the hypothetical “willingness to recommend.”

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### We have learned what drives performance Aspirational Goals - Key Focus Areas

- Several **tactics** directly linked to improved HCAHPS scores.
  - Key drivers of **overall rating/willingness to recommend** across HCAHPS patients were: how patient was admitted, employee engagement, and pain management.
  - **HCAHPS Value Drivers**
- **Clinical Quality**
    - CHOIS Mortality & Complications
    - Core Measures
    - HACs
    - HAIs
    - Readmissions
  - **Patient Service**
    - HCAHPS
    - ED Patient Satisfaction
    - Employee Engagement
    - Voluntary Turnover
    - New Hire Turnover
    - Physician
  - **Rate of Change in Top Box Scores**

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### Evidenced Based Service Tactics

- New employee retention rounding at 30 & 90 days
- Senior Leader Rounding
- Daily Huddles
- Leader Rounding on Patients
- Goal Setting & 90-Day Plans
- Stakeholder Monthly Meetings
- Employee Forums/Town Hall
- Peer Interviewing & Behavioral Based Questions
- Patient Communication Boards
- Leader Rounding on Internal Customers
- Patient Communication – RELATE, AIDET, etc.
- Staff Performance Conversations
- Hardwire Monthly Meetings & 90-Day Plans

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### Adopt a Strengths-Based Approach

- Gallup found leaders who focus on employees' strengths can practically eliminate active disengagement.
- Only 1% of U.S. employees who agreed supervisor focuses on strengths rather than weakness were actively disengaged in their jobs, while 61% were engaged at work.
- Employees who report manager focuses on weakness rather than strengths, active disengagement levels jump to 22%



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### Building an Experience Culture

- Standards of Behavior
- Leadership Expectations
- Accountability
- Performance Management Tools



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### Chaos Theory and Change Management Roles

- Creating and maintaining a learning organization
  - Facilitate ways in which continuous learning is available to everyone in the organization

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### Adult Learning and Retention

**Retention:**

- Lecture 5%
- Reading 10%
- Audio-Visual 20%
- Demonstration 30%
- Discussion 50%
- Practice by doing 75%
- Teaching others 90%

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### Purpose – The Why

- Create process to develop skills and “leadership muscle” necessary to attain the desired results
- What do we want out leaders to **know**?
- What do we want out leaders to **do**?
- What do we want out leaders to **say**?

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### Purpose vs. Function

- Build **foundation** for patient **service** from 1<sup>st</sup> day of **orientation** so every employee understands underlying purpose in organization.
- An employee has both:
  - **FUNCTION**: his/her day-to-day job responsibilities
  - **PURPOSE**: the reason why the job exists
- Create successful medical outcomes and hospitable human experiences for patients - **PURPOSE**
- Change linens – **FUNCTION**
- Trained employee *will know to—and will be empowered to—stop changing linens if creating successful medical outcomes or being hospitable requires a different action at the moment.*

Celebrate **purpose-driven decision**, not reprimand over linens

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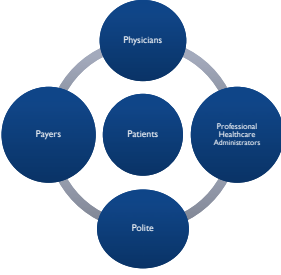
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### The 5 Ps of Healthcare Marketing

by Chris Mycek, Chief Customer Officer at Cadient, A Cognizant Company



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### Quick Tips: The Five Senses of Customer Service Assessment

-  **Sight:** Is the parking lot clean and manicured?
-  **Smell:** Are there unpleasant odors?
-  **Touch:** Is the furniture sticky or dirty?
-  **Sound:** Are there noises associated with crisis?
-  **Taste:** Are healthy refreshments available?

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### First things First

#### Fix your service beginnings and endings



- **Human memory** - FIRST/LAST items are REMEMBERED
- **Customer experience:** First and last moments of interaction are what a customer holds in memory
- **Difficult to recover** if first impression is not pleasant

Your **GOODBYE** needs to be better...

**It could make all the difference in**

**BRAND LOYALTY**

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**Leadership Tips**

- Know when your organization has become stale
- Einstein Principle: The secret to intelligence is not having it, but knowing where to find it.
- Don't lose connection with subject matter experts...
- *INSPECT* what you *EXPECT*
- If everything is a priority; then nothing is
- Always know the top 3 priorities at any given time
- Hiring – Expectations - Accountability
- Can't be an A player if you have C players on your team

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**Leadership Tips**

- Patients are our mission; Physicians are our customer.
- Fill calendar with connection meetings. Leaders and managers need to be connecting.
- Know what motivates YOU/STAFF/BOSS
- Leadership Style - know what style you are (or perceived to be) and know what style your boss is
- Executive presence - Be aware of your personal brand
- People don't buy "What" you do, but ...  
 "Why" you do it..." *Simon Sinek*

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**Leadership Tips**

- Budget - Demonstrate savings accumulated through process efficiencies and use for purchasing new resources
- Comparison data is key. Be prepared to show how your department compares against your peers
- Have at least one really great "geek" friend

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### Leadership Tips

- Never let your boss be surprised or blindsided
- Ask yourself and your staff – What makes you happy? Then make sure you are building *THAT* into your time
- Each leader brings a unique personality into the organization
- Never forget where you can from – *It keeps you humble*

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### Responsibility of Awareness

- Personal Development Initiatives
- Professional Development Initiatives
- Improvements
- Current Events
- Reading – Books, Articles, Journals, Reports, Intranet
- Be Resourceful

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### The Difficulty of Managing Yourself

*He that would govern others should first be the master of himself.*

*-Philip Massinger*

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### Key Takeaways

- Summary
- Questions
- Next Steps




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### Thank You

Rita Croom, MBA, SHRM-CP  
SVP, Chief Patient Experience Officer, Capella Healthcare




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