

# The HCAHPS

Breakthrough Series™ Webinars

 Custom Learning Systems

#12 Willingness to Recommend

# The Power of Word-of-Mouth Marketing™



# The **HCAHPS** Breakthrough Series Webinars Sponsors:





# The Power of Word-of-Mouth Marketing™

*To help you create a hospital experience that patients will enthusiastically recommend.*

## Agenda

- The **Reality Check**, Re-Visited
- “Would You Recommend?” **Defined**
- Why “Willingness to Recommend” **Matters**
- **The Power of Referrals**: How Patient Choose Hospitals
- Unleash the **Priceless Value** of Lifetime Patient Loyalty
- **The Three Imperatives of a Culture Patients Will Recommend**
  - *ENGAGE* your team by persistent listening – and taking action on what you hear
  - *EMPOWER* your people to go above and beyond
  - *TRANSFORM* your team into real life Ambassadors

## Wrap Up

- Team Implementation *DO IT* Plan
- Featured Implementation Tool
- Feedback is the Breakfast of Champions

## The Reality Checklist, Re-Visited

### We made Team “Overall” DO IT Recommendations. How did you do?

- As a senior leadership team, implement the **two accountability “essentials...”**
  - Accountability Agreements
  - Quarterly CEO Roundtable
- Engage your SEC/PEC and Senior Leadership to use the **Balanced Scorecard** as the foundation for your **HCAHPS Strategic Plan**

**The CLS High Performing Hospital  
HCAHPS Strategic Plan™  
Balanced Scorecard™  
at-a-Glance**

[ RECAP ]

“1” Overall Rating  
**High-Performing Overall Hospitals**

Patient Experience & Improvement Objectives		Average Rating	Patient Experience & Improvement Objectives		Average Rating
<b>1 Patient Experience Scores</b>			<b>HHS™ HCAHPS Details Scorecards</b>		
1 HCAHPS #1 in Overall #1 in HHS #1 in Overall #1 in HHS	<b>2</b>	1 The Leader's Role in HCAHPS Transformation		<b>2.2</b>	
2 Engagement #1 in Overall #1 in HHS #1 in Overall #1 in HHS	<b>3</b>	2 Staff at Night		<b>1.9</b>	
3 Usability #1 in Overall #1 in HHS #1 in Overall #1 in HHS	<b>3</b>	3 Cleanliness of Patient Rooms		<b>3.2</b>	
4 Care #1 in Overall #1 in HHS #1 in Overall #1 in HHS	<b>2</b>	4 Communication about Medicines		<b>2.9</b>	
<b>4 Employee Engagement Scores</b>			5 Communication with Doctors	<b>2.1</b>	
1 Staff Overall Satisfaction/Engagement Scores #1 in Overall #1 in HHS #1 in Overall #1 in HHS	<b>2</b>	6 Communication with Nurses		<b>2.6</b>	
<b>6 Balanced Scorecard Scores</b>			7 Challenge Information	<b>2.6</b>	
1 High-Performing Culture	<b>2.1</b>	8 Plan Quality		<b>2.2</b>	
2 Leadership Engagement	<b>3.2</b>	9 Preparedness of Staff		<b>1.9</b>	
3 Peak Line Engagement	<b>1.5</b>	10 Flexibility of Care		<b>2.3</b>	
4 System Engagement	<b>2.0</b>	11 Overall Rating		<b>2.1</b>	
5 Total Worker Engagement	<b>1.3</b>	12 Environment for Hospital		<b>2.2</b>	



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## Defining the Word-of-Mouth Marketing Question

### There's only one survey question for “Recommend.”

“Would you recommend this hospital to your family and friends?”

Patients use a four-point scale in responding to this question:

1. Definitely No
2. Probably No
3. Probably Yes
4. Definitely Yes

### Let's Define “Recommend:”

- a patient's retrospective view of his total experience, and its perceived value
- like the “Overall” score, a subjective comparison to their expectations
- judged a *positive* or *negative* - no “undecideds”
- a choice in which they deduct the “service failures” from the good “moments of truth”
- a strong predictor of patient's likelihood to return

### The Keys to Earn “Definitely Yes”

- **Continually assess your service**, drawing upon the range of “listening posts” we've suggested to you
- Proactively manage patient's expectations; **anticipate needs**
- Employ all means possible to **quickly make the best of every situation**
- Be **non-judgemental**; avoid misconceptions about people - rely only on evidence-based information
- Apply the **healing power of touch**, intentional presence, and empathetic non-verbal communication
- Be assertive in preparing the patient and family for continued **recovery at home**

### You are likely to be “Recommended” when you meet these care expectations:

Staff response to:

- patient concerns and complaints
- the **inconvenience** of being hospitalized (*fear of the future, will I be okay, life after discharge*)
- **my pain** – and how well it was managed

### Domain Administrator Owners

CEO, COO, CNO, CME, all Managers and Supervisors across all Departments... and anyone who receives a paycheck, or is a volunteer.

### Domain Staff Owners

Everyone!

### Current National Threshold is:

(Rated a 4 – “Always”)

# 71%

What's yours? \_\_\_\_\_%

### The Drive-By Factor

- How much (lost) business **drives past you** each year, on the way to **your competitors**?
- How much would you like to **win back**?

Due to positive word of mouth, **admit 1, 2, or 3 more inpatients a day** (for a 3-day stay) for 1 year at an average of **\$1,860** per day: (Example)

- 1 admission per day = **\$2,036,700**
- 2 admission per day = **\$4,073,400**
- 3 admission per day = **\$6,110,100**

### DO IT Recommendation

1. Calculate your “drive-by factor,” and set a goal to win back a specific percentage of market share each year, through **word of mouth**
2. Calculate the value an impact of **1 – 3 more admissions a day**

## Why Willingness to Recommend Matters

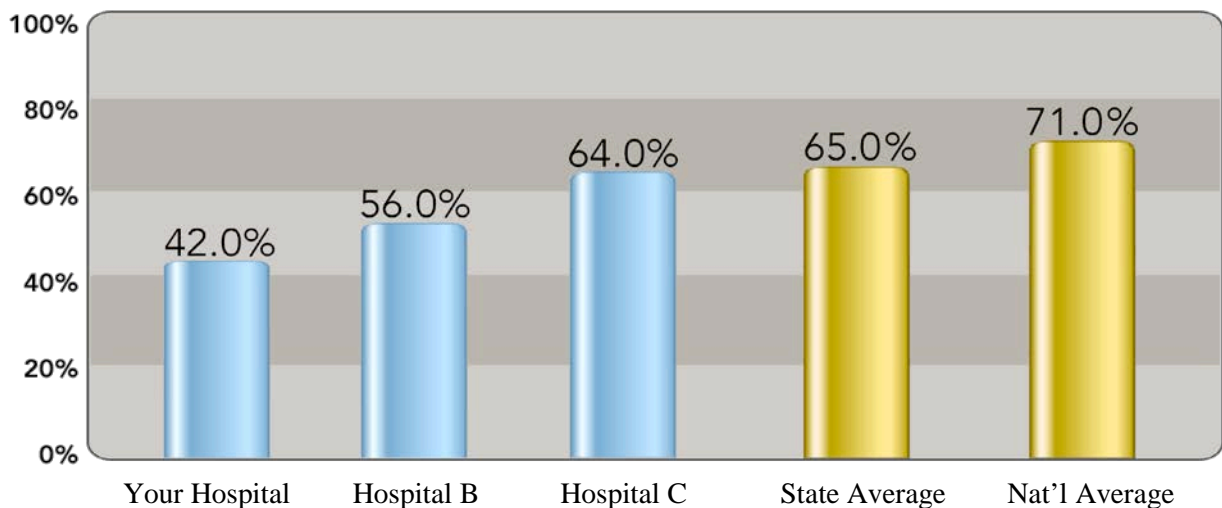
“Will you Recommend?” is:

- the **first place** people look on CMS survey
- the **most powerful** referral you can get
- a **summary judgment** of how good you are as a hospital



Remember: your “Recommend” ratings are public.

Patients who said they would “*Definitely Recommend*”



### Question:

Why does your “Recommend” score matter to **you**?

## The Power of Referrals: How Patients Choose Hospitals

### **Question:**

*“Are your patients and their families telling **their story** of their stay... the way **you hope they will**?”*

### **Which of these purchases/decisions do you like to have referrals for?**

- A movie
- Car dealership/ salesman
- Smartphone app
- College
- Lawyer
- TV series
- Home repairs
- Financial planner
- plumber
- Realtor (and best local schools near a new home)
- electrician
- Painless, affordable dentist
- New restaurant

### **For which of these things do you like to read reviews, comments, and ratings?**

- Books - on Amazon
- Smartphone apps
- Trip Advisor advice
- Hotels
- Restaurants

Please note that these are all forms of *referrals*!

### **Why do you like to be asked for a referral?**

- You were satisfied with the service and care provided
- You feel flattered
- Like giving opinions
- You're seen as expert
- A trusted critical eye
- Thought to be smart
- Feel increased status
- And in-the-know
- You liked the people
- A way to 'pay it forward'
- You want your friends to benefit

### **Conversation-Starters to Ask For a Referral**

- *“Whom do you know who would appreciate receiving the same quality of care and concern from us that you did?”*
- *“Would you do us a favor and tell them when you get home?”*
- *“I'm so pleased to hear you say we kept you comfortable. We'd be grateful if you'd share your experience with family and friends...”*

**Question:**

- *When patients recount their hospital experience to family and friends, are they not giving you a **referral** (positive or negative)?*
- *How do you ensure patients receive the **kindest, most personal care**?*

**The Answer:** Draw a distinction.

Teach your staff the skills to shift gears between “**Service Delivery**” and “**Service Excellence**”

- **Service Delivery:** medical, clinical, scientific.
- **Service Excellence:** compassion, kindness, caring
- **They’re two separate functions** (*left brain vs. right brain*) and they require practice to shift back and forth smoothly

These ideas from Wm. R. Johnson’s *Service Delivery vs. Service Excellence* Lulu Publishing Services, January 2014

**Don’t be held hostage to a “happiness number!”**

- Use our recommendations to **train your staff** with the skills they need to be effective, compassionate care-givers
- Rather than worry about patient *happiness*, **focus on patient comfort, patient participation, patient education, and patient healing**

**Team DO IT Recommendations:**

Engage your staff in the following discussion:

- “*What products and services do you like to obtain referrals for?*”
- “*Why do **you** like to give referrals?*”
- “*When and how would you ask patients for a referral?*”

*Best Practice:*

**How Patients Choose a Hospital**

**Top Factors in Choosing a Hospital**

Reputation ( <i>word of mouth</i> )	28.7%
Previous experience with hospital	21.1%
MD told me	22.8%
Hospital advanced technology	12.6%
Convenient to home	10.0%

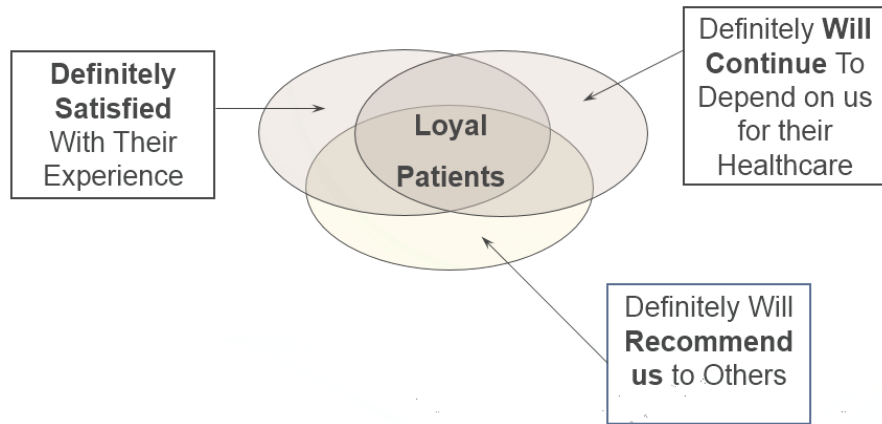
Source: Solucient 2005 HealthView Plus Survey  
Jared Solomon – Adv Mgr – Sharp Healthcare Oct 24

**Question:**

What’s your top personal reason for choosing a hospital?

# Unleash the Priceless Value of Lifetime Customer Loyalty

## The Three Attributes of Lifetime Patient Loyalty



### Service Defined...

- “Adding people to what you do...”
- “Treating patients as you would like your friends treated...”
- “An attitude of gratitude...”
- for both internal and external customers

### Everyone is a Caregiver

“There are those who *serve the patient*, and there are those who *serve those who serve the patient.*”

– Anonymous

### Questions

What do **we expect** as customers?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Can you name **three places** that consistently **meet your expectations**?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### The Point

In a world of *mediocrity*, just consistently *meet* or *manage* your patients’ expectations and **you’ll be a star**.

### Question:

What would it mean to *your organization* if everyone understood – and **delivered this**?

**We expect:**

▪ Personal Attention	▪ Loyalty
▪ Respect	▪ Name Recognition
▪ Good Service	▪ Product Knowledge
▪ Courtesy	▪ Value
▪ Answers	▪ Convenience
▪ Problems-Solved	▪ Excellence
▪ A Smile	▪ Cleanliness
▪ Fairness	▪ Timeliness
▪ Honesty	▪ Consistency
▪ Friendly Service	



If everyone focused on meeting patients' expectations, we would have:

- Higher patient satisfaction
- Greater job satisfaction
- Lower staff turnover
- Better word of mouth
- Higher census
- Greater revenue
- Job security
- Raises!
- Be known as a *Provider of Choice!*

### **Question**

Would patients rate you *always*, return again and again, and recommend you to others if they could depend on their expectations of care being met?

**Answer:** You bet!

### **What You Expect Makes a Difference**

When our expectation **are met:**

*“There’s a pleasant release of dopamine, and a general feeling of well-being”*

When our expectation are **NOT met:**

*“Our brain doesn’t just get slightly unhappy, it sends out a message of danger or threat”*

– David Rock, *Your Brain at Work*, Harper Collins, 2009

### **The Point**

- The challenge is to **consistently meet** patient and family expectations
- By **definition**, you will **exceed their** expectations
- And they’ll be **willing to recommend**
- And that will **only** happen with and through **engaged, empowered** frontline staff!

### **Team DO IT Recommendation**

Train everyone on this core competency via a 20 min. in-service to skillfully manage patient expectations about:

- Use “sounds of care” vs. “unnecessary noise”
- Response to call lights: “urgent” vs. “non”
- “Pain control” vs. “pain-free”
- Well-orchestrated transition of care vs. a last-minute rush

## The Three Imperatives of a Culture Patients Will Recommend **#1. Engage**

*Engage your team by persistent listening – and taking action on what you hear.*

### **DO IT Recommendations**

**Step 1:** Measure employee engagement once a year – and act on what you hear

**Step 2:** Take “The Mother Test”

**Step 3:** Consider the “Mystery Patient” option

**Step 4:** “Patient Reality Checks” done weekly

### Ask Your Frontline Staff These Very Revealing Questions

- How many of you **know the results** of the latest employee satisfaction survey?
- How many of you feel your managers/supervisors **made an honest effort** to improve staff morale as a result of the survey?

#### Team *DO IT* Recommendation

1. Employ an external vendor to conduct an annual, scientifically validated employee satisfaction and engagement survey.
2. Be sure staff is asked: “*Would you recommend our hospital to your family and friends?*”
3. Respond to what you hear. This requires a long, hard look at how your employees are treated.
4. Make the necessary adjustments – or face a workforce lacking trust in its leadership.

### A Model for Ensuring Staff Alignment

Quarterly 1:1 meetings with direct reports promote two-way dialogue, to list priorities, confirm mutual goals.

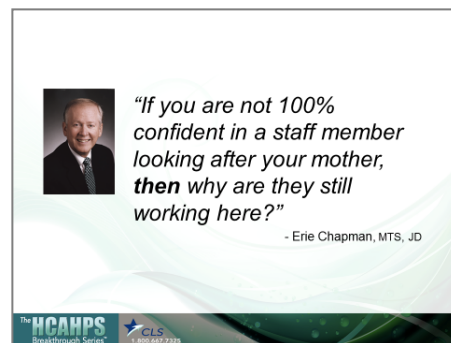
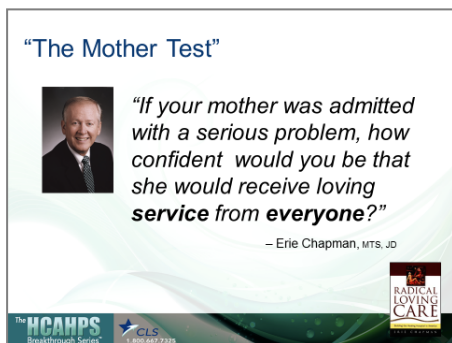
1. Where are we going ?
2. Where are you going?
3. What are you doing well?
4. What changes can lead to improvement?
5. How can I help?
6. What suggestions do you have for me?

This format is the work of Marshall Goldsmith, PhD  
Consultant and author of *What Got You Here Won't Get You There*

#### Important Questions:

- Are you **listening** (*with ears wide open*) to the voice of your staff members?
- And are you **responding** wholeheartedly to their concerns?
- Do you take the time, quarterly, **to check in** and make sure you're aligned with your direct reports and your co-workers?

### Take the “Mother Test”



#### Team *DO IT* Recommendation

As a team, ask and answer “*The Mother Test*,” and take appropriate training and disciplinary action though corrective action coaching if it is not being met by all staffers.

**Best Practice: The Mystery Patient**

A “mystery patient” gives you the true clue to staff’s engagement with patients.

*“If you want to sell what John Jones buys, see the world thru John Jones’ eyes”*

– Dave Gorden, CSP

Allow an experienced “mystery patient” to give you a report on his experience in your hospital.

**DO IT Recommendation**

Consider the benefits of using a “mystery patient’s” insights and recommendations.

**Best Practice: “Patient Reality Checks” Done Weekly**


**Team DO IT Recommendations**

How **not** to make patient survey results very **meaningful to staff**:


- Post on bulletin board
- Email to staff
- Announce at a Town Hall Meeting

How **to** make an **emotional connection**:


- Invite staff to take turns **reading patient verbatim comments out loud** to each other, in the **tone of voice intended**, at a staff meeting or service huddle

**Examples of The Voice of our Customers...** 


From actual survey responses (from August 2013) **POSITIVE**




"I live in Louisiana and was in Georgia visiting my family when I was hospitalized. The staff at your hospital made a very frightening and stressful situation as pleasant as possible. I will always be grateful."




"Dr. \_\_\_\_\_ is the best surgeon. He has an excellent bedside manner. Spends a lot of time with you before and after surgery."




"Taking blood every four hours became very painful. Persons taking my blood were very understanding and made the procedure as comfortable as possible. IV nurse was excellent."


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**Examples of The Voice of our Customers...** 


From actual survey responses (from August 2013) **NEGATIVE**




"I had terrible pain and no one had any sense of urgency to try and make me feel better."



"Way too much noise at night, and too much laughter from the nurses station."



"Dr. \_\_\_\_\_ - Horrible bedside manner!! Hardly the time to tell a patient they should have quit smoking earlier. More stressful then helpful."

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**If your patient satisfaction survey vendor uses the phone to collect comments...**

- **Play them back to your staff** - engagement guaranteed.
- Nothing’s as powerful as **hearing patients** tell their hospital experience in person!

**Team DO IT Recommendations**

1. **Invite a patient** and family member who were vocal in giving negative feedback, to **share their experience** at a special staff meeting, or patient experience workshop.
  - A good source of patients are **staff members, family, or friends** who may have given them an **earful**
  - Encourage open dialogue, and questions **after** they have told their story.
  - Encourage staff to look for opportunities to **improve processes**
  - Be sure to appropriately **thank your volunteers**
2. Implement a system to **“push” verbatim patient comments** to weekly frontline staff meetings.
3. Schedule a patient **“Reality Check Visit”** at first opportunity.

**Question**

When and how will you bring patient (*and internal customers’*) perceptions to life for your team?

**The Three Imperatives of a Culture Patients Will Recommend #2. Empower**

**Empower** your people to go above and beyond.

**Three ways to EMPOWER your people to go above and beyond:**

- Step 1: Over-Communicate
- Step 2: Above All, Tell Stories!
- Step 3: The DAISY Award

**Best Practice: Over-Communicate**

**Question**

What would your job be like if **you had no say**, and had **no idea** of what was going on?

*“You cannot not communicate”*

- Anonymous

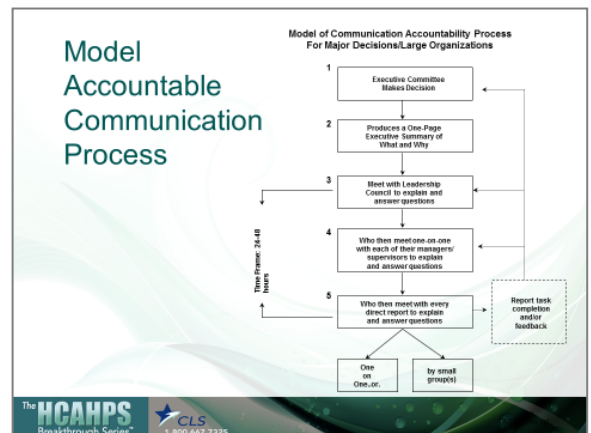
**Team DO IT Recommendations**

**Leaders** stay connected through:

- Weekly **Executive Meetings**
- Monthly **Managers’ Meetings**
- **Informal lunch meetings** by service lines, and by managerial “interest groups”
- Daily **Stand-Up Huddles**

**The Accountability Trickle Down Teaching Theory**

*“Where we fall down... is our failure to follow up!”*  
- Brian Lee, CSP





**Team DO IT Recommendations**

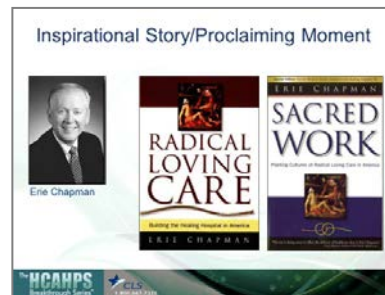
Leaders stay connected with all staff through:

- Daily Staff Huddles
- Quarterly (*mandatory*) Town Hall Meetings
- Administrator Patient Welcome Visits
- Daily Leader Intentional Staff Rounding
- Leader LEAN Gemba Walks
- Blogs and newsletters
- E-mails
- Organization-wide social events
- Effective two-way staff meetings

1. Debrief and agree on a **sustainable plan** to “**Over-Communicate**” to staff and patients.
2. Conduct a **staff focus group(s)** with an external facilitator, to identify opportunities to improve communication.

*Best Practice:*

**Above All, Tell Stories!**

**Create a Story-Telling Culture**

- The best hospitals communicate **cultural values** through the **telling of stories**
- They share their successes, their mishaps – and **lessons learned** from both

Such stories **remind us of the greatness** of the people we work with every day, and the importance of our calling.

**Great Leaders Look for Stories**

- that illustrate the **lack of boundaries between departments** excellent in serving patients, thus modeling teamwork for the entire organization
- that **change the way co-workers see themselves and their patients**, thus influencing future behaviors

**Team DO IT Recommendations**

Open every meeting with a current inspiring story from a team member.

**Best Practice:****The DAISY Award**

The DAISY Award was created to say thank you to nurses.

- It's a recognition program that's been called *inspirational, a great morale booster, an excellent tool for nurse retention*, as well as *a way to develop role models*
- Nationwide in scope, the DAISY Foundation **provides support and training** in running the award at your hospital
- For more information: [www.daisyfoundation.org](http://www.daisyfoundation.org)

**Team DO IT Recommendations**

Assign a “**Daisy Champion**” to phase in this award with all possible speed (*if you do not already have this program up and running*).

**The Three Imperatives of a Culture Patients Will Recommend #3. Transform**

**Transform** your team into real life Ambassadors.

**Team DO IT Recommendations**

Step 1: Transform Your Team into Real Life Ambassadors

Step 2: Lead the Paradigm Shift

Step 3: The Boomers are Coming!

Step 4: Ideas Worth Quoting and Reading

Step 5: Take the CHPP Challenge

**Best Practice: Transform Your Team – The “Community First” Council**

Have you even wondered why, **despite high scores** in other HCAHPS domains, ratings for “Willingness to Recommend” **lag behind**...?

We refer to it as “**community memory**.”

**“Community Memory” Defined**

- It's the **tendency** to remember instances of poor service that **happened years ago** at your hospital
- Even if a patient's experience with you has **been excellent**, that patient may remember a less successful stay by a relative or friend, an event that **goes back as long ago as a decade**
- This influences his opinion of even the superior care he received with you last week: if your hospital was judged harshly years ago, that **memory, that story, is likely to cloud today's perception**
- What do **you do**?

*“People **don't** change their minds, but they do make **new decisions, based on new information.**”*

– Zig Ziglar

**Galvanize your hospital** with outreach into the community you serve. Appoint a “**Community First**” Council.

**Mission**

*To **communicate the value** of your hospital’s excellent patient care **to your community** and **re-educate the community** to see your hospital as a **resource** for education and support about **healthy lifestyles and well-being** – not just as a place to go when sick.*



**“Community First” – Recruits Best Leaders from Inside Your Hospital**

- **Positive, enthusiastic** management, physicians, nurses, and support staff
- Your Community Relations **leader**
- **Business development** department
- Active, key **volunteers**
- Loyal, appreciative **patients**
- Patient **Advisory Council** members
- **Board** members from both your hospital and Foundation

**“Community First” – How’s the Health of Your Community?**

- Conduct a **Community Health Assessment**
- Learn from **Patient Focus Group(s)**, or your **Patient Advisory Council**
- Conduct **Staff Focus Groups**
- Harvest info from **post-discharge calls**
- What health support is your community most hungry for?
- **How soon can you meet those needs?**

**Brainstorm Your Mission and Your Message**

- Create a **three-year plan** to **energize** a change in local health and lifestyles
- Goal: to **transform public health**, and **build public pride** in your hospital
- **Be honest about your past reputation**, even as you shift focus to your “**new**” levels of **healthy living**, clinical expertise, and care

**Check / Re-Write Your “Brand Promise” as a Health Resource, Shown in Your:**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>▪ Mission Statement</li> <li>▪ Vision Statement</li> <li>▪ Values</li> <li>▪ Tag Lines</li> <li>▪ Service Standards</li> <li>▪ Care Promises</li> </ul> | <p><b>UPDATE YOUR</b></p> <ul style="list-style-type: none"> <li>▪ Website</li> <li>▪ Brochures</li> <li>▪ All marketing materials (to reflect Brand Promise)</li> </ul> |
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**Do Your Homework:**

- Conduct an internal survey of employees
- Ask: what’s their willingness to recommend the hospital?
- Learn what still needs changing to gain their alignment
- Work to make those changes happen
- Goal: a unified, intentional culture

**Community Outreach Goals**

- Educate about **healthy lifestyles**
- Provide instruction about **diet and exercise**
- Create excitement re: **new clinical services**
- Introduce **new physicians** and personnel
- Trumpet new physical improvements

**“Community First” Involves Good Word-of-Mouth**

You already have **credible community citizens** whom you can energize as “carriers of **good news**” about your hospital.

*They include the most respected people in your community...*

- **Police** officers and **firefighters**
- All **first responder** emergency personnel
- **Chaplains**/spiritual care counselors
- **City Council** and **School Board** members

*Make sure they know of your public outreach. Recruit them to help spread the word...*

**Train Team Members as Ambassadors**

- Teach them how to discuss the difference between the “**old**” facility – and what is “**new and remarkably different**” today
- Lead associates to express pride in the hospital’s mission, vision, and values
  - at family gatherings
  - at the Little League ballpark
  - the beauty salon
  - across the back fence with neighbors
- Your associates are the **best Ambassadors**

**No Hidden Hospital I.D. Badges**

- **Train your team** via role-plays for situations where negative feedback is likely
- Make staff and Volunteers **comfortable** with what to say and do
- Train staff to anticipate and forestall negative conversations from patients, and above all, to perform service recovery

**Make Your Hospital a Wellness Center**

- Make **meeting rooms available** for health-oriented causes:
  - “12 Step” groups, weight-loss, diabetes, care-giver support, meditation training, yoga, diet and nutrition education
- **Activate** your MD’s and RN’s **as speakers** at public health forums, held in-house
- **Open your Fitness Center/Rehab** facility to the community



**How Many Ways Can You Influence Your City's Health?**

- Annual Health Fair
- Cancer Walks and 5k/10k fundraisers
- Annual Hospital Open House
- Hospital “Boosters/Champions” on Chamber of Commerce, United Way, Economic Development, and tourism organizations
- Talks at service clubs, churches, etc.

**Create Positive Buzz Everywhere**

- Health booth at all high-school athletic events
- Educate hair stylists, barbers about your hospital
- Publish an Annual Community Report, circulated to every household as special promotion with local newspaper
- Establish a Community Health Hotline, with priority response to current concerns

**Create a Robust Social Media Presence**

- Facebook: build “interest groups” based on affinities: Alzheimer’s support, Parkinson’s, etc.
- YouTube: videos teaching activities that seniors can do at home to promote better quality of life
- Twitter: used for immediate communication between patient and hospital after discharge
- Hospital web-portal for ongoing patient engagement

**Launch a Speaker’s Bureau**

- Enlist your empowered frontline leaders (Service Excellence Advisors)
- Organize a Train-the-Trainer course for volunteers to carry your message
- Hold a class for all “Community First” members to learn about your ‘new and improved’ message, and how to share it

**Visibility in the Community Counts**

*Don't forget:* your internal departments are your public face.

**Your Internal Departments Contribute Importantly to “Recommend” Scores**

- Serve co-workers as you would patients and guests
- Treat all colleagues as professionals – with courtesy, honesty, and respect
- Encourage team members’ work, and praise them whenever possible
- Make new staff members feel welcome!

**All “Behind the Scenes” Departments Impact Patient Perceptions of the Hospital’s Good Will**

Examples:

- Purchasing (your business relationship with local suppliers)
- Engineering and Maintenance (a smooth-running plant as seen by public)
- Security (skill at handling difficult situations)
- IT (making their technology available to local non-profits)
- Physicians (free physicals for youth athletics)
- Medical Records (smooth system, no waste time in preparing patient records for easy pick-up)
- Finance Office (sharpen your hospital’s complaint handling re: billing, costs of services, and payment plans. Teach skills for discussing money matters with patients.)

*There are those who serve the patient, and there are those who serve those who serve the patient.”*  
– Anonymous

### **Team DO IT Recommendation**

Charter a “**Community First**” Council

The Council has one function: “to better the health of the community.”

- Creates **awareness** via all available media
- **Gives awards** and recognition for lifestyle improvements of every kind
- Be enthusiastic **advocates** for celebration of all national healthcare awareness days
- Uses the good offices of its membership to lead the community to **new understanding of smarter lifestyles**
- **And “Walks the Talk!”**

### **Make it a Powerhouse Group**

- Stack your Council with **energetic membership**
- Choose **high-profile citizens**, committed to public health
- Make the Council a **coveted appointment**
- Design a prestigious **induction ceremony**. Your CEO leads swearing-in ceremony. Local newspaper coverage with pictures is a must
- Council meets **bi-weekly at hospital**. Visible!
- **Lunch monthly** at the hospital cafeteria. Be seen!
- Is the **motor force** behind “**Community First**” Council **unafraid to create public excitement about hospital?**

### **Team DO IT Recommendation**

Appoint a **six-person steering team** to develop a draft “Community First” Charter and first year Plan of Action. Hold a **founding meeting** as soon as your Executive Team approves the recommendations.

### **Question**

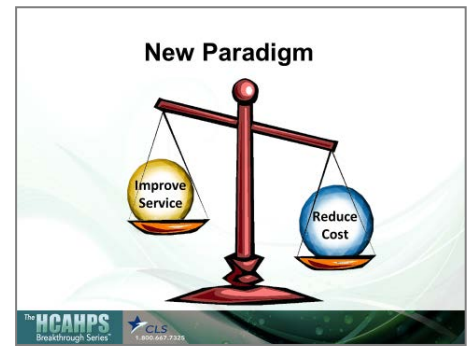
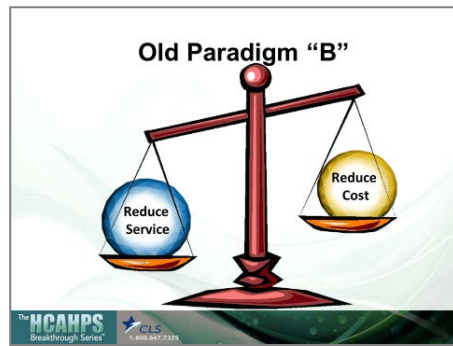
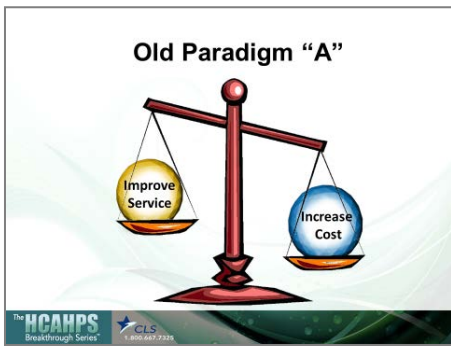
Who would like to take on the challenge of launching your “**Community First**” Council?

*Best Practice:*

**Lead the Paradigm Shift**

### **Moore’s Law**

- **Every 18 months**, technology will **double capacity AND reduce costs**
- 1974 – 1 megabyte of dynamic-access memory cost **\$34,820**
- 2011 – **1 cent!**
- Can now put **10 million** transistors in a space the size of a **period!**



**Question**

When did we ever get the idea that improving the patient experience was a separate and additional job?

**Lead Staff to Shift Their Thinking**

*Continuously improving the patient experience IS our job!*

**Question**

Are you ready to lead this paradigm shift?  
(It's the royal road to higher "Recommend" scores!)

**Best Practice: The Boomers Are Coming**

**Fastest-Growing Population Segment!**

- Leaders must consistently role-model **how to manage new expectations from senior patients**

**Because their expectations have changed in the last ten years:**

- Baby-Boomers believe they have a right to good health
- Are more empowered because of the internet
- Expect to be active participants in their own healing and well-being
- Expect to exert a modicum of control in own care
- Expect comfort, convenience, and care
- Want to avoid looking/feeling older and will expect healthcare to provide the solutions
- They expect to hold health care professionals accountable for quality of care
- They expect HCP's to suggest what is best for them
- But they expect to make informed decisions themselves
- They expect to take responsibility for their own health

**Questions**

- *Is your staff aware of, and sensitive to, the expectations of the Boomers?*
- *Are they the fastest-growing population group at your hospital?*
- *What are you doing to get ready for their arrival?*

**Team DO IT Recommendation**

*Schedule a "lunch and learn" for your leaders to learn more about serving the Boomers.*

**Best Practice:****Ideas Worth Quoting and Reading***“One good quote is worth a 1,000 pictures.”*

- BL &amp; DD

**A quote can:**

Inspire, affirm, cause an “aha,” be a wake-up call, educate, and provide insight.

**Good Reading for Managers**

Here are a few examples of the great books we have recommended:

- *Radical Loving Care* – Erie Chapman
- *I Quit But Forgot to Tell You* – Terri Kabachnick
- *Nobody’s Home* – Dr. Atul Gawande
- *Outliers* – Malcolm Gladwell
- *Who’s Your Gladys?* – Marilyn Suttle and Lori Jo Vest

**DO IT Recommendations**

**Request a copy**, via today’s evaluation form, of “*Ideas Worth Quoting and Reading*” and circulate it amongst your colleagues to post and use to reinforce the HBS webinar series

**Best Practice:****Take the CHPP Challenge****Make Plans to Earn Your CHPP Designation**

Become a “Certified HCAHPS Practicing Professional” by taking the (optional) final test at the completion of this series.

**C.H.P.P. Benefits**

- Sense of **personal accomplishment**
- Creating a **critical mass of expertise** to improve the patient experience
- Completing the test is a **valuable learning experience**
- Will **inspire others** by example
- Invaluable addition to **your resume**

**DO IT Recommendation**

Schedule a date and time to complete the **CHPP** test by clicking

[www.customlearning.com/hbs](http://www.customlearning.com/hbs)



## Team DO IT Plan

- 1 Calculate your “drive-by factor.” Set a goal to win back a specific percentage of market share each year, through good community word of mouth
- 2 Practice sentence-starters that politely encourage patients to refer our hospital to family and friends
- 3 Use role-playing to practice narrowing the gap between our patients’ expectations and their actual experience
- 4 As individuals, ask and answer “The Mother Test.” It’s a powerful way to call attention to the need for compassionate care at the bedside
- 5 When meeting informally, ask staff: “Would you recommend our hospital to your family and friends?”
  - Respond to what you hear. It’s your cue that either the hospital’s clinical skills or care-giving attitudes need serious attention
- 6 Implement a system to “push” verbatim patient comments to weekly frontline staff meetings
- 7 Consider the benefits of using a “Mystery Patient’s” insights and recommendations
- 8 Debrief and agree on a sustainable plan to “Over-Communicate” patient satisfaction feedback to staff
- 9 Assign a “Daisy Champion” to phase in this award with all possible speed
- 10 Appoint a six-person steering team to recruit and convene a Community First Council
  - Hold a Founder’s Meeting as soon as your Executive team approves the recommendations
- 11 Open every meeting with a current inspiring story from a team member
  - Remember: organizations are the stories they tell themselves
- 12 Schedule a “lunch and learn” for your manager-leaders to learn more about serving the “Boomer Boom”
- 13 Give the “quote” posters places of prominence, to reinforce the HBS webinar series
- 14 Schedule a date and time to complete the Certified HCAHPS Practicing Professional online test: [www.customlearning.com/hbs](http://www.customlearning.com/hbs)

## Tools & Resources

To support your team to achieve its HCAHPS performance improvement goals, we are pleased to offer these value added Educational Resources and Implementation Tools. For more information give us a call at 800-667-7325, or email [webinars@customlearning.com](mailto:webinars@customlearning.com).

- One Hour (Free) Coaching Call  
Problem solve & overcome barriers with this powerful value added Webinar Series benefit.
- The CEO's Service Excellence Initiative™ - (no charge – travel expenses only)  
A comprehensive 2 day Service Audit and dynamic 4 hour HCAHPS Leadership Seminar
- HCAHPS HOPE Plan™ - Implementation System  
A systematic Blueprint/Tool Kit to continually improve and sustain HCAHPS scores.
- The HCAHPS 60 Day Quickstart™  
High impact training, coaching and best practices to get HCAHPS scores moving quickly.
- HCAHPS Performance Improvement E-learning Series  
10 Module Online Interactive Education Series that enables all staff be HCAHPS competent.
- The Frontline Culture of Engagement Initiative™  
Create a sustainable culture of employee empowerment as an Employer of Choice
- The DO IT Implementation Meeting™ – Train-the-Trainer Course  
A "How-To" System to engage everyone in continuously improving HCAHPS and the Patient Experience.
- HCAHPS based Patient Experience Skills for Everyone
- Relationship based HCAHPS Skills for Nursing
- The Annual HealthCare Service Excellence - [www.HealthCareServiceExcellenceConference.com](http://www.HealthCareServiceExcellenceConference.com)
  - National Symposium on HCAHPS Success
- Brian Lee, CSP, Onsite Keynote Presentation
  - The Magic of Engagement™
  - The Six Secrets of a World Class Patient Experience™
  - The HCAHPS Hospital of Choice™



# Frequently Asked Questions (and Answers)

## 1. How Do I Log-in?

If you have already registered for the series, please go to: [www.telenect.com/u/145als79p6/](http://www.telenect.com/u/145als79p6/) and at the bottom of the screen you will see an 'Already Registered' button. Login using your email address and the password you previously created. If you have forgotten your password please click 'I forgot my password' and you will receive an email from Telenect asking you to reset your password.

If you haven't registered for the webinar series please go to the same link above and enter all of your information to register.

If you have additional challenges logging into the webinar please contact [support@telenect.com](mailto:support@telenect.com).

## 2. I don't know my Sponsor Code so what do I put in the field?

If you do not know your Sponsor Code please contact the individual who invited you to the webinar series. This will typically be the organization and/or your hospital who invited you to participate on the series. If you still cannot find out your Sponsor Code please insert 'Unknown' in the Sponsor Code field.

## 3. It is the day before a webinar and I have not received the Learning Guide. How do I get it?

We will be sending out the Learning Guide 24 hours prior to each webinar. The email will come from [webinars@customlearning.com](mailto:webinars@customlearning.com). Please check your Spam/Junk mail to see if the email has landed there. If you still have not received the email containing the Learning Guide, please go to: [www.customlearning.com/hbs5/lg.html](http://www.customlearning.com/hbs5/lg.html) to download it. This is the same link for each webinar. We will be adding the new Learning Guide 24 hours in advance of each webinar.

Once you log-in to the webinar there will also be a link under the 'Description' containing the document download.

## 4. Can I get CEU's from the HCAHPS Breakthrough Webinar Series?

No. Unfortunately we do not issue CEU's for this webinar series. You can contact your governing organization to see if they are able to issue them for you.

## 5. I'm going to be late for the webinar or miss it entirely, can I still watch it? How long do I have to watch it?

Yes, you can begin the webinar any time after it begins at its set time. We don't want you to miss it so if you join late it will take you right to the beginning as we are recording it for the archive file. If the entire webinar has passed you can log-in to your account and access it anytime. You will have access to the webinar series for 1 year from the date the webinar originally aired.

## 6. How do I access the tools mentioned in the webinar including the certificate?

In order to access the tools you will need to complete the evaluation form in one of two ways. The first way is electronically. Once the webinar has finished you will be re-directed to a website where it will give you further instructions including a special log-in username and password. On the last question of the evaluation page there is a link that you can copy and paste into your browser to access all of the tools, including the certificate.

(If you are having troubles with the log-in page, please close all browser windows and try again with a fresh browser.)

The second way to access the tools is to complete the paper copy of the evaluation form and fax it into our office.

Our office will be in contact with you via email with the link to the tools.

## 7. How do I add/invite others to the watch the webinar series?

Once you are logged in, on the right side of the screen you will see a 'Register Others' icon. Enter their email address and they will be invited to register for the Webinar Series.

## 8. Is there a phone number for me to call in to hear the webinar?

No. There is no phone number or conference line for you to call in to. You will need speakers on your computer.

If the video is playing, you should also be hearing the audio since they are part of the same stream.

First double check the basics:

1. Make sure you have speakers.
2. Verify that the speakers are plugged in.
3. Check to see if the speakers are working in another application. Try playing a CD.
4. Make sure the speakers are not "muted".
5. Make certain the volume of the speakers is turned up.
6. Check that the system volume in your operating system is turned up.
7. Some sound cards are only able to play audio from one source at a time, so make sure no other applications are using your sound card.
8. If your audio is not working in any other application, try restarting the system before turning to your computer manufacturers' support.

If the audio is working in other applications, you may be having a problem with your *flash player*. Run the system test to see if you are using a current version of flash. For additional sound issues please contact [support@telenect.com](mailto:support@telenect.com).

V1-R5

**Participant Satisfaction Report**

**PLEASE PRINT**

This Evaluation Page can also be found at: [www.lads.customlearning.com/feedback.php](http://www.lads.customlearning.com/feedback.php)

Email: [feedback@customlearning.com](mailto:feedback@customlearning.com) Password: 123456

Or, Email/Fax this form: [webinars@customlearning.com](mailto:webinars@customlearning.com), / 403-228-6776

*You've just heard from us, now we'd like to hear from you. Thank you.*

We **totally employ** about # \_\_\_\_\_ full and part time staff, at \_\_\_\_\_ facilities.

1. **For me, the most valuable idea I learned and intend to use is:** \_\_\_\_\_

\_\_\_\_\_

2. **What I would tell others about the quality of the speakers and value of the content:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ O.K. to quote me: YES NO

3. **Presentation improvements I would suggest:** \_\_\_\_\_

\_\_\_\_\_

4. **On a scale of 1 - 5, this presentation:** (Met My Expectations) 5 4 3 2 1 (Did Not)

5. **Featured Implementation Tool:**

Yes A. "Community First" Council Charter

Yes B. Ideas Worth Quoting and Reading

Yes I will complete the CHPP (Certified HCAHPS Practicing Professional) test to earn my certification.

6. **P.S. – My Best Tip:** \_\_\_\_\_

\_\_\_\_\_  More on Reverse

PLEASE PRINT

First/Last Name: \_\_\_\_\_

Organization: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Bus. Phone:(\_\_\_\_\_) \_\_\_\_\_ Extension: \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

\*Email: \_\_\_\_\_