

The HCAHPS

Breakthrough Series™ Webinars

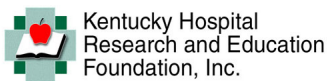
 Custom Learning Systems

#12 Willingness to Recommend

The Power of Word-of-Mouth Marketing™



ALASKA STATE HOSPITAL & NURSING HOME ASSOCIATION



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 |
|--|------------|---|---|------------|----------------|
| 1 Patient Experience Scores | | | HHS™ HCAHPS Details Scorecards | | |
| 1 HCAHPS® #1 Overall, #1 in 100, #1 in 100, #1 in 100, #1 in 100 | 2 | 1 The Leader's Role in HCAHPS® Transformation | | 2.2 | |
| 2 Engagement #1 Overall, #1 in 100, #1 in 100, #1 in 100 | 3 | 2 Staff at Night | | 1.9 | |
| 3 Usability #1 Overall, #1 in 100, #1 in 100, #1 in 100 | 3 | 3 Cleanliness of Patient Rooms | | 3.2 | |
| 4 Care #1 Overall, #1 in 100, #1 in 100, #1 in 100 | 2 | 4 Communication about Medicines | | 2.9 | |
| 4 Employee Engagement Scores | | | 5 Communication with Doctors | | 2.1 |
| 1 Staff Overall Satisfaction/Engagement Scores | 2 | 6 Communication with Nurses | | 2.6 | |
| 2 Usability #1 Overall, #1 in 100, #1 in 100, #1 in 100 | | 7 Challenge Information | | 2.6 | |
| Balanced Scorecard Scores | | | 8 Plan Orders | | 2.2 |
| 1 High-Performing Culture | 2.1 | 9 Responsiveness of Staff | | 1.9 | |
| 2 Leadership Engagement | 3.2 | 10 Timeliness of Care | | 2.3 | |
| 3 Peak Line Engagement | 1.5 | 11 Overall Rating | | 2.1 | |
| 4 System Engagement | 2.0 | 12 Government for Hospital | | 2.2 | |
| 5 Total Worker Engagement | 1.3 | | | | |



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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 “undecided.”
- 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? _____%

Defining the Word-of-Mouth Marketing Questions (cont'd)

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**

Team DO IT Recommendations:

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

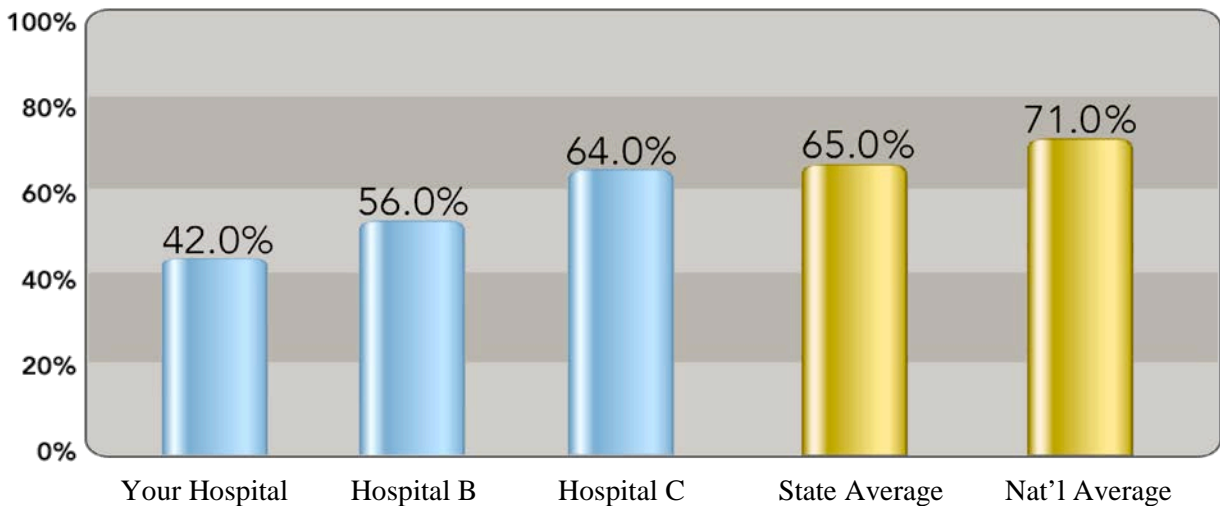
“Will you Recommend?” is:

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

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...”*

The Power of Referrals: How Patients Choose Hospitals (cont'd)

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 caregivers.
- 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% |

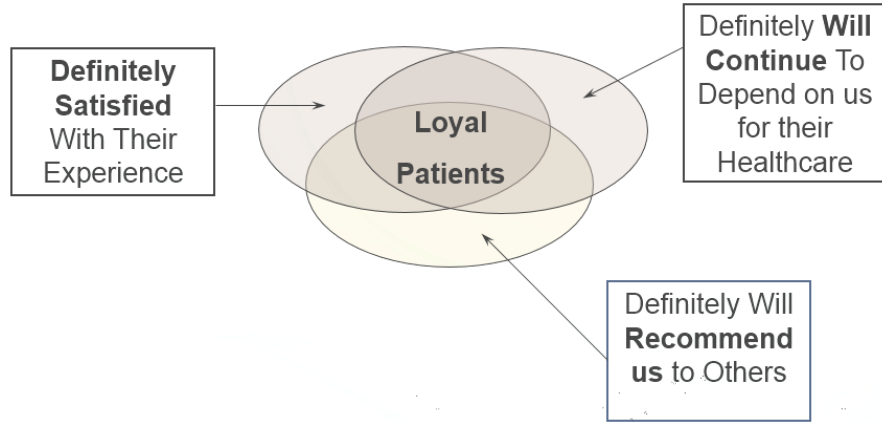
Source: Solucient 2005 HealthView Plus Survey
Jared Solomon – Adv Mgr – Sharp Healthcare Oct 24

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 | |

Unleash the Priceless Value of Lifetime Customer Loyalty (cont'd)

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 Recommendations:

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.

Team 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

Three Imperatives of a Culture Patients Will Recommend (cont'd)

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* Recommendations:

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.

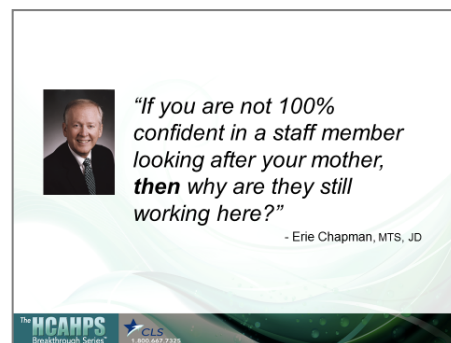
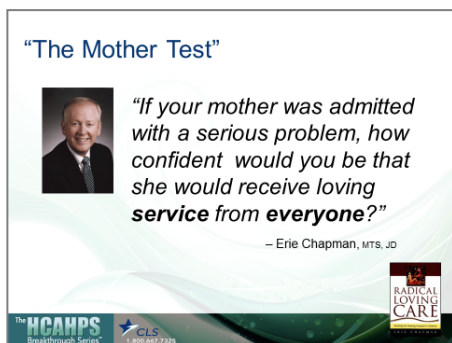
1. Where are we going ?
2. Where are you going?
3. What are you doing well?
4. What changes can lead to improvement?
5. How can I help?
6. What suggestions do you have for me?

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* Recommendations:

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

Three Imperatives of a Culture Patients Will Recommend (cont'd)

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.

Team DO IT Recommendations:

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

Best Practice: “Patient Reality Checks” Done Weekly

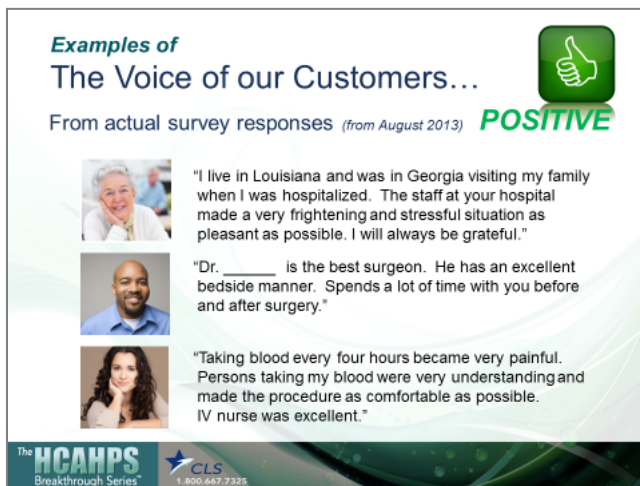
Team DO IT Recommendations:


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... 

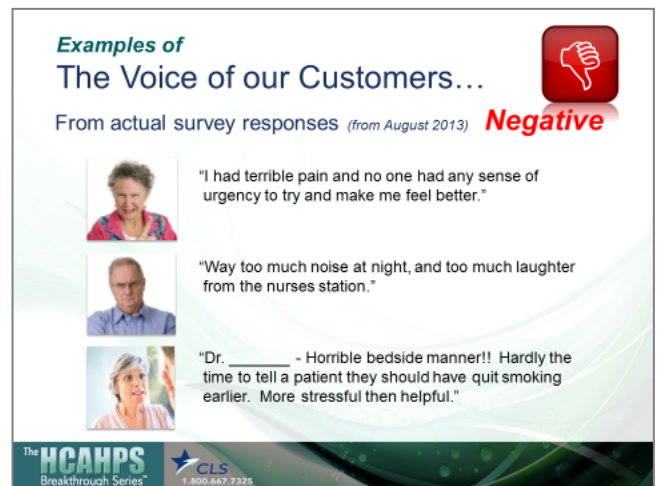
From actual survey responses (from August 2013) **POSITIVE**


 "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!

Three Imperatives of a Culture Patients Will Recommend (cont'd)

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

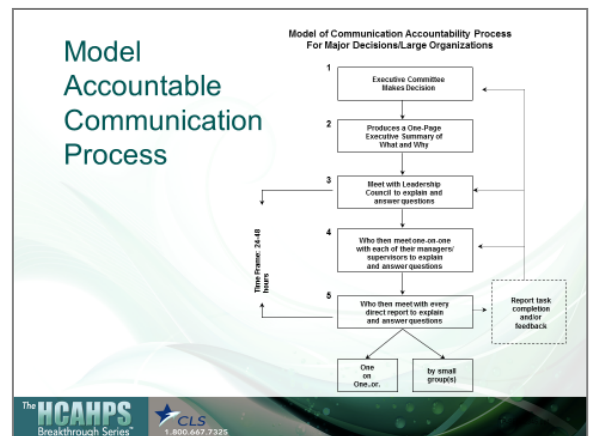
Team DO IT Recommendations:

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

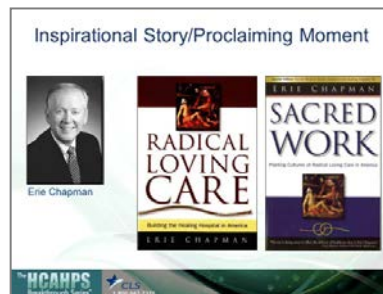


*Three Imperatives of a Culture Patients Will Recommend (cont'd)***Team DO IT Recommendations:**

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.

*Three Imperatives of a Culture Patients Will Recommend (cont'd)***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

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

Three Imperatives of a Culture Patients Will Recommend (cont'd)

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

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.

*Three Imperatives of a Culture Patients Will Recommend (cont'd)***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.
 - Caregiver support, meditation training.
 - Yoga, diet and nutrition education.
- **Activate** your MDs and RNs **as speakers** at public health forums, held in-house.
- **Open your Fitness Center/Rehab** facility to the community.

*Three Imperatives of a Culture Patients Will Recommend (cont'd)***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).

Three Imperatives of a Culture Patients Will Recommend (cont'd)

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

Team DO IT Recommendations:

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 Recommendations:

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?

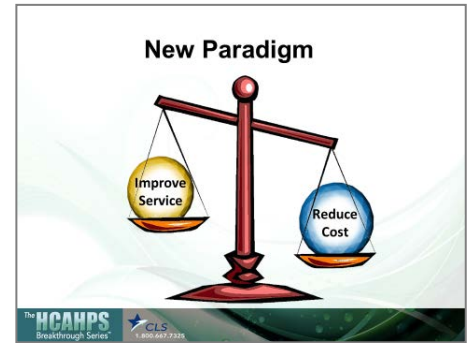
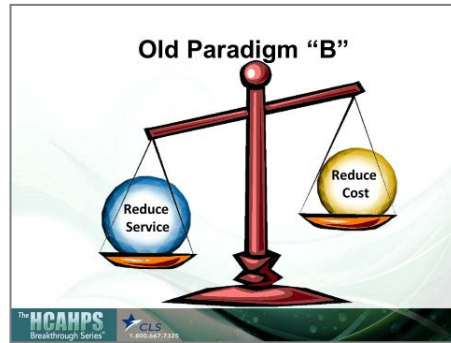
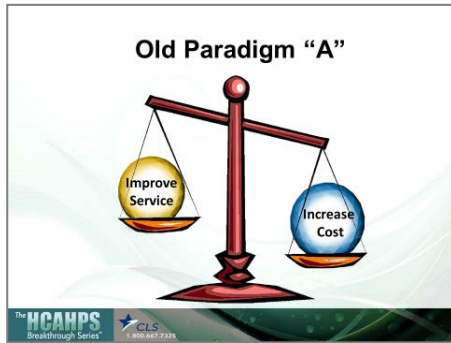
Best Practice:

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!**

Three Imperatives of a Culture Patients Will Recommend (cont'd)



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 HCPs 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 Recommendations:

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 & 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

Team DO IT Recommendation: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**.

Team DO IT Recommendation:Schedule a date and time to complete the **CHPP** test by clicking on the following link: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

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.

- One Hour (Free) Coaching Call**
Problem solve & overcome barriers with this powerful value added Webinar Series benefit.
- The Everyone's a Caregiver™ App**
A time-sensitive web-based learning tool to educate and empower everyone in your hospital, and improve patient satisfaction scores.
- 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 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.
- Transforming the Patient Experiences™** - Self Study System
A turnkey, interactive, and engaging cost effective skills based learning system.
- The 17th Annual HealthCare Service Excellence** - www.HealthCareServiceExcellenceConference.com
 - February 6 - 8, 2017, Hilton Long Beach, Long Beach, CA
 - National Symposium on HCAHPS Success – February 6, 2017
- Brian Lee, CSP, Onsite Keynote Presentation**
 - The Magic of Engagement™
 - The Six Secrets of a World Class Patient Experience™
 - The HCAHPS Hospital of Choice™



Everyone's a Caregiver

Mission

Transform the Patients' Experience through Education, Engagement and Empowerment

What is Everyone's a Caregiver?

- A time-sensitive web-based learning tool to educate and empower everyone in your hospital to master the skills, competencies, and best practices of HCAHPS domains, and improve patient satisfaction scores
- Everyone's a Caregiver™ is targeted for two key educational audiences:
 - **HCAHPS Skills for Everyone™** 39 modules designed for all hospital personnel, whether directly at the bedside, or ancillary and support personnel
 - **HCAHPS Nursing Skills™** 57 modules developed expressly for all nurses
- The Everyone's A Caregiver™ video web series can be viewed in two convenient learning formats:
 - 3 to 12 minute bite-sized training modules
 - 40 to 60 minute lunch and learn
- All learning modules can be accessed from a smart phone, tablet, or computer

Why should I use this product?

- Reduce labor productivity costs by enabling staff to access these critical education topics during non-peak times, 24/7
- Track their individual and group progress at a click of a mouse
- Watch your HCAHPS scores soar



*"I am absolutely in love with the **Everyone's a Caregiver App!** I think this is one of the greatest tools I have seen to educate employees consistently and constantly. Great job CLS!!"*

– Jeff Smith, PD, Director of Process Improvement, Harrisburg Medical Center



EVERYONE'S-A-CAREGIVER
The HCAHPS Educational Video Web Series



Your team will learn how to:

- Create a house-wide culture with a focus on delivering consistent, compassionate care to patients and their families throughout a hospital stay
- Fine-tune interpersonal communication skills to quickly create rapport with patients and their families, thus building healing relationships
- Eliminate all "avoidable suffering" with skills to be responsive – and bring calm to – patients with anxiety, fear and related emotional concerns about an uncertain future
- Turn frontline staff into "influentials" who demonstrate personal responsibility for HCAHPS success to their peers
- Always provide a hospital experience that patients will enthusiastically recommend

Rave Reviews from Nurses

"Engaging, passionate and evidence-based."

– Paula Martin, RN, Clinical Education Coordinator,
Memorial Hospital & Health Care Center, Jasper, IN

"Informative and focused on important aspects that we may miss, simple things that really make a difference. Excellent content and quality."

– Terri McHugh, RN, Service Excellence Leader,
McDonough District Hospital, Macomb, IL



Transform the Patients' Experience
through Education, Engagement
and Empowerment

HCAHPS SKILLS FOR EVERYONE™

Everyone's Role as a Caregiver

- 1 We're All Caregiver's
- 2 Why Patient Satisfaction Is Important
- 3 What Gets Measured, Gets Treasured
- 4 HCAHPS and Value Based Purchasing
- 5 Managing Expectations
- 6 DO IT™ Meetings
- 7 Service Huddles
- 8 Sentence Starters
- 9 Attitude!

Quiet

- 10 Quiet Questions and Why They Matter
- 11 Managing Noise Expectations
- 12 Quiet – Healing Time
- 13 Quiet Sentence Starters
- 14 License to Silence

Cleanliness

- 15 Cleanliness Questions and Why They Matter
- 16 Freedom to Clean
- 17 Cleanliness Sentence Starters

Staff Responsiveness

- 18 SERVE and AIDET – Non-Clinical
- 19 The Six Foot Rule
- 20 Service Recovery
- 21 No Pass Zone
- 22 The "Live It" – Platinum Rule
- 23 Managing Up

Overall

- 24 The Overall Survey Question and Why It Matters
- 25 Courteous Communication
- 26 Respectful Communication
- 27 Mindful Communication
- 28 Empathizing with Difficult Behaviour
- 29 Non-Verbal Communication
- 30 Phone Skills
- 31 Awards and Recognition
- 32 Line Management
- 33 Lean Tools
- 34 Personal Excellence

Willingness to Recommend

- 35 Recommend Survey Questions and Why They Matter
- 36 The Power of Referrals
- 37 The Patient Reality Check
- 38 Inspiring Stories
- 39 Ideas Worth Quoting and Reading

HCAHPS NURSING SKILLS™

Communication about Medication

- 1 Medication Education Questions and Why They Matter
- 2 New Medication Education Checklist
- 3 Preceptor Role: Medication Education
- 4 Medication Education Tools
- 5 Patient Medication Coaching – a Very "Big Deal"
- 6 Medication Education Teach Back
- 7 Medication Education Sentence Starters

Communication with Nurses

- 8 Communication with Nurses Questions and Why They Matter
- 9 Nurse Team Mission Statement
- 10 Chat Time
- 11 AIDET and SERVE - Clinical
- 12 Bedside Reporting
- 13 Nurse Communication Tools
- 14 Nurse Communication Sentence Starters
- 15 Nurse Communication Key Questions

Discharge Information

- 16 Discharge Questions and Why They Matter
- 17 Avoidable Readmissions
- 18 The Power of the Checklist
- 19 Discharge Starts at Admitting
- 20 Discharge Coaching – Daily
- 21 Discharge Coaching – Day Prior
- 22 Medication Reconciliation
- 23 Discharge Coaching – Going Home Day
- 24 Post Discharge Phone Calls
- 25 Discharge Packet
- 26 Discharge Teach Back
- 27 Discharge Sentence Starters

Pain Control

- 28 Pain Control Questions and Why They Matter
- 29 Pain Is the 5th Vital Sign
- 30 Pain Myths
- 31 Ethics of Pain Management
- 32 Pain Control Mission Statement
- 33 Effective Pain Assessment
- 34 Manage Pain Expectations
- 35 Medicate for Pain Relief
- 36 Alternate Pain-Reduction Strategies
- 37 Post Discharge Pain Management
- 38 Pain Care Tools
- 39 Skilful Pain Care Communication
- 40 Pain Care Sentence Starters
- 41 Pain Care Collaboration
- 42 Pain Care Imperatives

Responsiveness of Staff

- 43 Staff Responsiveness Questions and Why They Matter
- 44 Call Light Response
- 45 Hourly Rounding
- 46 Staff Responsiveness Sentence Starters

Transition of Care

- 47 Care Transitions Questions and Why They Matter
- 48 Personalized Care Plan
- 49 Patient Accountability for Self Management
- 50 Medication Self Mastery
- 51 Care Transition Tools
- 52 Communicate, Collaborate, Coordinate
- 53 Care Transitions Sentence Starters
- 54 Care Transitions Collaboration
- 55 Care Transition Vital Questions

The Hospital Environment

- 56 Quiet Tools, and the Never-ending Job Jar
- 57 Hospital Infections & Commonly Occurring Micro-organisms

Participant Satisfaction Report

PLEASE PRINT

This Evaluation Page can also be found at: www.lads.customlearning.com/feedback.php

Email: review@cls.com

Password: [123456](#)

Or, Email/Fax this form: 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: _____

