



**A BOARD WORK GUIDE
FOR
CULTURES OF EXTRAORDINARY PATIENT EXPERIENCES**

a collaboration between

Gallagher Integrated and Custom Learning Systems

**Market Share. Payer Influence. Physician and Employee Pride.
Expanded Philanthropy. Enhanced Community Support. Stronger Financial Vitality.**

These results come from organizational cultures that are patient centered, and driven to deliver extraordinary patient experiences, as measured by increased HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) scores.¹

Hospital organizations that provide superior patient experiences generate 50% higher financial performance.² The clients of Brian Lee's Custom Learning Systems find that a dysfunctional culture is the single greatest barrier to a healthcare organization's effort to provide a truly great, world-class patient experience. Organizations must have board and leaders committed to transform their service delivery by creating a culture of engagement and accountability.³

Health system boards can play an essential role in creating from the top the conditions within which those who deliver and manage health services are more successful.

BACKGROUND

HCAHPS (the Hospital Consumer Assessment of Healthcare Providers and Systems) is a patient satisfaction survey required by CMS (the Centers for Medicare and Medicaid Services) for all hospitals in the United States. The Survey is for adult inpatients, excluding psychiatric patients.

The HCAHPS survey contains 21 patient perspectives on care and patient rating items that encompass nine key topics: communication with doctors, communication with nurses, responsiveness of hospital staff, pain management, communication about medicines, discharge information, cleanliness of the hospital environment, quietness of the hospital environment, and transition of care. The survey also includes four screener questions and seven demographic items, which are used for adjusting the mix of patients across hospitals and for analytical purposes. The survey is 32 questions in length.⁴

¹ HCAHPS

² See: <http://hin.com/blog/tag/patient-experience/>

³ See: <http://www.customlearning.com/>

⁴ See: <http://www.hcahpsonline.org> Centers for Medicare & Medicaid Services, Baltimore, MD

THE BOARD'S ROLE MATTERS

Great boards can serve in three key roles for superior patient experiences.

CHAMPION

The board sets clear expectations that in order to be great, a health system must be patient centered and driven to provide a policy framework that encourages and supports extraordinary patient experiences.

CONSCIENCE

The board asks questions and expects response in the form of regular measurement and reporting, which reminds management and clinical players that they are serious about superior care quality, safety, and satisfaction.

CONCIERGE

The board seeks out resources and experiences to learn from other service industries that can help support innovation and a continuous pursuit of extraordinary care experiences.

But how can you unleash and develop these roles?

Three exercises could be helpful.

Exercise 1: Invite Board, Administrative and Physician Leaders at one of your next joint meetings, or individually in a simple poll, to identify the **top 3 reasons why** board understanding of, and engagement in conversations and policies that enable patient experience mapping and investments is so important.

Exercise 2: List and prioritize the top 3 obstacles in your reality that constrain the Board's effectiveness in playing the three "C" roles, then define 1-2 practical ways to remove, reduce or work around the obstacles. A starter list is provided for you below.

Exercise 3: Define a set of 2-3 essential board activities expected to unleash the power of their three roles as Champion, Conscience, and Concierge, then make them happen. Following is a starter list of ideas.

OBSTACLES TO BOARD EFFECTIVENESS

Participants in a recent California workshop⁵ identified the following “Top 20 Obstacles” that get in the way of a board being an effective **champion, conscience, and concierge** for cultures that provide extraordinary patient experiences (presented in random order):

1. Board members do not understand their general roles and responsibilities, let alone a more active role to champion superior patient experiences.
2. Patient care seems too complex and referred to in complicated clinical terms and jargon.
3. The Board does not fully understand the HCAHPS and Star Rating system from Medicare payments.
4. The Board is so focused on financial reports, they do not take time to understand the factors that drive the costs and revenues around the patient care experience.
5. The Board is not oriented to organizational issues that can make or break great patient experiences, satisfaction, and impact quality.
6. The Board is insulated from the patient accounts when care experiences are negative. These are the issues that the Board needs to be acutely aware of in order to free up necessary resources and seek appropriate solutions.
7. Lack of visibility and the opportunity to hear from patients or to participate in periodic rounding to witness the care environment themselves.
8. Board members are not prompted to ask important questions of leadership and staff about factors that influence the care experience.
9. The organization lacks the system to measure, monitor, and report patient satisfaction and HCAHPS score trends.
10. Lack of understanding how the patient experience impacts payer reimbursement.
11. Board members not encouraged to see similarities between patient experience mapping and customer experiences in their own industries.
12. The board is not diverse enough to identify with the needs or mindsets of patients.
13. The Board rarely talks about actual patient experiences in their board meetings.
14. Regulatory environment can add to challenges to optimizing the care experience.
15. There can be a lag in time to see results from investing culture change toward patient-centered care.
16. We often see “patients” as dependent on us and we do not see them as “empowered customers” or even “partners” to improve the care experience.
17. Some Board members see their role as disciplinarians in their oversight more than champions and resources for service excellence.
18. Lack of interaction and collaboration with frontline workers, physicians and middle managers to remove barriers to great culture, or to empower extraordinary experiences of patients, their families and our staff.
19. We do not have enough recognition and rewards for frontline staff that influence the care experience.
20. The Board pays too much attention to rumors in community without relying on actual data about care outcomes, and patient opinions on experiences. The Board rarely engages in community focus groups around community health needs and about experiences for specific types of patients, like: young couples, older women, overweight men, diabetic patients, cancer patients, patients using emergency room etc.

Take a few moments to discuss these possible obstacles with your board leadership. Prioritize the top few and develop an action plan to minimize them as you move forward your plans for more patient centered care and excellent patient experiences.

⁵ Custom Learning Systems, Long Beach California, see: <http://www.healthcareserviceexcellence.com/>

ACTIONS TO ENHANCE BOARD ROLES FOR SERVICE EXCELLENCE

In the same conference, participants offered these “Top 20 Actions” to enhance the capacity of boards to be more effective in their roles as a champion, conscience, and concierge for cultures of extraordinary patient experiences:

1. Commit to become better oriented and educated about what makes or breaks superior patient experiences.
2. Recruit people to the board and/or its committees that are passionate about services that are more patient centered and driven to excellent clinical outcomes and great patient safety.
3. Invest in training and educational programs on service excellence, rounding, and patient experience mapping for frontline staff, physicians and advanced practice providers.
4. Build patient experience results into executive compensation philosophies and reward programs (not just financial results or productivity).
5. Form a “Patient Experience Committee” with members from board, staff and community.
6. Borrow ideas for service excellence and “customer service experience mapping” from other service industries like hotels, car rental, credit unions or airline companies, see: <https://hbr.org/2010/11/using-customer-journey-maps-to> and also here: <http://uxmastery.com/how-to-create-a-customer-journey-map/>
7. Organize CEO and Board rounding 2-3 times per year in clinics, hospital services, or in the community to witness elements of the patient experience for themselves.
8. Build HCAHPS reporting into the board’s performance monitoring dashboard.
9. Be visible in conducting staff, service line, and physician recognition and reward programs for those that go above and beyond on service excellence and innovation.
10. Kick off Board meetings with patient stories (good and bad), delivered by frontline staff.
11. Take great patient experience stories into board member community events and programs to celebrate our progress as a high performance health system.
12. Invite board members to periodically sit in “Patient and Family Advisory Committee” meetings and report back on the experience to the broader Board.
13. Organize “board member study tours” to go see excellent service programming in other health facilities, or other service businesses in the region.
14. Have board members serve as faculty for staff service excellence programs.
15. Have board members sign personalized thank you notes to front line staff and physicians that are doing extraordinary service excellence.
16. Invest in signage and posters in both the facility and community highlighting the organization’s commitment to service excellence and improving HCAHPS scores as built in accountability.
17. Be bold and sensible in responding to rumors about poor service with patient apologies and action plans to resolve/remove obstacles to better care/service.
18. Be open to sharing personal or family experiences with our health services at board meetings.
19. Include a standing agenda item in board meetings on patient experiences results, trends, and innovations.
20. Celebrate. Celebrate. Celebrate progress to plans for service excellence.

How would you and your board prioritize these ideas? How prepared are you to invest in and implement these suggested initiatives? What other ideas do you have to encourage, enable and empower your board to be a more effective champion for a culture that is patient centered, and driven to extraordinary patient experiences.

We hope this simple guide will stimulate you and your board leaders to raise the bar on your work to deliver superior patient care and world class experiences that drive your HCAHPS scores even higher.

To explore support for your board development, please contact us at

info@ihstrategies.com

and look here:

www.integratedhealthcarestrategies.com/services/services_governance.aspx

To explore support for creating a culture of engagement and accountability, please contact:

info@customlearning.com

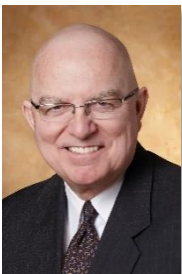
and look here:

www.customlearning.com

GOVERNANCE & LEADERSHIP PRACTICE

The Governance & Leadership practice of Gallagher Integrated uses proven, state-of-the-art governance design, educational programs, and tools to help boards use their time and talents more effectively. Our team of consultants have extensive experience in the assessment of board performance and in the development of strategies and systems to continuously enhance the governance of complex healthcare and hospital systems.

For more than 40 years, Gallagher Integrated has provided consultative services and people-based solutions to clients across the healthcare spectrum, including community and children's hospitals, academic medical centers, health networks, medical groups, community health centers, and assisted-care providers. Our Gallagher Integrated consultants and nationally recognized thought-leaders help organizations achieve their business goals, by ensuring top talent is attracted, retained and engaged, while measuring and maximizing human and organizational performance. With tailored solutions that extend well beyond a single service, Gallagher Integrated offers the knowledge, guidance, and insights that organizations need to not only survive the rapidly changing healthcare environment, but to thrive in it.



JAMES A. RICE, PH.D., FACHE
Managing Director and Practice Leader
Governance and Leadership
Integrated Healthcare Strategies
a division of Gallagher Benefit Services, Inc.

901 Marquette Avenue South, Suite 1900
Minneapolis, Minnesota 55402
612-703-4687

www.IntegratedHealthcareStrategies.com

For additional information about how to enhance the effectiveness of health sector governing boards,
contact us at: jim.rice@ihstrategies.com

CULTURE OF ENGAGEMENT

Custom Learning Systems (CLS) has created a proven process of enabling healthcare organizations to become the Employer and Provider of Choice in their community. The CLS Culture of Engagement model works because it empowers everyone – from Administrators to frontline – in sustainable culture change and organizational transformation. Our systematic approach dramatically improves the patient experience, physician satisfaction, and employee retention. Our creed: *“We make a difference in the lives of people who make a difference in the lives of people.”*

With over 30 years’ experience, Custom Learning Systems is committed to the empowerment and engagement of managers and frontline staff. We provide a proven framework for organizational transformation through instructor-led training by our expert faculty of Implementation Specialists. Our on-site training is augmented with on-line training, tools, and software programs.



BRIAN LEE CSP
Founder and CEO
Custom Learning Systems

200, 2133 Kensington Road NW
Calgary, Alberta T2N 3R8
800-667-7325

www.customlearning.com

Contact: info@customlearning.com