



Wendy Leebov's

*HeartBeat*



On The Quality Patient Experience

[www.quality-patient-experience.com](http://www.quality-patient-experience.com)

## Wendy's Soapbox

### The Keys to Accountability: Overcoming Mixed Feelings (Part 1 of 4)



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To provide the quality patient experience and also win in the competitive marketplace, many leaders call for "raising the bar" related to service behavior. I couldn't agree more. We do need to raise the bar.

What does it take to raise the bar successfully? Clear, high expectations WITH NO MIXED FEELINGS.

Mixed feelings about staff behavior make managers into insomniacs. Let's say there's a nurse who acts very caring toward her patients most of the time. But then, every so often, stressed for whatever reason, she loses her cool and mouths off at a patient. After hearing the patient's complaint and finding out the details, it would not be unusual for the manager of this nurse to become consumed by mixed feelings (thus the insomnia).

Some managers think:

- "Who's perfect? Isn't everyone entitled to a bad day?"
- Or, "I'd better wear kid gloves with her or she'll jump ship. A warm body is better than no body, so I don't dare make her mad."
- Or, "I can't watch my staff all the time. These things happen."
- Or, "H.R. won't support me, so why act?"

While these excuses are understandable and each has at least a grain of truth, they are nevertheless excuses that, in my view, reveal a lack of seriousness of purpose related to raising the bar.

To raise the bar:

- We need to have the courage and seriousness of purpose to do it.
- We need to identify the behaviors on the part of staff that cause us to lose sleep (behaviors in the gray area for us) and, instead of waffling

## Overcoming Mixed Feelings (continued)

[Click here](#)  
for the  
**Mixed  
Feelings  
Worksheet**  
to help you  
think this  
through.

about whether these behaviors are okay or not okay, we need to label these behaviors UNACCEPTABLE FROM NOW ON.

- We need to define key behaviors that are required - behaviors that reflect GREAT performance, not just performance that's inoffensive or just good enough to avoid complaints.
- We need to fearlessly communicate our expectations using the words "I expect..." instead of "Don't get me wrong. You're

wonderful. I'm just asking that in the future, you might kindly consider doing this another way, if you don't mind."

Mixed feelings are paralyzing. To raise the bar, leaders need to unearth their own mixed feelings and resolve to label lackluster (not just negative) behavior as "clearly unacceptable" in the consumer-driven new day dawning. This is essential to activating accountability.



### Stress-Buster

Overflowing plates make it very tough to focus on those important projects and priorities that demand your concentrated attention. Meetings, command performances and deadlines have the power to divert you from your CHOSEN course.

Help yourself, by writing into your calendar a standing meeting during your personal prime time in which you close the door or hide and relentlessly focus on ONE of your important priorities, so you can concentrate well enough to chip away at it and see progress. Be creative about what you call your meeting and cite this meeting as your reason for being unavailable at that time. I know people who call their meetings The Advance Committee, The Headway Committee and AIM Review.

What if a compelling activity arises that conflicts with your standing meeting? Either say no to it or use self-discipline to find another slot for it THAT SAME WEEK. If you allow emerging activities to supplant your standing meeting, you lose your edge.



### Quoteworthy

"I am only one; but I am still one. I cannot do everything, but still I can do something. I will not refuse to do the something I can do."

*Helen Keller*



## Patients Speak



I've conducted more than 200 focus groups to learn patient and family viewpoints on their healthcare experiences. In the process, patients and family members have spoken up about many service factors that influence their experience and their trust and confidence in the healthcare team. Here, I share five pointers from patients in the form of comments made by focus group participants.

### About NOISE

1. "The night people act like it's the middle of the day. The commotion out there keeps me awake and makes me mad."
2. "It would be a lot quieter if the staff stopped yelling down the hall to each other and walked over to them instead."
3. "Staff should walk around with oil cans, so they can grease squeaky wheels and door hinges. I guess they get used to those noises, but I sure don't."
4. "I don't think the staff realizes that their loud socializing is really irritating, especially when we have needs that are being ignored or we're trying to sleep."
5. "When I'm sick, everything sounds louder than usual. They should give people ear-plugs here."

**Noise Annoys.**

## Graphic With A Message

Enjoy and share to make an important point.





## NewsByte

### Photos of Patient Faces Have an Impact on Quality



At the recent 2008 meeting of the Radiological Society of North America in Chicago, Dr. Yehonatan Turner of Shaare Zedek Medical Center in Jerusalem reported on a study of the effect of showing radiologists a photo of the patient along with their imaging studies. Dr. Turner and his team found that seeing a patient's photograph helps to improve the performance of radiologists as they read test results from such tests as CT scans and computed tomography.

In this study, the researchers evaluated the quality of reports on 318

patients who had computed tomography, CT scans or advanced types of X-rays. Patients gave permission to have their picture taken right before the procedure and their photo was inserted into their electronic file, showing up automatically when the radiologist opened the file.

Fifteen radiologists reviewed the exams initially and identified 81 incidental, unexpected abnor-

**"It's not just a case. The patient's picture reminds the radiologist what's at stake for the patient."**

malities. Three months later, these same images were shown to the same doctors, but this time without the patient's picture. For the cases presented twice, radiologists missed the incidental findings 80% of the time when no picture was provided.

Doctors who see the patient's picture when they open the patient's file are more meticulous and aggressive as they look for suspicious findings. Said Dr. Turner, "It's not just a case. The patient's picture reminds the radiologist what's at stake for the patient."

Radiologists said they felt more empathy for the patient when they saw

their picture which in many cases showed the physical impact of the person's illness.

When the participating doctors were shown the results of this study, they decided to adopt patient picture-taking as their standard practice.

Source CNN; Reuters



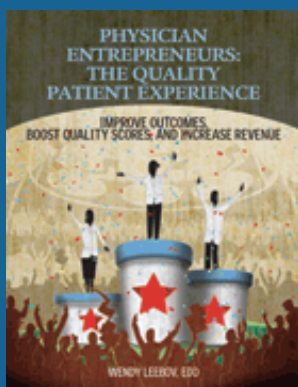
## I Love This Book

### The SPEED of Trust: The One Thing That Changes Everything by Stephen M.R. Covey, Stephen R. Covey, and Rebecca

I feel so much happier when people trust me, and I bet you do too. Son of Stephen Covey (*Seven Habits of Highly Effective People*), M.R. Covey et al. has done a terrific job showing how trust depends on our behavior. He is persuasive on the point that we can consciously shift our behavior to earn and retain people's trust. This realization is at the heart of performance improvement to enhance the patient and family experience. I love this book. W.L.

## Featured Product:

**Help Your Physicians Enhance the Patient Experience! Hot off the Press from HCPPro: New Book and CD**



## Physician Entrepreneurs: The Quality Patient Experience

*Improve outcomes, boost quality scores, and increase revenue*

By Wendy Leebov

Built around the key areas addressed in the CAHPS survey, this practical book and companion CD offer easy-to-implement tips and tools for enhancing the patient experience.

Whether you're an employed physician, a practice manager, or a physician owner, The Quality Patient Experience emphasizes the practical benefits of improving the patient experience and provides the tools needed. The CD offers print-ready fact sheets, flyers, checklists, scripts, worksheets, and report cards for everyday situations that you and your staff can put into use today to improve:

- Observation and feedback
- Greetings, handoffs, and goodbyes
- Handling difficult situations
- Telephone and e-mail communications
- Patient delays and waiting times
- Hiring, accountability, and employee recognition
- Communication before, during, and after visits

*Says Jeffrey Lasker, MD; CEO/CMO of New England Quality Care Alliance*

"Wendy's book is terrific. She built on her years of experience to make available to physicians useful tools and tactics we can use to make our practices more successful -all by making the patient experience an exceptional one. The book is organized around the sections of the CAHPS survey so it's also easy to find tools and information that help with CAHPS performance."

"The CD toolkit is a real find. There are many tools ready to use and this will save us time. These tools show exactly what to do to achieve a patient-centered culture and involve all staff in the process. While the array of tools may at first seem overwhelming, Wendy explains how to draw on them to develop a long-term approach that is manageable in a variety of settings."

[Click here to view contents.](#)

[Click here to purchase.](#)



## Ask Your Team This Cage-Rattling Question: A Trigger For Crucial Conversations

In a team meeting, provoke crucial conversations about improvement opportunities. Ask this question:

If we were to interview our organization's BEST customers, what would their pet peeves be about our services?

### One Question For YOU

If there were one thing you knew you could count on discovering in every issue of my newsletter, something that would cause you to NEVER miss reading it, what would that one thing be? [CLICK HERE](#)

### Coming Up:

- Wendy's Soapbox: Keys to Accountability Part 2 of 4 -- "If it is to be, it's up to me."
- Patients Speak: About Professional Dress

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Thank you!

Wendy Leebov

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