



Wendy Leebov's

HeartBeat



On The Quality Patient Experience

www.quality-patient-experience.com

Wendy's Soapbox

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NEW from Wendy



(The foundation skill in *The Language of Caring System*)

Now available as a standalone skill-development module that packs a powerful patient experience punch!

[Click here for details.](#)

The Word Spreads Faster Than Ever Before

In the past, when I've presented the business case for investing in service recovery, I've cited these statistics:

*Patients who have a positive experience tell 4 others.
When they have a negative experience, they tell 20 others.
That means you have to satisfy 5 for every one you disappoint, just to stay EVEN in your reputation.*



You wish! That statistic no longer holds. These days, when people have a positive experience, they typically tell three friends, and when they have a negative experience, they tell 3,000. (See Pete Blackshaw's book **Satisfied Customers Tell Three Friends, Angry Customers Tell 3,000**; Doubleday; 2008)

Why? Because of social networking on the internet. The internet has become a consumer's megaphone. Patients and families spread the word virally by way of Facebook, Twitter, YouTube, MySpace, blogs, and discussion groups, and the other social communities you can participate in on-line without having to leave the comfort of your living room.

It's a known fact that people tend to talk more about their negative experiences with healthcare than about their positive experiences. As a result, patients and families describe their negative experiences on-line to anyone who will listen. AND, many members of our STAFF are telling tales on-line about workplace frustrations, their bosses and coworkers, thereby affecting the organization's reputation as well.

Getting Conscious

We need to build a new consciousness about the power that social networks and internet communities have on our organizations' reputation and a sense of responsibility about how we as individuals participate in these networks. Social networks are THE most powerful marketing force there is, and this marketing force frequently leads to negative word-of-mouth, raising doubts and concerns among people who otherwise might choose your organization for their care.

Knowing that patients, families and staff are telling their friends, families and complete strangers about their experience with your organization, what can we do to create positive messages and do effective damage control in the face of negative messages?

First, what does NOT work? Flooding the internet with fictitious positives. One of



The Word Spreads Faster Than Ever Before (continued)

the many new business ventures sparked by the internet involves provision of posting services. You can hire a posting service to enter a high frequency of positive comments on social networks for you. The messages they post are aggrandizing positive comments from fictitious patients. Not only is this unethical, it's a foolish and risky threat to your credibility. The internet is transparent. People chase down the truth easily. Then, they spread VIRALLY their comments about your lack of integrity. There are hospitals that have experimented with internet flooding in ways that they will forever regret.

What Can We Do?

1. **We can LISTEN.** We can monitor and track on-line comments and report what people are saying about our organizations to our staff. This is powerful, qualitative feedback. Pete Blackshaw's book (mentioned above) identifies many free on-line services (e.g. Google Blog Search) that will track on-line content from blogs and social networks related to whichever topic or organization name you type in.
2. **We can INVITE feedback.** When we ask for honest feedback, we humanize our organization. We build trust. And this is key to relationship-building and loyalty. We can (courageously) encourage patients and families to share their experiences with us on our websites, blogs and posts, as well as on their social networks. We show our strength and confidence in doing the right thing when we encourage consumers to make their voices heard.
3. **We can respond to feedback quickly, honestly, and openly.** We can amplify the good news and address the bad news frontally, trying to do all we can to fix the problem. We can invest time and money into making improvements that will drastically reduce the number of negative experiences people have that they will then share with others. We can eliminate persistent, recurrent frustrations at their root, so that our patients, families and staff have consistently positive experiences and very little to complain about.
4. **We can foster healthy paranoia among our coworkers.** During a difficult time during adolescence, my friend's son posted on Facebook a raft of expletives, hostilities and personal attacks. Previously his mom had forewarned him, "Don't write anything on-line that you don't want college admissions officers to read. Don't write anything that interferes with YOUR credibility." He laughed in disbelief, asserting that these strangers could never gain access to his account. Later, he was baffled and angry when people OTHER than his Facebook friends made him realize that they had read his comments. We can make sure our coworkers realize the power, permanence and accessibility of their on-line comments and conversations.
5. **We can encourage employees who are angry at their supervisors and the organization to complain to their supervisors and other powers-that-be DIRECTLY instead of griping on the internet to the many people who will listen .** When we and our coworkers say negative things about our workplaces and leaders, we drag down our organizations AND our own image.
6. **We can plant seeds.** We can issue to all staff short message points about our strengths and ask them to spread the word with their social networks, creating a viral spread of this information.

[Click here for a cautionary blurb you can publish
in your employee newsletter.](#)



Consumer generated media are growing by leaps and bounds. These media influence public opinion whether we like it or not. It's time to recommit to enhancing our services to provide the great experience consistently, so that patients, families and staff have nothing to say except "Thanks!"



Myths About HIPAA

Myth	Reality
Physicians and staff may not call out patient names in a waiting room.	Yes, you may. And the more often you use a patient's name, the better. Most tend to like it.
In a medical office, under HIPAA, you may not ask a patient to write down their name on a list where others will see it.	Yes, you may. You may ask their name and appointment time and the name of the doctor.
Under HIPAA, hospitals may not post the name of a patient outside the patient's room.	Yes, you may. Because it is often a matter of safety and also makes it easier for visitors.



Quoteworthy:

"When we learn to manage our emotions long enough to shift our attention to the quieter message of the heart, we can gain a wider perspective on any situation, often saving ourselves from hurt, frustration and pain."

—Doc Childre and Howard Martin



I Love This Article Because It Really Made Me Think!

"Why the Emotional Engagement of Patients Will Trump HCAHPS" by Curt Coffman

<http://coffmanorganization.com/pdf/HCAHPS.pdf>

I'm not going to tell you what this article says, because I think it's important to read, think and talk about. Curt Coffman wrote it. He's the author of *First, Break All the Rules* (a great book). Mr. Coffman makes some powerful points about our approaches to HCAHPS. Let me know what you think.



Stress-Buster

Give the Gift of Positive Regard

Reconnect with a family member by giving the gift of positive regard.

- Think of a family member with whom you're out of touch.
- Make a list of three positive memories of this person.
- Call this family member and tell them you were thinking of them and enjoying some memories.
- Share the three memories.
- End by stating your appreciation for this person.
- After you hang up, savor the moment.



HEART-HEAD-HEART COMMUNICATION
 (The Foundation Skill in *The Language of Caring*)
 will be available as a
standalone skill-development module
 as of September 1st, 2010.
10% DISCOUNT FOR PREORDERS

Elevate the patient experience and improve your satisfaction scores by hardwiring this *mind-shifting skill* throughout your organization.

This video-based skill development module is for you if:

- You've made improvements, but your scores have hit a wall—specifically on items that relate to emotional support and communication
- Your goal is to provide patient and family centered care
- You'd love to implement *The Language of Caring Skill-Building System*, but don't have the money or leadership support for the whole system
- You want to improve communication, but don't know where to start
- You'd like to pilot the skill with specific units/departments before going organization-wide
- You need a breakthrough and want a very simple intervention

Heart-Head-Heart Communication establishes the importance of communicating caring in addition to handling the tasks of the job. Staff learn, implement and hardwire the 'heart-head-heart sandwich'—an effective and easy-to-learn technique for communicating caring, establishing trust and a personal connection with patients and families, and engaging them as partners. Heart-Head-Heart Communication is KEY to providing a healing environment in which the people we serve feel our personal concern and emotional support.

Staff across the board LOVE the Heart-Head-Heart Model.

It's fun to use, immediately applicable and packs a patient experience punch without compare.

"Our nurses loved the Heart-Head-Heart Model."

Jamie Markel, Director of Organization Development; WellSpan Health

"Every class found the role play/creating Heart-Head-Heart Sandwiches with the scenarios helpful and entertaining. This module is easy, entertaining and something everyone in every department can use."

Janet Mueller RN, BSN, Nurse Manager; Houston Northwest Medical Center

Unique Features

- A do-it-yourself process; no need to spend \$\$ on outside trainers
- Managers lead their teams—the only path to accountability
- Easy to run, video-based employee workshop; under 30 minutes
- For *everyone* on your healthcare team
- Built-in follow-up and hardwiring
- On-line for any-time, any-place access and printing
- Continuing use without continuing cost

This Module Includes:

- **Suggestions for Implementation**
- **Facilitator's Guide** that orients team leaders to their responsibilities and the tools available
- **A terrific Skill-Builder Toolkit with—**
 - * **Plan for the Employee Workshop** (less than 30 minutes long) with worksheets that make it easy to lead
 - * **Compelling 7-10 Minute Video** (with realistic examples of the Heart-Head-Heart Sandwich applied to patient, family and coworker interactions) [Click to watch the full video.](#)
 - * **Options for Hardwiring/Follow-Up** (with worksheets) to

help staff master, apply and consistently use heart-head heart communication- in their own jobs

- * **Reinforcements:** Skill reminder card, poster and two recognition tools
- * **Suggestions for Leaders**
- * **Assessment Quiz** (for attendance tracking and competency evaluation)
- * **Feedback Forms**
- **A Materials CD** for printing all tools and materials on demand
- **Site License** to install video and materials on your intranet and/or Learning Management System (If you choose this option)

Preorder Price with license for intranet installation:

\$2880 + a cost adjustment based on workforce size

Preorder Price without license for intranet installation:

\$2880

Preorder by August 31, 2010

to receive your 10% discount.

Call Wendy Leebov directly at 215-413-1969 or [request information and purchase here.](#)



Patients Speak

About Elevator Behavior

- "Transporters shouldn't be allowed to text when they're with patients."
- "The elevators are so slow and there's dead silence."
- "The people on the staff act like I'm not there. They talk to each other."
- "Two nurses were gossiping about another nurse. It was so unprofessional."
- "Some doctors talk to each other about patients. And they say the patient's name. That's not right."

Join Wendy at NRC Picker's 16th Annual Symposium

September 26-28

In Beautiful Asheville, NC

*Learn from Performance Leaders --
Success Strategies Along the Path to
Patient-Centered Care*

**Wendy is presenting two sessions
on How to Drive Accountability:**

- Keynote: *Let's Talk about the Elephant in the Room—Accountability*
- Breakout Session: *Personal Strategies You Can Use to Strengthen Accountability*

[Click here to learn more
and to register.](#)



Ask Your Team These Cage-Rattling Questions

- What negative things have you heard your friends, family or neighbors say about our organization?
- How do you respond?
- How do you respond when you agree with the person's negative statements?

Pose these questions to your team. Invite people to help each other develop and try out good ways to handle negative comments from others about the organization.

Coming Up

My Friend's Visit to the E.D.
E.D. Patients Speak



THANK YOU FOR TUNING IN!

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Thank you!

Wendy Leebov

Contact Us

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<http://www.quality-patient-experience.com/contact-us.html>



We're on the WEB!

www.quality-patient-experience.com

**Concrete, Sustainable Solutions
For Your Healthcare Team**