



Wendy Leebov's

HeartBeat

On The Quality Patient Experience

www.quality-patient-experience.com

Wendy's Soapbox

The Keys to Accountability: Accountability Across Lines (Part 4 of 4)



Often when we discuss accountability, we're talking about managers holding their staff accountable. But another set of relationships requiring accountability are interdependent relationships across service or departmental lines. Healthcare services are complex. None of us is responsible for a total service. We all rely on people in other areas with which our services need to fit seamlessly together in order to serve our ultimate customers.

But there remains a lot of silo thinking in health care. Many managers would rather be a big fish in their little (departmental) pond than a little fish in a big (organizational or multidepartment) pond. The result: Tending one's own, not paying enough attention to the impact of their decisions on the department downstream, resistance to stirring the waters for fear that whitewater or turmoil will be produced. The consequences: Workarounds, dropped handoffs, blaming, scapegoating, badmouthing, passing the buck, refusal to speak directly to a colleague in the event of frustration, lack of responsiveness to another colleague's needs, internal competition and the like.

And managers and executives throw their hands up in frustration.

In my [last e-newsletter](#), I shared two approaches to developing agreements and commitments with other departments (Service Contracts and Partnership Dialogues). These help you proactively form understandings and agreements that lay the foundation for accountability. But then what? After those initial understandings and agreements exist, they require oversight and tending in order to achieve accountability.

Ideally, clear agreements have clear performance measures attached to them, so you can actually examine the extent to which your department and another have met their agreements with each other. But whether such measures are adequate or not, feedback and communication across lines are still needed to monitor agreements and address accountability concerns.

I've found three methods particularly helpful for assuring feedback and communication:

- The Declaration of Interdependence
- The Interdepartmental Survey
- Scheduled Checkpoints

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Accountability Across Lines (continued)

You can use a "Declaration of Interdependence" to establish groundrules for interdepartmental relationships. Such a declaration, if adopted by all leaders, lays the foundation for constructive relationships across lines and can be used during check-in conversations and retreats for taking stock of adherence.

The **Interdepartmental Survey** is a vehicle for obtaining formal quantitative feedback periodically about progress in meeting the needs and specifications one department has for another.

Scheduled Checkpoints: Does someone come to your house to check your heating system a couple of times a year? It's ironic that we pay people to "clear the air" with our HVAC systems, but this kind of attention to upkeep in interdepartmental relationships is relatively rare. What if we were to give our regular relationships this kind of regular attention, asking whether the quality and output are what we want and need?

When managers across lines set a schedule of checkpoints and adhere to them, they can nip issues in the bud and clear the air moving forward.

Examples include:

- Personal Check-ins
- Partnership Checks
- And Liaison Teams (my favorite).



Click on the links below to see examples

- Declaration of Interdependence
- Interdepartmental Survey
- Scheduled Checkpoints

I'm going to say again what I seem to say quite frequently. Just as great patient experiences are a matter of design, so are great, accountable interdepartmental relationships.



Stress-Buster

Make fewer commitments and keep the ones you make.

If you're like me, you agree to do things without first thinking about what the commitment entails. Then, you either knock yourself out trying to keep the commitment or fail to keep it and end up feeling overwhelmed, embarrassed or frustrated with yourself. The remedy: Be more selective and decide that the commitments you make are ones you are going to keep.

Before committing, stop and think. Ask yourself:

- How important is this to the other person, to the customer, to me, to the organization?
- Can I realistically accomplish this without upsetting other important priorities?

Alas, self-discipline is needed.

[Click here](#) to check out
Wendy's Stress-Busting Speeches



Featured Service: Peer Coach Training

Engage frontline staff as champions and performance coaches for the changes you seek

Has your strategy reached its "tipping point"?

To truly enhance the patient experience, it's powerful to broaden the base of skilled people who champion the cause and work effectively with small groups and individuals on key word design, skill rehearsal and cementing new habits.

Wendy Leebov and her team can help you develop a squad (or many squads) of grassroots champions for the GREAT patient experience.

You provide the group. Membership can be voluntary or you can recognize star performers by inviting them to join or both!

We develop their skills as GREAT-patient-experience fanatics and performance coaches for peers.

Features

- Two day program (spread apart by 4-6 weeks)
- Peer Coach Guide
- Facilitator's Guide for a Management Meeting in which peer coaches demonstrate their passion and promote their services
- Guide for Managers: How to engage a peer coach and delegate to them clearly and appropriately

Here's How Your Peer Coaches Will Be Able to Help

- Peer Coaches will be role models: They will apply excellent service and communication skills with patients, families and each other. They will make exceptional service and caring their standard practice.
- Peer coaches will promote/advocate for commitment to a culture of exceptional service and patient-centered care. They will express their commitment and share personal testimonials about how this process is affecting them...how it is connecting with their personal hopes and vision for their work. They will do their best to address other people's resistance with courage, tact and compassion.
- Peer coaches will be supportive, helpful, and non-threatening skill coaches and facilitators. They will be able to work with small groups to develop and practice key words or scripts or effective responses to difficult situations. And, they will be able to provide coaching on service performance with individuals.



Inspired by The Tipping Point by Malcolm Gladwell

In his groundbreaking book, Gladwell shares evidence that significant culture changes reach a tipping point more often than not because a critical mass of people with certain predilections all apply their energies, even unconsciously, to bringing about the change. Their natural style, which they can't resist living every day because that's who they are, pushes the change they want over its tipping point, causing it first to spread like an epidemic and then to stick.

A Few of Our Peer Coaching Clients

- Burlington Memorial Hospital of Virtua Health
- Chambersburg Hospital
- Cumberland Valley Medical Associates
- Waynesboro Hospital

Available on-site or via
webinar or teleconference.

For information about cost, scheduling and content, [Contact Us.](#)



Patients Speak

About JARGON

1. "I want to be involved in decisions about my care. To be involved, I have to understand what people are saying. With all the jargon, it feels impossible."
2. "When doctors and nurses use jargon, they might as well be talking to themselves."
3. "Doctors and nurses use jargon, so we WON'T be able to understand them."
4. People in health care have their own language and I'm afraid if I ask them to explain, they'll think I'm stupid."
5. "DNR, MRI, CAT, PET, prn, co-pays, deductibles, NPO. Do they think we have a clue?"

Graphic With A Message

Enjoy and share to make an important point.



Refreshing Elevator Etiquette



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



Ask your team to brainstorm: **"What amazing invention would make your job MUCH easier to do?"**

The discussion can reap three benefits:

- People will focus their invention wish list on relieving the frustrations in their jobs, and the team learns more about what's frustrating.
- Some people might hear an invention wish and suggest another way to do the task with resources you already have.
- Your team might produce a great idea amenable to a patent and contribute to the tools of the trade.

After the brainstorm, invite people to react to the list with these questions:

- "What frustrations did you learn about for the first time?"
- "What ideas do you have about how we can do some of these tasks with the resources we already have?"
- "What seeds of really important inventions do you see on the list? We can proceed to see if that invention already exists and if not, patent it!"



Last Month's Question

In our March issue, I asked this mini-survey question:

What is it about your workplace that you find strongly motivating?

Here's what two readers said:

- *"The thing that most strongly motivates me to continue what I do every day is not the propaganda or the senior leadership (although they are important), it is the single associate that I see truly caring for their patient from their heart, not because someone told them to. Those people inspire me to believe in what I do and to continue pushing for that response from every associate in our facilities."*
- *"For me personally I love healthcare and I just love to work! "*

Thank you for taking time to respond!

Attention Readers:

Please take a moment to respond to "One Question For You" (below) so we can continue to benefit from your views and ideas!

One Question For YOU

How is the economic situation affecting your strategy to enhance the patient experience?

[CLICK HERE](#)

(We'll post highlights in the next issue or Wendy will respond to you personally.)



Quoteworthy

"If you permit it, you promote it."

Anonymous



NewsByte

When Frustrated by Difficult Customers, Employees Pay Dearly

I conducted three employee focus groups recently to learn more from employees about how they think about and react to frequent frustrating interactions with patients, families and coworkers. Not surprisingly, they reported a negative impact on their energy, morale, mood, efficiency and attitude during their work day. But what astounded me was the litany of ways employees reported carrying their frustrations home after work.

- They yell at somebody
- They drink more alcohol than normal
- They smoke more than usual
- They withdraw and want to be alone
- They instigate an argument with a loved one
- They have a crying jag
- They throw things or slam down their belongings
- They drive fast
- They badmouth and gossip to let off steam
- They overeat
- They drink more coffee than usual
- They feel depressed
- They act hostile to someone they love



This suggests to me powerful retention strategies:

- Work to remove root causes of frustrating situations with customers.
- Help employees strengthen their skills in handling frustrating situations with customers. They'll be better able to take the high road communicating with caring and strength instead of taking a customer's negative affect personally, getting hooked, acting out and LATER self-medicating to try and drown their still unresolved anger or bad feelings about how they handled their tough situations.

If this concern speaks to you, we can help!

Check out our

[Patient Experience Skill Training on Handling Difficult Situations](#)

Coming Up:

- Wendy's Soapbox: Celebrating Nurses
- Patients Speak...About Rounding

THANK YOU FOR TUNING IN!

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Thank you!

Wendy Leebov

Contact Us

Wendy Leebov and Associates
Phone: 215-413-1969
<http://www.quality-patient-experience.com/contact-us.html>



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For Your Healthcare Team**