Delivering on the promise of your brand

Received (in revised form): 23rd May, 2018

Jake Poore
is a passionate advocate for improving patient experience and employee engagement. As the President and Chief Experience Officer of Integrated Loyalty Systems (ILS), he and his team have developed a comprehensive and proven methodology, which helps thousands of healthcare professionals worldwide create alignment and accountability throughout their organisation while also teaching them how to hardwire both safety and human kindness. A former Disney executive, he led training programmes for 65,000+ employees and helped launch their corporate training centre, The Disney Institute. He is the author of the forthcoming book '99 Lessons Learned from Disney to Improve the Patient Experience'.

Integrated Loyalty Systems, 13538 Village Park Dr #120, Orlando, FL 32837, USA
Tel: +1 407 859 2826
E-mail: jake.poore@wecreateloyalty.com

Abstract Why would patients, physicians or new employees choose an organisation as a place to work or to be cared for? And, after experiencing the facility once — either as a patient or as a new employee — why would they return and give their loyalty? Much of patient and employee loyalty is up for grabs. So, the question becomes: how can one build a bridge between promise-makers (marketing, sales, physician liaisons) and promise-keepers (nurses, doctors, support services, back office team, etc.)? How can one build a clear line of consistency whereby the entire care team is delivering on the brand promise? Patients do not experience healthcare vertically; they experience care horizontally, across multiple departments. They expect clinical excellence, and they want it to be mirrored by service excellence every step of the way. In order to safeguard an organisation's brand, build loyalty and deliver exceptional patient experiences, marketing and brand messages must be translatable from the board room to the exam room to the break room. This paper explores tools to help organisations deliver on their brand promise. The main takeaways include: assess the patient experience and identify opportunities using the 4Ps (people, process, physical setting, product); learn to use a 'Playbook' to capture and share the clinical and human sides of healthcare so that every care team member is aligned and working towards the same common goal; explore the Human-Business-Human® tool and learn how it is used in patient, customer and employee interactions to create world-class patient and employee experiences.

KEYWORDS: organisational culture, patient experience, brand promise, change management, employee engagement

INTRODUCTION

What if every employee, physician and volunteer in an organisation actually knew the brand promise by heart, and could even recite it verbatim when asked (and without rolling their eyes)? They could also state where it came from, saying with pride, 'It was developed by us and our patients, for us and our patients.' They could even share how they found it to be personally relevant, applicable and a genuine reflection of their individual work and how it has become an

 © Henry Stewart Publications 2397-1053 (2018)

important differentiator and competitive advantage for their hospital.

And furthermore, they could even say how they and their team have internalised it, bringing it to life within their department. They would state that it has become the driving force behind the unique way they have become more patient-centric: influencing their choice in uniforms, how they display their name tag, how they interact and communicate with patients with more intentional bedside manner, how it helped them change their wait-time management and signage, focus on cleanliness and quiet time, and how it also improved how employees treat each other. They could even relate how the brand promise has been instrumental in recruiting like-minded care-zealots, has improved their onboarding processes, and has helped to keep the very best employees and providers from jumping ship when a competitor offers more money or a signing bonus. And finally, they could describe how it has helped become the lightning rod to get rid of a few 'bad apple' employees. If this sounds like the reader's employees, there is no need to read further; they are on the right road to success. Everyone else had better keep reading.

Today's healthcare industry has become fiercely competitive. Patients and referring physicians have many choices, and there is also a huge nursing shortage around the world.[1] So why would patients, referring physicians and prospective new employees choose any particular organisation as a place to work or patients choose it for healthcare? And, more importantly, after experiencing a facility and interacting with the care team for the first time — whether as a patient or as a new employee — why would they come back and give it their loyalty?

Garnering loyalty among customers and staff tends to be a nebulous proposition for most healthcare executives, but what if it were not? What if there was a clear line of sight between the board room (corporate strategy), the billboards (marketing/branding), the waiting room (non-clinical staff), the exam room (clinical team) and the employee break room (where culture eats strategy for lunch)?

Because today's patients have become increasingly impatient,[2] much of their loyalty is up for grabs. They demand clear information and access in a timely manner, and they want a clinical relationship, not a just-in-time episodic clinical transaction. And, because many patients are paying more out of pocket for their care, they expect more for their money, which makes them focus on every little detail and employee attitude. Add to that the pressures being faced by short-staffed nurses and physicians having to see more patients in a shorter period of time, and there is now a perfect storm!

Clearly, just to survive in healthcare today it is necessary to stand out. To differentiate. But how can an organisation not just survive, but thrive?

To thrive, there must ultimately be a well-established brand in the community built on a reputation of trust — and consistently delivering on its promise. The first place to start is to establish an excellent marketing message and brand promise that resonates with customers. But that is not enough. It is also essential to build a bridge between promise-makers: marketing and sales (physician liaisons) and promise-keepers: everyone else (nurses, doctors, support services and the entire back office team). That is the solution. Getting there is the challenge.

For example, every hospital and healthcare system has a mission, vision and values statement on its website, and nearly all have a marketing tagline splashed across employee ID badges, road sign billboards and direct mail brochures. But how many organisations can say with confidence that every employee and provider knows what that promise is and knows how to bring it to life in their words and in their actions?

Unfortunately, patients today reveal that everyone in the hospital is not on the same page. They feel that 'Everyone is on their own little island', operating in fragmented departmental silos. They are constantly asked

to leapfrog from one department to another, repeating themselves over and over again, thus eroding their confidence, trust and overall peace of mind. Patients want more than just consistency by person; they want continuity of communication on the care team. Patients expect individual employees to deliver operational and clinical excellence in a consistent, safe manner, but what they also desire is to hear employees build upon the previous employee–patient conversation, so that the cookie-cutter redundancy script fades away. As in a relay race, the key to continuity of care is good handoffs between care-givers and care teams. Patients want everyone in healthcare to remember that they do not experience healthcare vertically in department silos; rather, they experience it horizontally across the continuum of care. They do not just want clinical excellence; they expect it . . . AND they also want it to be mirrored by service excellence every step of the way.

Similarly to the two basic strands of a human DNA chain, which gives instructions to each living cell in the human body to live a healthy life, each step of the patient experience must also be composed of two integral parts: one strand is clinical/operational quality, and the other is service quality. In order to make meaningful improvements to patient experience and to continuously deliver on the promise of the brand, an organisation must develop standard operating protocols that bring the brand to life in work clothes by uniting clinical quality with service quality.

Most employees and departments are not on the same page, however. They are not all aligned towards one common vision or brand promise. So, like a compass with no real true north, the compass spins to a different heading depending on which department, team, shift or nurse one interacts with. And even when they do have a common vision or brand promise, most healthcare organisations do not have a set of operational standards (or operational priorities) in place to help employees to consistently deliver on the promise. So when faced with a conflict or daily dilemma, most employees are not equipped with a decision-making tool that truly empowers them to solve everyday problems in the moment, which means they are constantly chasing down a manager to solve it for them. This can result in employees becoming dissatisfied and disengaged, and managers unable to work on strategy because they are fighting fires all day long. And of course, all of this impacts patients, who are caught in the middle. They become frustrated and confused, and they eventually defect. And the brand promise, which hangs in a frame on the wall, is either forgotten or, worse, becomes a punchline to employee and physician jokes.

This is the great challenge in healthcare today: organisations are making promises to patients, customers, employees and the communities they serve, but they are failing to deliver on those promises because there is nothing in the organisational culture that compels them to do so.

There is no common thread that unites an organisation from the board room to the waiting room to the exam room and finally, to the break room. Decisions are made in marketing departments and ad agencies to roll out new slogans, messages, direct mail pieces, billboards and so on, but there is no infrastructure within the organisational culture to support it or explicitly plan on how to deliver on its promise.

The solution is simple; it is just not easy, because it takes time, effort and follow-through: three precious resources that employees say they are lacking.

To earn patient loyalty, this cannot be another thing that the organisation does; it has to be who it is as an organisation. It has to be woven into the organisational DNA.

In order to create a world-class culture that supports the delivery of exceptional patient experiences, the two strands of clinical expertise and service excellence must be woven together and then hardwired across every department, within every standard operating procedure, and into every process

at every step along the patient experience journey.

It is only when there is this seamless line of consistency throughout the entire organisation, whereby every employee is aligned towards the same end in mind, that every employee along every touchpoint in the patient experience journey can say with confidence and assurance: this is how we do things here.

Everyone seems to be talking about why an organisation needs to create this line of consistency to create a world-class culture, but few discuss how. And yet, the 'how' is the most important part. Operationalising the brand promise is a comprehensive strategy that involves transforming the culture from the inside out. Otherwise, while marketing is in the community selling the dream, operations could be servicing the nightmare. Although it is not another top-down strategy, it does require buy-in and active leadership from the executive team, and from the grass-roots employee base, in order to be successful.

There are five critical steps to operationalising a brand promise. Each is important, but none can stand alone. Focusing on one or two of these pieces may create temporary, short-term changes to patient satisfaction and the overall patient experience, but they are unsustainable over the long term.

The challenge is to develop new protocols or standard operating procedures that weave together the rigours of maintaining high standards of clinical quality with the growing expectations of high service quality in a way that builds accountability, sustainability and continuous improvement.

Here is how it is done.

ASSESS | DESIGN | ENGAGE & ALIGN | EMPOWER | HARDWIRE

Step 1: Assess

Organisational culture change is not unlike medicine, in that a great diagnosis leads to the correct prognosis and specialised treatment.

This is why the first step in creating a world-class culture is to make a diagnosis or assessment of where an organisation is and what it looks like right now, in the present day.

Culture is often defined as a shared set of beliefs and traits of a group of people, or the system of values and beliefs an organisation holds (both spoken and unspoken, written and unwritten) that drives action and behaviours. In short, culture is 'the way we do things here'.

Culture is also unique. There is no 'one size fits all' organisational culture, and thus, there is no 'one size fits all' answer to the question 'What makes our organisation or healthcare system different from all others?'

The assessment process involves interviewing a cross section of employees and physicians as well as patients and asking some important questions, including:

- What is our difference?
- What makes this place special?
- Why do you continue to stay/come here?
- What do you think are our strengths and weaknesses?
- What does the organisational brand mean to you?
- What are the barriers to making our brand promise a reality for every patient and every employee every day?

Assessing the strengths and weaknesses of the organisational culture must happen first, before designing an intentional, laser-focused strategic plan. During the assessment and interviewing process, it is important to capture the comments on perceived strengths and weaknesses from employees, providers and patients on video whenever possible rather than simply relying on written or transcribed comments. These videos will serve as a benchmark starting point in the cultural assessment and will further prove valuable as a visual frame of reference during the design and implementation process.

In addition to interviewing employees, physicians and patients, organisations can use a lean-inspired technique known as Patient Experience Mapping. This process involves flipping the lens and examining every touchpoint along the patient experience with a magnifying glass. The aim is to accurately see, hear, taste, smell and experience the facility as patients do. Ultimately, the goals of Patient Experience Mapping are two-fold: to identify what is working and improve upon it; and to eliminate or fix anything that distracts or detracts from the ideal patient experience.

Often, the findings of an assessment reveal areas that need improvement.

For example, in 2013, Dignity Health of California (previously Catholic Healthcare West), an organisation made up of 32 hospitals, 115 clinic practices and imaging centres, and 60,000 employees, hired an ad agency that developed an inspirational marketing campaign to complement their mission of 'extending the healing ministry of Christ' and their belief in the healing power of human kindness. While their effort was successful in sharing the focus of their organisation, their approach was primarily from a marketing standpoint rather than creating a cultural transformation that operationalises human kindness. The result was a unified brand promise, 'Hello HumanKindness', but an organisation with a fragmented culture, delivering random acts of kindness without a truly unified approach.

In order to start building the operational plan of delivering on the promise of their new brand, the author's organisation first started working with one of Dignity Health's largest physician groups, Mercy Medical Group (MMG). MMG serves the greater Sacramento area with 375 physicians in 23 clinic locations, who also provide surgery, emergency room and hospitalist services for area Dignity Health hospitals.

They assembled a represented government of employee ambassadors (who were aggregated from executive leaders, board members, physicians, front-line staff and even two patients) as the beginning of their two-year, comprehensive multi-step cultural transformation process aimed at how this new branding message could be planted like seeds into MMG's culture to create an environment where it could thrive.

The revelations from MMG's, or any organisation's, initial assessment are important and a necessary first step. Once they are complete, the real work of designing a world-class culture and operationalising the brand promise can begin.

Step 2: Design

Now that the assessment is complete and the organisation has a clear picture of what the current culture is like, the next step is to design an organisational culture with intention.

Every organisation has a culture, and it is either a culture with intention or a culture by default.

To create the former (a culture with intention), organisations must assemble a team of influential change agents: employees, physicians and even a few patients, beyond the initial assessment group, who will serve as the architects of your new brand promise. This group should consist of the best of the best: the positive influencers from across every department and every line of business within the organisation.

Together, this group will help design and develop the organisational blueprints of what they want their organisation to look like. In other words, they will be designing the organisation's new blueprints for excellence.

This is the real roll-up-your-sleeves work; it is not a quick, overnight fix. This team will do the hard work of deciding what the brand promise should look and sound like in every patient (and employee) interaction.

Together, they will decide what they stand for and what they will no longer stand for as a healing organisation. They will help develop a common language and a common set of tools, including a True

North statement, to help align the entire organisation towards a common goal. They will also develop a set of four operational priorities, which every employee will use to hold themselves and one another accountable in delivering on the brand promise.

First, the True North statement is a mutually agreed-upon unifying statement of about three to five words. It is created by the group of employee ambassadors, and it reflects their collective intention as an organisation to deliver good clinical outcomes and service excellence.

The purpose of the True North statement is like that of a compass: to get every employee (full or part time, physician or staff, clinical or non-clinical) pointing in the same direction and aligned towards the same shared goal. In simple terms, it is a clear vision of what the organisation stands for.

Also tasked to this group is the development of a set of operational priorities. These are typically four words, which follow the top-down themes of Safety, Courtesy, Expertise and Efficiency — with safety always the number one highest priority. This shared set of values will serve as the foundation for the new culture.

The operational priorities function as a shared decision-making filter and, when used consistently, will guide every employee in making decisions that serve the best interests of the patient and the organisation.

Creating a 'culture of always' whereby an organisation meets the patient's expectations on the clinical side and exceeds their expectations on the service side requires a patient-centric, leadership-driven approach. It is the job of leaders to make the implicit, explicit; the invisible, visible. Having a clearly defined set of priorities can help.

These priorities are a little like communication superpowers. Consider the subtle power struggles that sometimes occur between and among employee groups (nurses versus doctors; residents versus interns; new hires versus seasoned employees, etc.). Some employees may be too intimidated to point out when other employees are not living the brand promise. But operational priorities help level the playing field, because they serve as a tool that care team members can use to point out to others when things are not being done right, and they can help establish greater consistency.

As an example, suppose an organisation decides that its operational priorities are Safety, Kindness, Efficiency and Expertise — always those four and always in that order. So, what happens when front desk staff notice that the care team is more focused on getting patients in and out as quickly as possible (efficiency) rather than ensuring that patients know their discharge instructions (safety) and asking if they have any questions or concerns before they leave (kindness)? Armed with a common set of operational priorities, the front desk staff can approach the care team and hold them accountable for sacrificing kindness and courtesy in favour of speed and efficiency.

In short, the priorities allow all employees and providers to have crucial conversations with their peers, subordinates or higher-ups, because they have been developed and agreed upon by employees, for employees, with the input of every employee group.

Ultimately, the group of employees who design the organisational cultural blueprints will become 'brand ambassadors' and will help map out the process of communicating and hardwiring the new brand promise to the rest of the organisation. Ideally, they should be able to say to their colleagues, 'This isn't just another new top-down initiative — this was developed BY us and our patients, FOR us and our patients.'

Step 3: Engage and Align

Are employees loyal (even when leaders are not around)? This means creating an explicit culture whereby every employee knows what to do even when the leader is absent. This 'turn the lights out consistency' involves a

level of consistency whereby the culture is so explicit, so unmistakably clear, that employees know what to do, and they hold themselves and each other accountable — even when leaders are not there.

Too often in healthcare, people do not have each other's back. It is survival of the fittest, where they eat their own young.[3] This leads to burnout[4] and compassion fatigue. The antithesis to compassion fatigue is 'I've got your back.' And the only way to create an environment — or a culture — where 'I've got your back' is the norm is to create an intentional culture that is explicit, where everyone knows that 'this is how we do things around here'.

So, how can an explicit culture be created? Here is the big secret: involve everyone in the process of defining and building their new organisational culture. Participation creates authorship, which leads to ownership, which leads to mutual accountability. Mutual accountability means that employees will police the culture . . . even when leaders are absent.

This is what everyone is after.

This is what makes some organisational cultures and environments better and stronger than others.

And this is why employees in an explicit culture, which they helped design, are loyal to the absent leader; because they know that when faced with a challenge or problem to solve (that is, the lights go out), their co-workers and leaders have their back.

The best way to create a culture where employees are engaged is to ensure that employees have a clear understanding beyond just their daily job tasks. They must be connected to purpose and know their role in the healing process.

For instance:

- Sterile processing employees need to know that they are more than just 'glorified dishwashers'. They prepare surgical instruments that heal.
- Food service delivery teams need to know that they are more than just tray-passers. They prepare and deliver food that heals.
- Volunteers need to know that they are more than just folks who give directions or make deliveries. They provide personalised information that heals.

Helping employees move past their daily job tasks and connect to their purpose is the best way to engage every employee in the new service promise.

Failure to do so is why things such as 'programmes', 'initiatives' or 'campaigns' do not work. If employees think it is just another marketing initiative or marketing programme, it means nothing. They tune it out and adopt the mindset that this too shall pass. There is no buy-in. No ownership. No authenticity. And when employees do not buy into the new programme, initiative or campaign, customers or patients know it.

Organisations must strive to connect employees to their purpose and engage everyone as an architect of the organisational culture. This is the difference between short-term compliance (routinely performing job tasks) and long-term commitment (connecting to purpose).

In order to safeguard a brand, build loyalty and consistently deliver exceptional patient experiences, there must be a direct link between what is happening in the board room, on the billboard, in the waiting room, in the patient rooms and even in the break rooms — because the break room is where most employees will put an organisation's marketing or advertising messages through what is known as 'the employee snicker test' — whereby they either embrace it or laugh it off until the next message comes along.

So, what does this look like in healthcare?

It looks like every team member going the extra mile not just sometimes, but built into a culture of always. What may have started as an efficiency matrix has now transformed into a kindness technique that

has become common practice, where every employee can say that this is 'how we do things around here'.

It looks like every employee going beyond their daily job tasks to their real purpose and role in the healing process, whether they work directly with patients or behind the scenes in non-clinical areas such as billing, security, the gift shop and marketing.

It looks like:

- The medical assistant or the emergency room triage nurse who walks out directly to each patient because she was given visual clues (the colour of the patient's shirt, a beard, eyeglasses etc.) to identify them rather than just shouting their name for all to hear.
- The physician who, after an exam, walks her patients back to the front desk and takes that time to ensure that the patient understands instructions, asks if they have any questions and then hands them over to make a follow-up appointment.
- The billing clerk who takes the time to sit with the patient's family, show empathy and listen — before he demands payment.
- The front desk receptionist at the emergency room who reiterates the wait time or clarifies the wait time for patients or family members when they arrive so that they know exactly what to expect.

Leaders must communicate the new service promise to every employee, volunteer and physician, and tell them how it was developed and why it is vital to upholding the brand promise. To attain full employee engagement, leaders must proactively anticipate scepticism. This is critical. It has to be relevant and applicable to every employee, whether they care directly for patients (clinical team) or support and care for those who do (non-clinical team). The operational priorities must be tools they can use whether they work on the front lines or behind the scenes. Before the brand can be sold to patients or customers, it must first be sold to employees. Also, it is important that they know that a small group of employee ambassadors began the conversation, and now the entire organisation is invited to continue it and help design it.

When everyone is a part of creating the new culture and strengthening the brand promise, they will hold one another accountable. That is real engagement. Now the mission and vision statements are not just hanging on the wall in the corporate offices. Employees are living the mission and vision (true north and operational priorities) in every patient interaction.

Engagement comes from inviting employees to be part of the design and connecting them to purpose and to the heart. Once everyone in the organisation knows the brand promise to patients and to one another, there is alignment. And once everyone is aligned, there is now concerted effort, and the question becomes how to make the brand promise come to life. What does it look like in work clothes?

And that is where empowerment comes in.

Step 4: Empower

Operationalising the brand promise will only work if employees are armed with a set of tools that empower them to make the majority of decisions themselves. Employee empowerment is the key to effectiveness and to long-term sustainability.

One of the greatest challenges in healthcare today is that hospitals and healthcare systems have many department silos. Inconsistency is common, and patients experience chaos because everyone seems to be doing their own thing. This happens because everyone is playing from a different set of sheet music. There is no shared set of operational priorities to provide structure and peace of mind.

When an organisation is clear about what it stands for and what it will not stand for, however, that creates peace of mind for employees. And that translates directly to how well they treat and care for patients.

Operational Priorities offer that clarity and can be used by every employee across all departments within the organisation.

HOW EMPLOYEES USE THE OPERATIONAL PRIORITIES TOOL

Every day, employees in clinical and non-clinical roles are faced with dilemmas on what to do first, second and so on. Sometimes, they are even faced with two or more priorities that are in conflict with one another. The operational priorities filter serves as an organisation-wide decision-making tool.

- For instance, when a patient asks a care team member for assistance getting to the toilet, should that care team member get a hoyer lift and another team member (safety)? Or, should they just take her, since she is pleading urgently (courtesy/kindness)? Or, should they take her with a nearby aid, since it would take less time than getting a hoyer lift (efficiency)?
- As another example, an employee is on their way to a 9am meeting with the hospital chief executive officer (CEO) and the executive team. Walking in the hallway of the hospital, they pass a visitor who is visibly lost and seems distraught. The dilemma is: should this employee be efficient and get straight to the CEO's meeting on time, or be courteous and help the visitor with directions and even walk them to their destination, knowing they will surely be late to the meeting? In the latter instance, the employee may wonder whether the CEO and the executive team will forgive the lateness. If the organisation operates on the same true north and the same set of operational priorities, they surely will.

THE PATIENT INTEGRATION MATRIX

The Patient Integration Matrix is a diagnostic tool that ensures both clinical quality and service quality are consistently delivered throughout every step of the patient experience. This tool is used to help identify areas of opportunity and to align the operational priorities within each of the 4P disciplines (People, Process, Physical Setting and Product).

An integration matrix maps out a strategy for exceeding patient expectations and paying attention to details. It serves three purposes:

- A strategic plan for creating a seamless patient experience
- A diagnostic tool to see what an organisation is doing in its own business
- A benchmarking tool to see what the competition is doing

Once a matrix is completed, there is a tool for prioritising and creating strategies. This will encompass the following activities:

1. In the simple matrix in Figure 1, the tick marks refer to the non-negotiable elements, because they are the bare minimum needed to survive and work in the healthcare industry today.
2. Next, the 'Os' are 'opportunities' for an organisation's competitive advantage.

HOW CAN THESE CONCEPTS BE OPERATIONALISED INTO DAILY JOB TASKS?

Safety huddles

In every organisation, safety is the first and foremost priority, but how can it be operationalised into everything that is done? Beyond the safety huddles, how is it woven into everything that is done? And how are employees empowered to make decisions?

Many hospitals and care facilities conduct a 10-minute safety huddle every morning, in which department heads meet to talk about any incidents that happened in the past 24 hours or overnight. They talk about how the incidents were handled as well as any revisions or next steps. They go over reminders about hand washing and other

The Delivery Systems = 4 Ps

Our 4 Operational Priorities	Physical Environment	Processes	People	Product
1. Safety	✓	✓	✓	✓
2. Courtesy	O	O	✓	✓
3. Expertise (Job Tasks)	O	✓	O	O
4. Efficiency	O	✓	O	O

Figure 1: Patient Integration Matrix Integrated Loyalty Systems

protocol. It is all about safety. Safety comes first, and that will not change. But perhaps the huddle could be called 'Safety Plus', so that there could be time to discuss one item related to patient courtesy or compassion?

Running a simple decision through the operational priorities filter

One manager wanted to impress upon her team that they should run everyday dilemmas through the operational priorities filter so that they could practise it on the little things first. Here is one common scenario that came up:

Someone wants to leave early from their shift

1. Safety — Is there a safety issue? Will any patients be put in harm, or will any care team members be in jeopardy? No.
2. Courtesy — Have you talked with your team and your co-workers to make sure they will be staffed appropriately and that patients will be in good hands when you leave? Yes.
3. Expertise — Is there anything that you can do that no one else can do that would jeopardise safety or leave the team in the lurch? No.
4. Efficiency — Is there an efficiency issue? Will that leave us short-staffed? Is the clinic going to run behind? Will some people not be able to take their breaks if you leave?

Step 5: Hardwire

Putting it all together with a Department Playbook

Much like a playbook that sports teams use, a Department Playbook serves as a resource for employees so that they know 'this is the way we do things here'.

A Department Playbook will:

1. Localise the organisational culture to one specific department
2. Show new and current employees that 'this is how we do things in this department'
3. Help to create a culture of always

And, like sports, much of the game of healthcare is focused on defence: how not to get sued; how to get the patient not to acquire a pressure ulcer or an infection, or fall out of bed.

Most standard operating procedures (SOP) manuals are focused predominantly around the operational or clinical protocols. Hardly any of them is devoted to what is most important to patients (bedside manner, quiet at night, how often the care team treated patients with dignity and respect, and so on). It is known that the patient experience is a combination of clinical and service, yet most SOPs leave half the conversation out.

The Department Playbook enhances the standard SOP and features a technique called

Human-Business-Human. The three pieces to every 'play' are:

1. HUMAN (begin every interaction by entering on the human)
2. CLINICAL/BUSINESS (conduct the clinical or business at hand)
3. HUMAN (end every interaction with something human)
4. Here is how the Human-Business-Human process might look as part of the Departmental Playbook for Phlebotomists:

At any given hospital, there are 40 or so professionals drawing blood every hour. And there is an SOP for drawing blood, which instructs how to accurately puncture a vein, how many ccs to draw, and so on.

But where is the SOP for what to say to the patient before puncturing the vein? What is the human side? How does the phlebotomist enter the room? Do they make eye contact? Or smile? Before they put the tourniquet on the arm to make that vein pop, what should they say to the patient to relax them?

Florence Nightingale once said, 'Fear, anxiety, trepidation and surprise do more harm to the patient than any physical exertion.'[5] The phlebotomist must draw the blood (there is the exertion), but startling the patient can actually create more harm than physically puncturing the patient's arm.

The clinical side of the SOP is important, but there must also be a human side. And unlike prescriptive methodologies, this human side of the playbook is created organically, by the organisation's employees and care team.

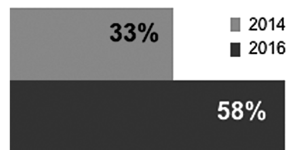
Unlike clinical procedures, for which specific protocol must be followed, with the human side of healthcare, care teams can share their best practices of how they interact with patients, and together they can decide their 'human plays'. When they help create it, they will own it and will be able to say to new employees, 'This is how we do things here.'

Healthcare staff are measured on two things: kindness and frequency. Not surprisingly, the two things that are challenges for most healthcare organisations are courtesy/kindness and frequency. When there is a department playbook that is both human and clinical, one can begin to create a culture of always.

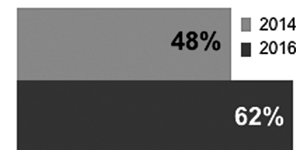
Engagement Effectiveness	
Analytical Effectiveness	**Operational Effectiveness**
"I would recommend…" question, they moved from the 35th percentile to the 55th percentile after starting the MMG Way.	Staff and provider efficiency increased by 50-200% (varies by department)
"Staff were friendly and helpful," question, they went from the 39th percentile to the 45th percentile.	Reduced call center abandonment rate by 84%
75% increase in **Providers** believing that MMG was patient-driven and customer focused in both word and action	All 10 Markets reach provider growth rate goals prior to end of engagement
30% increase in **Providers** feeling that putting patients at the center of what they do was the highest priority	Added over 20,000 new patients resulting in $34Million increase - 16 fold ROI
64% increase in **staff members** believing that MMG was patient-driven and customer focused in both word and action	Able to exceed Pay for Performance (P4P) revenue expectations
21% increase in **staff members** feeling that putting patients at the center of what they do was the highest priority	Majority of the markets were able to surpass visit volume budgets by 1.5 - 2 times as expected

Figure 2: Case study: Effectiveness on Physician and Staff Engagement at Mercy Medical Group
Top row data reflects MMG Physician Engagement; bottom row data reflects MMG Staff Engagement.

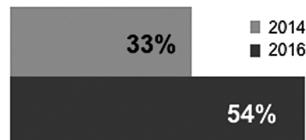
MMG/DHMF is patient-driven and customer-focused in words and in actions.



Putting patients at the center of what we all do is clearly our highest priority.



MMG/DHMF is patient-driven and customer-focused in words and in actions.



Putting patients at the center of what we all do is clearly our highest priority.

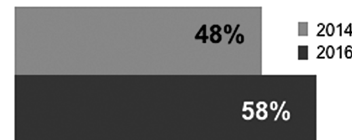


Figure 3: Case study: Change on Employee Perception of Commitment to Patient-Centered Care

The final step in hardwiring or operationalising the promise of the brand is to reverse engineer the brand and departmental playbooks into all aspects of employee recruitment, onboarding, on-the-job training, meeting agendas, e-mail signatures, on-the-spot recognition, annual performance reviews, name tags, dress code and even the naming of meeting rooms.

As a reminder, this cannot be just another thing an organisation says or does. It cannot be another memorised, prescriptive intellectual exercise. It has to become who the organisation is as a community of care-givers.

The MMG Cultural Transformation is an ideal example of what can happen when an organisation operationalises its branding and culture. Figures 2 and 3 shows the results of the analytical and operational effectiveness of its two-year commitment.

CONCLUSION

Healthcare is constantly changing.

Too often, the focus is on efficiency at the expense of courtesy and compassion. Clinical excellence and safety cannot stand apart from courtesy, kindness and compassion. The patient experience encompasses both and thus, both are needed and both require equal diligence. It is known that patients expect to be treated with clinical expertise. And it is known that they also expect to be treated with kindness and compassion. If they are not, trust wavers, and the brand promise is broken.

While moving from volume to value,[6] from episodic sick care to long-term value relationships, it is important to remember that if patients do not trust their provider or feel valued as an individual patient with unique and important concerns, they are less likely to return, which means a greater likelihood of missed diagnoses. The volume to value movement has redefined excellent healthcare as being more than just clinical excellence; it is now also about meeting and exceeding patient expectations in every interaction they have with their healthcare providers as well as with those in non-clinical roles.

The work of operationalising the brand promise through culture transformation is not limited to just face-to-face interactions and conversations with patients. It reaches much deeper than that. Indeed, every employee — clinical and non-clinical — has a role in creating this culture of always. This is about more than the doctors and nurses

and clinical professionals at the bedside. This is about creating a thread of consistency that pulls through and unites every single employee across every single department (termed 'continuity of excellent care').

From the patient's perspective, operationalising the promise of the brand must be integrated into every aspect of their experience, including directions to the hospital, how staff answer the telephone, parking the car, way-finding directions and signage, cleanliness of toilets and wheelchairs, employee uniforms and name tags, managing noise, bedside manner, team communication, the language of healthcare, and more.

In other words, it must be integrated into all delivery systems.

In order to safeguard an organisation's brand, build loyalty and consistently deliver exceptional patient experiences, the marketing and brand messages must be translatable from the board room to the exam room to the patient room to the break room. Every member of the care team must not only know how to do their individual job tasks efficiently and effectively; they must also know their role in the healing process. That is the key to creating consistently exceptional patient experiences and the formula for delivering on the promise of the brand.

References and notes

1. World Health Organization (2018) 'Nursing and midwifery', available at: www.who.int/mediacentre/factsheets/nursing-midwifery/en/ (accessed May, 2018).
2. The Beryl Institute. (2018) '2018 patient experience consumer study', available at: www.theberylinstitute.org/page/PXCONSUMERSTUDY? (accessed May, 2018).
3. Katz, K. (2014) 'Bullying in nursing: Why nurses "eat their young" and what to do about it', *Rasmussen College*, 24th June, available at: www.rasmussen.edu/degrees/nursing/blog/bullying-in-nursing-nurses-eat-their-young/ (accessed May, 2018).
4. Schroeder, M.O. (2018) 'Is physician burnout affecting your care?', *U.S.News*, 17th April, available at: https://health.usnews.com/health-care/patient-advice/articles/2018-04-17/is-physician-burnout-affecting-your-care (accessed May, 2018).
5. Nair, S.S. (2017) '20 quotes on nursing and life from "the Lady with the Lamp", Florence Nightingale', *YourStory*, 12th May, available at: https://yourstory.com/2017/05/20-quotes-nursing-life-lady-lamp-florence-nightingale/ (accessed May, 2018).
6. Lokken, B. (2017) 'From volume to value: 4 keys for connecting execution to strategy', *Key*, 14th February, available at: www.beckershospitalreview.com/healthcare-information-technology/from-volume-to-value-4-keys-for-connecting-execution-to-strategy.html (accessed May, 2018).