

Business Brief: The \$95M Conspiracy

How to justify empathy skills with increased earnings
from patients and lower operating costs



Empathy skills for healers

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Every day your patients and staff are working together. And each day that they benefit or lose, so does your organization. Look back at the Press-Ganey Mar/Apr 1999 Satisfaction Monitor. It's a terrific article, stunning in fact. They document the lockstep between patient satisfaction and employee satisfaction. If one is high, so is the other. Conversely, if satisfaction is down, both are suffering.

That's more than interesting. It's financially critical. Patient loyalty is the leading determinant of the financial health of your organization. And as patient loyalty goes, so goes employee loyalty. Thriving organizations actively seek ways to get their staff working with patients in beneficial ways. Here are some examples of the stakes:

1. In a report of its successes with one for-profit health system, Gallup reported that hospitals whose **patients and physicians** rate them in the top quartile on loyalty measures added more than \$95 million per year to the system's earnings than did bottom-quartile hospitals.
2. During the past 6 years, **patients** have ranked Baptist Healthcare near the 99th percentile in inpatient services, outpatient services, ambulatory surgery, and home healthcare. In the same period, **staff** turnover has dropped from 31 percent to 14 percent.
3. **Staff and patients** may be your most effective source of "viral" marketing. The source of information consumers use most frequently to find out about hospitals is word-of-mouth communication from friends and family. You **patients and staff** are a huge, informal, consumer reporting agency. You thrive or perish based on their stories.

The question, then, is how you generate satisfaction for patients and staff. The answer is that you equip staff to work with patients in a way that creates excellent experiences for both of them. Below, you'll find an example of how the patient/staff interaction can and often does go wrong, and how to make it right.

How patients and staff work together to lower satisfaction

Research shows that patients who've had problems resolved are sometimes more satisfied than patients who have had no problems at all. In the trainings we conduct, I see staff members eagerly help patients solve problems. Sometimes it works. Oftentimes though, staff members try to solve problems instead of creating a connection with patients. In those cases, everyone loses. The encounters drive down satisfaction and drive up costs, even as the problems get solved. Here's an example.

A teen-aged girl leaves the ICU and is recovering in another unit. The parents request that their daughter receive no visitors and the press receive no information. They fight amongst each other, and are put off at having to work with new nurses. Bill, the father, is in his daughter's room almost all the time.

A nurse walks in to perform an evening assessment. After strained pleasantries, Bill begins to bring up problems:

Bill: I left the room for a few minutes and you let in that stir fry. My daughter's a vegetarian. You just picked the chicken out. The vegetables are already contaminated. What part of vegetarian don't you understand?

Nurse: I'm sorry the food wasn't right. You sound very concerned. I can set up an appointment for you with dietary so that doesn't happen again.

Bill: Well—good. But what about the noise in here. Listen to that! This is the loudest place I've ever been.

Nurse: It is loud isn't it? I can see if you can get a private room. Would you like that?

Bill: It would be nice. It's bad enough with new nurses coming through here at all hours.

Nurse: I see why you'd be upset. You really need some consistency don't you.

Bill: Well, of course I do. Did you see that troupe of kids that came in this morning? That's no good. How did they get in here? I've got to have some control over who comes into this room.

Nurse: You sound very agitated. We can set things up so that you're informed about any changes and you have sign off for as much of this as possible.

And still Bill goes on. He acknowledges each solution the nurse gives him and moves on to point out something else that bothers him.

How dissatisfied patients cost organizations like yours millions of dollars

There's a lot more at stake in encounters like these than merely the difference between a 3 and a 4 on a patient satisfaction scale. The interaction is a good example of the way patients and staff unwittingly work together to leach satisfaction from their lives and resources from the health care organization.

Bill is soaking up resources—an appointment with foodservice, a move to a private room, a new treatment routine with buy-in from the whole staff. He could go on and on, never really feeling satisfied.

The nurse is trying mightily to help and getting burned out in the process. She may complain about the patient or report the problems with foodservice. But she won't realize that she lacks the skills that could help to create a better experience. To her this encounter is one more ungrateful patient, one more example of how stressful it is to work in her department, one more reason to look for a transfer or a different job.

And ineffective interactions like these are draining resources all through health care organizations like yours. In fact, the staff we were training with this scenario reported that they were having ineffective interactions just like this with three families in their unit alone.

Empathy skills create patient loyalty and save significant costs

It doesn't need to be this way. You can do something for Bill and for patients and family members like him. Your staff can learn to increase satisfaction at a lower cost. Here are some suggestions we've found useful:

- **If you're feeling resistance, look for a deeper need you haven't uncovered**
- **Recommit to creating a connection with this person**
- **Focus on the needs this person has in the present moment**
- **Demonstrate your intention to connect by suggesting how this person might be feeling and what they might need**

Here's an example of how this came together for a nurse we trained.

Bill: Did you see that troupe of kids that came in this morning? That's no good. How did they get in here? I've got to have some control over who comes into this room.

Nurse: You sound very agitated. We can set things up so that you're informed about any changes and you have sign off for as much of this as possible.

Bill: (under his breath) Yeah, it's about time.

Coach: OK, let's pause briefly. You're validating Bill's requests and offering solutions. And yet he still seems angry. What might he need? Why don't you try focusing on him a moment?

Nurse: Bill, you look just exhausted to me. Are you feeling really tired?

Bill: Oh God, yes. You've seen me. I'm in here everyday. I sleep right here on this chair every night.

Nurse: I want to tell him that I can find a place for him to sleep but my suggestions haven't seemed to make him very happy so far.

Coach: Yeah, I'd agree with your intuition. You might try focusing on the need—rest, a break, some relief—rather than a specific solution—a place for him to sleep. It's a small difference. But he might feel more heard.

Nurse: (to Bill) You look like you need some kind of relief.

Bill: Yeah, I do. (Bill's face visibly relaxes.) But how can I? (His face and posture tighten up again.) I leave for a few minutes and my daughter gets food she can't eat. And you know my wife hardly ever makes it in. So there's no one else. I've got to be here to watch you people.

Nurse: OK, that hurt. I want to tell him that it wasn't my fault, that he can trust us. But I don't think he'll believe it.

Coach: I agree, he may not be ready to hear something like that. Why don't you stay focused on his needs. Notice how that helped you create connection. He can acknowledge a need whereas a solution might still seem threatening to him. Try hearing his last statement as "please help me meet my needs" instead of an accusation. What might he be saying?

Nurse: This is really a dilemma for you, isn't it Bill? You need some way to give yourself a break. But you don't know how to trust that your daughter will get good care.

Bill: Yeah. She's just a patient to you, but she's my baby, you know. My one and only. (Bill's whole body relaxes. He puts his head in his hands.) I've got to do all this myself. And it's hard.

Coach: I notice he's relaxing now. I'm betting you have a much better connection. He may be ready for some kind of solution. What would you suggest given what you know?

Nurse: Bill, that must be a tremendous burden to carry. Your daughter's care is the most important thing to me. And I really want you to be healthy for your daughter and yourself. Would you be willing to work something out with me so you can trust that we're watching your daughter while you get some rest? Then we can work out these other issues.

Bill: Well. (Bill's eyes get red and watery.) Yeah. Thanks. That would help.

Empathy skills multiply your return on your patient satisfaction program

It's possible that Bill will come back from his rest with all the complaints he originally had. In that case, you'll invest resources. But your investment will yield a far more satisfied family member. More likely, when Bill next talks with the nurse they will both realize that many of Bill's complaints were symptoms of his exhaustion and overwhelm. Bill's been able to voice his fears

and mistrust. And he has an experience of the nurse as on his side. You'll likely find Bill far more satisfied by a much lower investment of resources.

The nurse created a better relationship with Bill. She's also uncovered a way the hospital can provide an unexpected experience of care (the key to patient loyalty) for a whole class of patients. In the course of training, we discovered that the unit often had difficulties with families whose patients came out of the ICU. While their loved ones were in the ICU, family members were frustrated at having very little to contribute to their care. By the time the ICU released the patients, their family members had such a pent up desire to contribute that they expressed it through micro-managing the care process using complaints.

Now that the unit is aware of this pattern, they have an opportunity to make their compassion visible to families. That could take the form of a small orientation for families coming into the unit from the ICU, or a welcome card that explains what families are likely to be going through emotionally and how the staff can work with them to create a better experience. So everyone wins. The patients and staff have better experiences. And behaviors that anticipate and respond to patient needs, of course, rank at the top of patient satisfaction surveys.

How to cost justify better patient satisfaction by doubling your earnings per patient

As you read this brief, encounters like these are taking place throughout organizations like yours. What's worse, you probably won't hear about them. Your staff writes them off as one more example of how stressful and thankless their job is. But you can't afford to. Your patients and staff are busy working together. If they're not creating great experiences that attract new patients, they're piling up costs that hobble your practice.

An increase in customer loyalty of as little as 5% can increase the value of your customer by 25-100%. It adds up, to as much as \$95 million. Your patients and staff are working together. You can give your staff skills so that everyone benefits.

Your staff can learn to make their compassion visible to patients

A demonstration of empathy is a powerful gift to a patient and a powerful tool for your organization. Your staff doesn't need to become compassionate. They already are. Showing compassion isn't a matter of having a good day, or being in the right mood, or having the right personality. But it requires you to draw patients out when they are most vulnerable. That's difficult and intimidating. Demonstrating empathy *in a way patients can see* is a skill—especially in times of stress, pain, or grief. Your staff can learn how. What they need is a process and language they can use to give themselves the permission, confidence, and a way to make their compassion plain.

Give Interplay a call at 877-845-2608 to explore ways you can dramatically increase your patient satisfaction and revenue.

About Interplay

Interplay specializes in helping medical practices that provide outstanding medical outcomes but struggle to create excellent experiences for patients face-to-face. They become frustrated because their malpractice costs are climbing and they're unable to increase patient loyalty (and, hence, revenue).

The key insight for these organizations is that both revenue and malpractice claiming are functions of patient satisfaction not medical outcomes or medical errors. The key to creating patient loyalty and decreasing law suits is giving patients an experience of unexpected compassion.

Interplay teaches a step-by-step for demonstrating empathy in a way patients can see. We create live scenarios. So your staff learns very quickly. You can even work on interactions that are currently a concern on your floor.

You are 100% satisfied with our work or there is no fee.