

## How Do We Learn from Patients' Experiences? (Part I)

By Dorothy (Dolly) Bellhouse

**A**s many of you know, once people find out you work in healthcare, it doesn't take long for the stories to start flowing. Over the holidays, I had just that experience.

One gentleman's family told of his delayed brain surgery because he couldn't get an MRI immediately before the surgery, as his doctor had ordered. A friend recounted her day-long wait to leave the hospital after being discharged by her physician in the morning. Another told of not being able to get her insulin before her meal and waiting until 10 p.m. to eat.

The gentleman waiting for his brain surgery is an alert and active 90 year old. He and his family arrived at the hospital at 5:30 a.m. to start the process for his surgery. The process entailed registering in the surgery area and then going for an MRI so that the surgeon would have the necessary brain scan to perform the surgery. Unfortunately, another patient was taken for an MRI before this gentleman, so everything was delayed. Not only did the patient and his family have to wait, they also got to hear the surgeon's ranting in the MRI suite. Although this gentleman and his family had been to this particular hospital before, and had had to wait on other occasions, this was particularly nerve-racking. Not the best way to begin a long day of anxiousness while your loved one has brain surgery.

My friend who waited all day to be discharged is a healthcare professional (but doesn't work in a hospital). She had spent several days in the hospital for a cardiac procedure and was eager to go home. Her cardiologist discharged her at 7:30 a.m. during his morning rounds. She was dressed and ready to leave at 7:45! However, her nurse said that her physician wanted another physician's consult before she left. So, she waited. At noon, the staff discovered that the physician they were waiting for would not be rounding in the hospital that day and my friend would have to get an appointment to go to his office later. At last, she thought she was ready to go home. The staff thought so too, and the nurse just told her to wait until they got a wheelchair to take her down to the lobby. My friend waited for an hour, knowing the staff was busy. When two hours had passed, she asked if she could just walk out. The staff said no, she needed to be taken in a wheelchair and apologized for the delay. After two more hours, my friend walked to the nurse's station and said she would not wait any longer and walked off the floor and out of the hospital. It was 4:30 in the afternoon!

My other friend is a diabetic and was hospitalized for chest pain. She is insulin-dependent. Her evening meal arrived, but she had not had her insulin. She asked her nurse for it before she had anything to eat. The nurse agreed to check on it and disappeared. After a while, my friend "called" the nurse to inquire about her insulin. Her meal was now cold. The nurse apologized and said that she didn't have the insulin and that my friend apparently did not need it, because it hadn't been ordered. My friend and her family knew this was a mistake and pleaded with the nurse to get the insulin. Finally, a family member

*(Continued...)*

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### In This Issue

How Do We Learn from Patients' Experiences? (Part I) .....	Page 1
Practice Otherness .....	Page 3
End Piece: Women Equal Men Online ...	Page 4

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EB&E is a service of Executive Women in Healthcare, which produces educational materials and seminars to help women healthcare executives. Executive Women in Healthcare helps leaders differentiate between fads and trends; and helps make connections with other healthcare "Trend Leaders."

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## How Do We Learn from Patients' Experiences? (Part I) (Continued...)

called the physician and got the insulin order and my friend finally got a snack, instead of a meal, because the food service department was closed at 10 p.m.

All of these folks told me that they did not pursue their frustrations as formal complaints. Only one of them got a patient satisfaction survey in the mail later and they did not go into specifics about their experience, even though they did not give the highest ratings. So, despite the fact that these people were ultimately satisfied with their outcomes, they were hassled and frustrated by the process.

Experiences like these put patients and their families on the defensive for their next healthcare encounter. They become wary and expect things to go wrong. Although the respective organizations have survey and complaint mechanisms expressly for the purpose of capturing information like this, the opportunity to learn from these three specific experiences was lost. There was no mechanism for the organizations to learn as the experiences were playing out.

If any of these patients had elaborated on their experience in writing to the administrator or a manager, what would have happened? In my experience, we would do a follow-up call, apologize, and then pull the patient's record and work with staff to try to understand what happened. Knowing that there were probably other patients

with similar frustrations that we would never hear about, we would develop action plans. We then would call the patient back to let her or him know what we were doing to address the problem, and follow that with a letter as well. Yet, the opportunity to really learn from experiences like these was lost because too much time passed from the time of the event to when we learned about it. And the likelihood of our action plans making a difference was slim because the root causes of problems like these are varied and different.

How many stories like these do you hear? Please e-mail me the stories you've been told. I'll use them as examples next month, as we consider how to capture information like this and learn to improve on a more real-time basis.

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## The Second National Executive Women in Healthcare Symposium Workshop Overview: If Disney Ran Your Hospital, 9 1/2 Things You Would Do Differently

In this workshop, Mr. Lee will share most of the principles from his new book that can help hospitals get on track and stay on track for greatness.

### WORKSHOP DESCRIPTION

This workshop is based on Fred Lee's new hot selling book. Customer service is the never-ending pursuit of excellence to keep employees and customers so satisfied that they tell others of the way they were treated in your organization. At the conclusion of this program, participants will be more knowledgeable regarding:

- Why patient satisfaction drives employee satisfaction.
- How most service excellence training programs actually do more harm than good.
- Reaching physicians with a shared vision of service excellence.
- The most critical factors that determine patient loyalty and why focusing on complaints will not work.
- Why process improvement efforts do not necessarily lead to higher loyalty scores.

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This pre-conference seminar is an applied workshop designed for teams of CEOs and senior executives, directors of nurses and nurse managers, marketing and human resource personnel, physician practice management personnel, and the KEY STAFF responsible for designing and implementing customer service and patient loyalty programs.

Please [click here](#) for additional information and to book online.

**Presented by: Free Lee**  
**Sunday, March 5, 2006**  
**9:00 a.m. - 5:00 p.m.**  
**Ritz-Carlton, Lake Las Vegas**



## Practice Otherness

By Paula Butterfield, PhD

I hired a new accountant a few years ago. During our first meeting, a freebie that lasted 90 minutes, we talked about everything from our kids to my business to her rate structure and billing practices.

The last point was important to me. I was still smarting from professionals who bill for every minute of contact, including three-minute, static-filled cell phone calls at 6 pm from their Lexus while they're stuck in rush hour traffic.

"Not us," said the accountant. *Hmmm*, I thought with some skepticism.

A few weeks later, I e-mailed her some questions. She called and we talked for about 15 minutes. Ten days later, an envelope arrived. I opened it, half expecting a bill for her time. Inside was a hand-written note, scribbled on a piece of Yosemite Association paper. "Thought enclosed *USA Today* article would be of interest to you," it said.

I unfolded the newsprint and read the headline: "Male execs like female coaches," it said. "Other men often seen as competitors."

A smile swept over me. A few minutes of her time and a stamp had endeared her to me faster and more meaningfully than anything she could have said or done when we met. It was unexpected. It was unsolicited. It was about something important to *me*. Wow!

I'll tell readers and audiences about this small but powerful encounter for years to come -- because it illustrates so poignantly the power of emotional connection. What she did echoed what many of us know but often deny. Good business *is* personal.

If you don't agree, try to recall the last time you bought something you genuinely didn't want. Or the last time you did business with someone you didn't trust, especially if it involved your health. Or how about the last time you ignored that little gut-tug or the tiny voice in your mind whispering, *This isn't a good idea....* Remember the outcome?

What drives us to trust people, to give them our time, our energy, our business is emotional connection. It's one of the most powerful, and underused, tools we have. Lots of CPAs will crunch numbers for my business. How many will take time to clip and send an article that says 'this reminded me of you'?

Lots of leaders have good business acumen. How

many understand that business survival hinges on creating environments in which patients *want* to come for care, people *want* to work, and physicians *want* to practice? Lots of leaders know that they do certain things well. How many know that what they do is often far less important than who they *are*?

Whether you lead from the top of your organization, from the middle, or at the front line, you can learn to cultivate and expand who you are. The process flows from teachable skills, like learning how to self observe and how to peel back the layers of your belief system in ways that create new options for yourself and those you lead.

If you have a self-development program already, add to it a daily practice of *otherness*. Look for small ways to recognize others by giving *them* something important to them, with no expectation of anything in return. A compliment about something they value. A connection between something they did and its impact on a patient or family member. A remark about their kid's soccer team. An inquiry about an ailing parent.

Practicing otherness is not easy. It requires learning about who others are and what they value. It requires being secure enough with yourself to put your agenda on the back burner and learn what's important to *them*. It requires listening from the heart, not from the bottom line.

It may pay no benefits in the short term. That's okay. Do it anyway. Give for the sheer joy of giving. In time, the investment will reward you handsomely.

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## End Piece: Women Equal Men Online

Shifting Internet demographics show that women have caught up to men online. Younger women and black women outpace their male peers. Older women lag dramatically. These are just a few of the conclusions of a survey conducted by the Washington, DC, based non-profit organization, the Pew Internet & American Life Project.

The Project produces reports that explore the impact of the Internet on families, communities, work and home, daily life, education, health care, and civic and political life.

Its latest report shows that the Internet was dominated by men in its early days, but by 2000 and continuing on to today, the user population has been evenly divided between men and women. Further, the proportion of women online is nearly equal to that of men. A review of the findings of the Pew Internet & American Life surveys between March 2000 and September 2005 highlights some particularly interesting trends: Young women are more likely to be online than young men. And black women have surged online in the last three years.

- Pew Internet Project surveys between January and June in 2005 show that 67 percent of the adult American population goes online, including 68 percent of men and 66 percent of women. But women slightly outnumber men in the Internet population because they make up a greater share of the overall U.S. population.
- Younger women are more likely than younger men to be online; older men are more likely than older women to be online: 86 percent of women ages 18-29 are online, compared with 80 percent of men that age. On the other hand, 34 percent of men 65 and older use the Internet, compared with 21 percent of women that age.
- Black women are more likely than are black men to be online: 60 percent of black women are Internet users compared with 50 percent of black men.

- Unmarried men are more likely than unmarried women to be Internet users. Sixty-two percent of unmarried men compared with 56 percent of unmarried women go online. Married women are slightly more likely than married men to be online. Seventy-five percent of married women and 72 percent of married men go online.
- Men without children under age 18 are more likely than women without children under age 18 to be online. Some 61 percent of childless men compared with 57 percent of childless women go online. Men and women with minor children are equally likely to be online. Some 81 percent of men with children and 80 percent of women with children go online.

### How Women and Men Use the Internet: Summary of Findings\*

- Patterns of Internet use: Men are slightly more intense Internet users than women.
- Online activities: Men are more likely than women to use the Internet for many online activities, but women are catching up.
- Using the Internet to communicate: More than men, women are enthusiastic online communicators and they use e-mail in a more robust way.
- Using the Internet for transactions: More men than women perform online transactions, although both share a rapidly growing enthusiasm for the Internet's function as a tool of commerce.
- Using the Internet to get information: Men pursue and consume information online more aggressively than women.
- Using the Internet for entertainment: Men use the Internet more than women as a destination for recreation.
- Issues about gender and the Internet: Men are more interested in technology than women, and they are also more tech savvy. Men value the Internet for the breadth of experience it offers; women value it for enriching their relationships, but are more concerned about its risks.

\* Source: Deborah Fallows, *How Women and Men Use the Internet*. Washington, DC: Pew Internet & American Life Project, December 28, 2005.

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