

Finding the Right Words

By Lisa LeMaster

I vividly remember the words of my sister's doctor after she committed suicide.

"I can't discuss it because of patient confidentiality laws."

That's what he said. Even though I later learned what he should have said to us, I have never quite purged the anger I have for him and his aloof response to our family as we began the grieving process. Because of other urgent family matters, I didn't pursue litigation, but I thought about it every day until the statute of limitations expired.

In the past two columns, I have addressed "the apology strategy" often utilized in crisis media management when a company or institution's credibility has been tested. Too often, the newsmaker apologizes for the wrong thing by making statements I called "sorry if" apologies.

"I'm sorry if anyone was offended," is a typical response from a performer or a star athlete, for example.

The healthcare industry continues to debate the effectiveness and wisdom of apologies. In crisis situations, attorneys are usually the first to denounce a recommendation to say, "I'm sorry."

I remember a situation when a group of teenagers had been shot to death during a robbery. Unbelievably, the corporate counsel advised the company owner not to call family members and express his profound sadness about what happened. The lawyer believed that would be an admission of guilt that the workplace did not have enough security. Fortunately, humanity prevailed and the CEO telephoned the parents even before police had cleared the crime scene.

Apologies don't have to "admit" guilt or wrongdoing, even in a hospital setting. Some states, as you know, now prohibit plaintiffs' attorneys from using apologies or "regret" statements as part of a malpractice claim. I believe that a lack of communication means miscommunication. In fact, there are some ways to adopt the "right words" from the rules of dealing with a public crisis to statements in a private one inside a healthcare institution.

Ask yourself, "Whose side am I on?" Even in the situation labeled as a "bad result," there are ways to show compassion without inviting

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Sheila Keizer
Executive Director
ebe@WomenInHealth.com

Our address is:
20 B Shawnee Way
Bozeman, Montana 59715-7624

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406-586-6400
www.WomenInHealth.com

Finding the Right Words (Continued...)

a mega-lawsuit.

- "This is a painful and difficult situation for you and for everyone who has been caring for your husband."
- "I don't know how to respond in this tragedy. Please accept my most sincere sorrow for what has happened."
- "We all are grieving over this."

Those kinds of statements aren't really debatable, and they demonstrate compassion and empathy from the hospital or medical professional. More difficult is the issue of what to say next.

Your audience, eventually, will want to know the facts, and they will ask if anything can be done to make sure it never happens again. That doesn't mean you have to provide instant analysis or deliver a list of possible medical errors. In fact, one effective (and truthful) answer in the initial crisis is to say, "I know this is hard, but right now there are more questions than answers. I can assure you that we will do everything we can to find out what happened."

In today's transparent and "no-spin"

communications environment, stonewalling or blocking the flow of information will never work. If lawsuits are filed, by the way, family members or patients will eventually have access to the records. I believe that it's most crucial to communicate sympathetically in the early period of what JCAHO calls the "unanticipated adverse outcome." It's analogous to what your mother always said, "First impressions are very lasting."

Families, victims and members of the news media will always rally against a professional who seems to be involved in a cover-up.

Many of your customers have personal stories about staff or doctors who didn't seem to care about them. They have the same feelings as my family did when my sister died. We just wanted someone to say, "I am so sorry for your loss."

Lisa LeMaster is the president of The LeMaster Group, a Dallas-based company specializing in crisis communications, perception management and media coaching. For more information, you can visit: www.lemastergroup.com.



A Job Exchange Column?

With growing frequency, we are being asked to list leadership job openings available at the institutions of our readers. We are also getting requests from recruiters to list leadership positions they are trying to fill.

Would you welcome and use a column for this purpose?

Please take a moment to share your opinion by sending an e-mail to: info@womeninhealth.com

Thank you.

The 10 Best Practices for Advancing Women in Business - #7 - Informal Networking

By Lynn Shapiro Snyder

7. Informal networking can be just as effective as formal networking. You do not need to wait for meetings or retreats to network with others relevant to your business. Create your own meeting.

Everyone seems to know instinctively that you will do better in business if you know more people and if more people know you. Yet, we all seem to get into the slump of getting the work done and thus limiting the number of people we know. This is because, if you are only focusing on just doing the work, the only people who will know you are those in your immediate vicinity who are getting your work done.

As a senior executive at a hospital, you are most likely to eat lunch with other senior executives from the same hospital. What would happen if you were to have lunch with someone from a different hospital in the same system? You would find out more about what may be happening in the system and perhaps learn from the issues you are not otherwise confronting at the moment. You also get someone from the other hospital to hear about your issues and to learn more about who you are and how you are handling such matters.

Networking is known as a best practice in business precisely because it facilitates access to information and people in the business marketplace. And let's face it, information and people are key to many successes.

The issue is that many people falsely believe that they need structure in order to network effectively. That means that they are not likely to reach out to others unless there is a format created for such outreach. Those formats often come in the form of conferences and established periodic meetings - like quarterly updates and even board meetings. They are known events, with dates, times and places. While they definitely provide the opportunities for business people to network, they are usually few and far between. They also dictate who will be there when you may want to create your own invitation list for business purposes.

That is why number 7 of our WBL Foundation's "10 Best Practices for Advancing Women in Business" is the topic of **informal networking**. Informal networking can be just as effective as formal networking. Indeed, it can be even more effective. You do not need to wait for meetings

or retreats to network with others relevant to your business. You can establish the time, place, topic and invitation list. Just create your own "meeting!"

Consider the following:

- Set aside at least one lunch per week to network with someone outside of your work circles
- Create a dinner meeting at a restaurant and ask disparate people to attend - let everyone know that they only pay for themselves. At WBL, we call these **BYOCC** dinners - bring your own credit card dinners. That way the cost of the meal is not borne on any one person's budget, and finances are not the barrier to getting together.
- Make the most of a business conference. You may want to email potential attendees before you arrive to make plans on meeting key people for private meetings rather than take the chance that they either would not be there or would be tied up.
- Make "internet introductions." These can be done at your desk. You introduce one person you know to another person you know, but they do not know each other. You set forth their respective contact information and if they need help, explain to them why you thought they should know each other. You will find that others will then introduce you or at least think of you should business opportunities arise because you are frequently visible with your contacts.

No matter what, stay in touch with people. Consider their needs and be helpful. You never know when the favor will be returned.

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Lynn Shapiro Snyder is a National Health Care Practice Leader at Epstein Becker & Green, P.C. in Washington, DC (www.ebglaw.com). She has been voted one of the 100 most powerful people in health care for her leadership as a top Medicare, Medicaid, and compliance attorney. In addition, Ms. Snyder is nationally known as the Founder and President of the Women Business Leaders of the U.S. Health Care Industry Foundation, an invitation only group of about 1,200 senior executive women and women board members (see womenleadinghealthcare.org).



END PIECE: Inpatient to Outpatient to Home Medicine

Hospital leaders were very concerned when the shift from inpatient to outpatient activity took place. After all, how were hospitals going to maintain overall margins when outpatient services were considerably less profitable? Everyone has adjusted to the change over the last decade.

Now another shift is taking place: home medicine-not just home care. We're talking about monitoring vital signs through telemedicine, which allows healthcare providers to perform checkups remotely. The technology can be as simple as transmitting blood pressure and weight readings to a remote facility monitored by a computer or a nurse. Or it can be as sophisticated as having live doctors appear on a screen to listen to everything from a patient's heartbeats to lung waves. And some devices allow patients to aim a camera at injuries so doctors can instruct them how to properly dress a wound.

While telemedicine won't replace face-to-face consultations any time soon, the president of the American Medical Association agrees that it can greatly enhance the patient-physician relationship. Advocates say telemedicine can also save valuable time and money in caring for those who require frequent medical attention.

According to the Associated Press (AP), there is little hard data tracking its growth, but there is mounting evidence that more people are using telemedicine. The executive director of the American Telemedicine Association reports that the number of companies manufacturing home telecare devices in the last three years has tripled to 15 and the Veterans Administration plans to double the number of patients it puts on home telecare to 20,000 over the next year. About 3,500 hospitals, clinics, schools and other facilities use telemedicine today, up from 2,000 six years ago.

According to the AP several studies show that patients who use telemedicine make fewer trips to emergency rooms and hospitals. One study by Kaiser Permanente compared

two groups of 100 patients and found the group that used the technology cut hospitalization by 200 days from May 1996 to November 1997.

One New York state VNA nurse who specializes in delivering telemedicine told the AP that healthcare providers can catch warning signs early and take action to prevent a stroke or heart attack. Patients also tend to be less alarmed by symptoms when they have medical assistance at their fingertips. This nurse reported that her association's patients who started using home telecare saw a 29 percent reduction in emergency room visits and a 37 percent reduction in hospitalization. She is able to reach more patients in the remote areas of the 13 New York counties she serves. It is a major convenience for those living hours away, especially during rough winter months. She started using telecare five years ago with 12 units. Now there are nearly 200, and three insurers have agreed to cover the costs associated with it.

A growing number of states with a lot of rural areas offer Medicaid coverage for telemedicine. Minnesota is one of those states. New York is not one of those states, but officials are showing interest in the technology. About 40 agencies in the state of New York employ about 1,000 home telecare units. That number will rise to 1,500 this year after the state health department gives out \$4 million in grants to help agencies invest in the technology.

A spokeswoman for the Homecare Association told the AP, "It saves time, money, can be done instantaneously." "This is going to become as common as a cell phone in our industry."

Clearly another shift is occurring in patient care. Hospitals that avoid this emerging trend will find themselves competing later against entrepreneurs who take advantage of the opportunity now. This happened when inpatient services shifted to outpatient services. Physician groups and business people moved in quickly to fill the vacuum created by hospitals that ignored the budding trend.

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