



Appearances matter

How everything affects your brand.

By Allen Howie



Allen Howie

Every business — including every medical practice, every hospital and every medical service provider — has a brand. At its most basic, it's the perception customers or patients have of you. Everything they see and experience affects that perception for better or worse.

Questions to Ask

Start with that first call to your office. How long did it take to get through? How friendly and professional was the staff person who took the call? Did they genuinely seem to care about the caller? This is where the brand begins.

Or maybe it begins earlier. Did this patient or customer go to your website first? What did they find there? Does the site look current and appealing? How does it compare to the other, mostly retail, websites they visit? Was it easy to navigate? Could they find what they were looking for with very few clicks? Maybe most important, did it convey anything at all about you, your business and your brand, or is it very generic and nondescript?

A smile costs nothing, and says that yours is a practice where patients are truly welcome.

Now they arrive at your office. Try seeing it the way a first-time visitor does. How does the parking lot and landscaping look? Is the building clearly marked as yours? What shape is the exterior in? Does it look great, or is it in need of some maintenance? Before they even get in the door, patients are forming an opinion of the care they'll receive based on what they've seen so far.

Now step inside and take a look around. Are the floors or carpeting clean and in good shape? What about the furniture in the waiting room? Is the lighting too dim or too bright? Are the magazines current or from last year?

All of this sets a level of expectation.

If things are clean, neat, current and in good repair, it conveys the message that your practice pays attention to the details and cares about patients. If not, the bar is set lower, along with the patient's confidence in the care he or she can expect.

Once Inside, Real Test Begins

Now the real test begins, and it's all about your staff. How is that new patient greeted when they come in? Does someone acknowledge them as soon as they come in, or do they make it all the way to the registration window without any sign that someone knows they're there? More important, do they get a smile when they walk in? That one thing, small as it may seem, is huge in the mind of the patient, and especially the new patient. Yet it's the one thing that's routinely ignored. A smile costs nothing, and says that yours is a practice where patients are truly welcome. The fact that it's so rare makes it all the more precious.

What are the first words they hear? Is it a question, like, "What's your name?" An order, like "Sign in"? Or is it a genuine greeting — a simple "Hi" or "How are you this morning?" delivered with that all-important smile. That one act sets the tone for the rest of the visit.

Pay attention to everything that happens next. How long does the new patient sit in the waiting room before being called back? When that call comes, is it accompanied with a smile? As the patient is weighed or walked back to an exam room, is there any casual conversation? What are they seeing? Are hallways clean and nicely maintained, or are there boxes stacked against a wall?

Same question for the exam room. How does it look? Is it comfortable? Are they given some indication of how long it will be before someone sees them? If it takes longer, does someone come in to let them know?

During the exam, do they feel as though they have your undivided attention, or does everything seem rushed? Again, are the small courtesies like a smile and a question about their day included? Do they feel like they have all your attention?

Continued on page 27

One in seven hospitalizations result in medical harm

Hospital performance tied to Board engagement.

By Kevin Kavanagh,
MD, MS, FACS

One needs to remember that if you are a member of a non-profit institution, your primary fiduciary responsibility (loyalty) is to charitable purposes and the community.

According to a 2010 Office of Inspector General (OIG) report, one in seven hospitalizations result in medical harm. You may say this is overstated, but a week later similar results were published by a study in the *New England Journal of Medicine*.

The Centers for Medicare and Medicaid (CMS) require that hospitals have a Governing Body or a Board that is "legally responsible for the conduct of the hospital as an institution". The Board hires and may fire the CEO and medical staff. As reported by the OIG "Medicare places the responsibility for quality in hospitals squarely on the shoulders of the Boards;" so does the Joint Commission, the major accrediting body of acute care facilities.

Hospital Boards need to be fully engaged on quality. Recent studies have shown a direct correlation between hospital performance and Board engagement.

Of concern is a 2009 report, by Jha and Epstein, published in *Health Affairs* that studied non-profit Boards and found that less than half identified "quality" as a top priority in Board responsibility or in judging the CEO's performance. There was also a twofold difference between the top and bottom performing institutions in utilizing quality as a measure of the CEO's performance and a 30 percentage point spread in having quality as a top priority for Board oversight.

All Board members should have formal training in quality assurance by an outside independent source. The Institute for Healthcare Improvement (IHI) is one of the driving forces behind this education with their "Getting Boards on Board" initiative. At a minimum, at least 25 percent of the meeting should be spent on quality issues.

Each Board meeting should start

with a presentation of a patient harmed at the institution. Some Boards even have a presentation by the patient. Many authorities recommend this. Periodically, an in-depth case study should be presented by the CEO and hospital administrators of a patient harmed at the institution. These studies should include an interview with the patient and should be no less than one hour in length.

Boards should conduct random chart reviews of at least 20 patient charts for medical errors and injury, using a Board appointed team of clinicians and a mechanism such as the IHI Global Trigger Tool.

A dashboard of data regarding quality needs to be available at each Board meeting. What is on this

dashboard is important. For example, comparisons should be made to the national average and to facilities above the top quartile, and not just to facilities within the corporation.

How many cases of Hospital Acquired Conditions as defined by the CMS services were there? How many Serious Reportable Events as defined by the National Quality Form were there? How many cases of the superbugs, MRSA and *Clostridium Difficile*, were there? How many Stage III and IV bed ulcers were there?

Statistics are nice, but real numbers are also needed. For example: Vascular Catheter Infections should be close to zero. One should be considered a rate too high. Every patient counts, they are not just a statistic.

Some or a portion of your meetings may be held in "Executive Session", meeting alone without the CEO. For example: If major problems exist in your facility, you may want to talk to staff and quality assurance personnel privately.

Continued on page 27



Leadership: Kathy Markham

Continued from page 13

One of the concerns raised over the past 12 months is the potential shortage of both physicians and space for our ageing community. How will technology help address our future healthcare needs?

We do share the concern regarding physician shortage. Kindred is working to recruit and retain great physicians by enhancing our EMRs and providing Clinical Data Repositories, and providing secure ways to access patient data remotely via smartphones, iPads and other new mobile devices.

Kindred Healthcare has been a leader in the Health IT space. How do you see

policy, specifically as it relates to technology, affect the long term care industry?

Unfortunately, the regulators did not include Post Acute Care in the HiTech funding for implementing EHRs. However, having all the Post Acute providers incented to make these investments will only serve to further Health Information Exchange (the transmission of patient data between our organizations), improving the patient's experience when transferring from one setting to another and affording the caregivers a more complete view of their history and current conditions and medications.

Continued from page 26

What happens when the exam is over? Is the area where they take care of payment or their next appointment private, or is all that done within earshot of other patients? Does anyone thank them for coming in? Do they leave feeling that they'll be welcomed back?

The point is that there are a hundred little things that make up your brand, the

perception patients have of you and your practice. And those perceptions are what they share with others — not the reality, but the reality they experienced. Focus on getting all those details right and the brand begins to take care of itself. In this economy, that's money in the bank.

Continued from page 26

Often important information about the functioning of an institution comes from members of the community and employees, other sources than official channels.

Board members should also remember that there is no "I" in Board. It is a consensus organization. Once a decision is made, there is no room for dissent or individual action.

The Board also needs to make decisions on tough issues such as public reporting and full disclosure of medical errors to both the family and the community. Although controversial, multiple studies have shown this does not increase liability costs.

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your primary fiduciary responsibility (loyalty) is to charitable purposes and the community.

No excuses. "I only see what they provide" will not fly. You are the Governing Body, the boss. Some Boards even provide financial incentives for CEO's to meet certain quality milestones. For example, having a central line infection rate of zero.

Through proper training and engagement, Boards can become a key component for assuring high-quality healthcare in our communities.

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