Over the years, I've seen some fine examples of standards designed to apply to everyone in the organization. They go by different names—codes of professional conduct, house rules, service commitments, and the like. And I've been involved in developing a few such documents too.

After developing carefully wrought documents such as these, how do we get the standards to fly off the page and influence people's everyday behavior? Rollouts are needed but they don't do it. Standard-of-the-month campaigns are great awareness-raisers, but they don't do it either.

Recently, I had the pleasure of spending three intense days as communications coach for a large, highly respected medical group. I did a series of observations in clinical departments (Internal Medicine, Peds, ENT, OB, and Dental). Then, after seeing for myself how staff handled key interactions with patients and each other, I met with the staff in each department to provide feedback and help them apply the language of caring to their difficult situations.

While I was doing the observations, I noticed this: While physicians introduced themselves to patients at the start of a visit, other staff did not introduce themselves to patients. At the front desk, no "Hi, I'm Joan. Welcome...." When medical assistants came to the waiting area to retrieve a patient, no "Hi, I'm Barbara and I'm here to take you to "On phone calls to remind patients of upcoming appointments, no "Hi, this is Bob from Dr. Marks' office calling to remind you about your appointment."

After seeing this, in the coaching sessions I later held with each team, I addressed introducing yourself as a fundamental best practice. Here's what happened.

People resisted. People gave every excuse for not introducing themselves and not wanting to do so in the future.

- "They don't care who I am."
- "They don't need to know who I am."
- "I don't want them to know my name so they can find me to complain to or complain to someone about me."
- "I DON'T HAVE TIME!"

And the supervisors right there in these meetings shared their frustration about staff not introducing themselves.

We KNOW that patients WANT to know who is serving them. Introducing yourself is a well-documented best practice. How in the world can an organization be patient-centered, when they do not install this most basic patient-centered best practice?

How do we make standards come alive? We have to commit to them and insist on compliance. The standard cannot be negotiable. It must be a job expectation just like best
practices related to preventing needle sticks. It cannot be up to employees to decide if they're willing to follow a standard. Quite simply, if they won't follow it, they are not a good fit for the organization. Standards are what we STAND for. And the only way to make a standard come alive is to manage employees as if their jobs depend on it.

That's the supervisor's job. And it's the job of the supervisor's boss to make sure the supervisor knows it, has the tools to do it and DOES IT! And it's the job of everyone above them in the chain of command to insist on living the standards.

Standards are the positive core of an organization's culture and brand. Patients and families depend on us for them. If your standards are collecting dust on a shelf, It's time to dust them off and use them to ensure a consistently positive patient experience.
3 Examples of Service Standards

1. Break the ice and the mystique. Extend a warm welcome. Make eye contact and smile; put warmth in your voice; introduce yourself and your role. Call customers by their preferred name often.

2. Practice presence: Move to the customer's level. Position yourself to tune in completely. Maintain eye contact. Make the person your sole - and your soul -- focus.

3. Inform and explain: Information is power. Share it. Tell customers exactly what they can expect and what will happen next. Invite questions and check for understanding. Apologize for delays.

4. Make patients and families feel secure during handoffs. Explain the next step. Prepare them fully. Build their confidence in others on the team.

5. Connect to the patient and their family. Extend yourself, reassure, involve, inform. Act as advocate.

6. Anticipate: You'll often know what people need before they have to ask. Don't wait. Act first.

7. Respond quickly: Keep appointments. Return calls. Apologize for delays. When patients and families are worried and waiting, every minute is an hour.

8. Ensure privacy and confidentiality: Watch what you say and where you say it. Protect every customer's rights and dignity.


10. Take initiative. Put patients and their families at ease. Offer comforts. Just because it's not your job, it doesn't mean you can't help or find someone who can.


13. Project a professional image. We're part of a long, proud medical tradition. Look the part. We have a public face and a public importance.
Physician House Rules for Patient-Centered Care

- **Presence.** Tune out distractions and make your patient your sole focus.
- **Respect.** See patients and their companions as experts in the experience of their illness and their needs.
- **Partnership.** Encourage patients and their companions to ask questions and initiate discussions about what they know or believe about health and disease and to share in considering options and making decisions.
- **Caring.** Show you care about the patient as a person. Communicate interest in what patients and their families present as important to them.
- **Body Language.** Move to your patient's level, turning to face them directly. Lean forward slightly to demonstrate your presence. Sustain quality eye contact.
- **Inquiry.** Ask open-ended questions to uncover your patient's needs, concerns and ways of thinking.
- **Listen actively.** Listen patiently without interrupting. Acknowledge the patient's feelings as well as the content of what they say. Check your understanding.
- **Information.** Information is power. Share it with your patients in words they can understand.
- **Cultural Sensitivity.** Make it your business to understand how your patient's culture shapes their relationship to illness, health, and self-care.
- **Safety and Trust.** Build these over time by doing all of the above.

**Six Commitments**

1. **Concentration:** Be present. Give customers your full attention.
2. **Comfort:** Make customers comfortable.
3. **Can-Do:** Take responsibility and initiative to make the right things happen for the people you serve.
4. **Confidence:** Inspire confidence in yourself, your colleagues and the entire organization.
5. **Calm:** Anticipate, prevent and relieve customers' anxiety.
6. **Collaboration:** Do your part and help others do theirs.
Standards Alignment Process

**Identify Improvement Opportunities Related to the Standards.** Get input from:
- Primary/direct customers
- Staff
- Peers from other departments

**Compile Results**
For each Standard, identify:
- Behaviors needed in our jobs
- Systems/process problems that interfere
- Environment Issues
- Barriers

**Hold Staff Meeting:**
- Report results
- Explain individual goal setting related to Standard behavior
- Clarify assignment/plan
- Get volunteers for team to select improvement projects

**Individual Goal Setting Related to Standard**
- Managed by supervisors
- 1 Standard/pledge per quarter
- Personal reflection time & goal-setting
- Meet with supervisor; negotiate as needed; agree on pledge and how to monitor
- Both sign pledge
- Supervisor follow-up

**Then, proceed in two directions at once.**

**Identify & Pursue Standard-related Improvement Projects**
1. Teams pick improvement projects that meet criteria or conform that they’re already working on the right things
2. Review with Administrator
3. Customer Service Planning Team reviews to ensure coordination and integration
4. Teams integrate plan into departmental quality program
5. Start “PI collaboratives” (teams of people working on similar goals, such as waiting times)
6. Provide resources (readings, guides, facilitators, etc.)