Throughout healthcare, people want to do their best. They come to work wanting to provide the best care and service. On the other hand, in all my years as a speaker and advocate for the patient, family and employee experience, I have never met a leader or staff members who is perfect. We make mistakes, we present the worst side of ourselves at times, we are sometimes rude or unaccommodating, we talk back or talk at each other, and so on. If we are unaware, if no one intervenes, or if we don’t catch ourselves, the behavior becomes normalized behavior---acceptable behavior.

These behaviors that we ignore, discount and tolerate comprise what I call “the gray area.” They are gray because we have mixed feelings about them. On the one hand, we know we shouldn’t tolerate them. On the other hand, perhaps they’re infrequent and it will take time to address them. Also, we might meet with resistance and pay a price if we confront the person and suggest or require a behavior change. And accepting normalized behaviors impacts our culture in a negative way.

Gray area behaviors play havoc
When we discount, minimize or tolerate negative behavior, we lower our standards for patient-centered care and service excellence. In truth, we fail to keep our promises to the people we serve and to each other. It’s a matter of accountability.

So, why don’t leadership teams take action to shrink the gray and raise the bar in patient-centered care? Perhaps, they haven’t acknowledged or discussed the normalized behaviors that are damaging the patient and family experience. Or, maybe they’ve discussed these, but don’t feel they have the time to tackle this tough accountability challenge. Or perhaps they feel bad about asking even more from their already besieged middle managers. And finally, maybe they want to tackle this but don’t know how.

Still, I firmly believe that every organization strives to achieve greatness and raise the bar in family and patient-centered care.
What can we do to shrink the gray area?

If a leadership team identifies normalized behaviors, communicates specific expectations for improvement, and supports managers and staff in improving on these behaviors, below-par behavior gives way to behavior that reflects the higher standard.

1. Acknowledge the gray area and identify the behaviors that fall into it.

This is the pivotal first step, and not easy. Who wants to admit and then address the problem behaviors? Engage your leadership team in identifying and acknowledging the normalized behaviors that really should not be tolerated. Then, focus them on making a commitment and a plan to change those behaviors.

2. Make a list gray area behaviors, and pursue one behavior at a time.

When asked, I have seen organizations list 30 or more normalized behaviors. This can be overwhelming, so overwhelming that leaders don’t know where to begin. So they don’t begin at all. That’s why I suggest starting with the low-hanging fruit – identifying and prioritizing those behaviors that are the most unacceptable, but once eliminated, will have the greatest positive impact on your organization, your staff, patients and families. Behaviors can range from staffs’ slow response to a patient’s need, taking a personal call on a cellphone while with a patient, clocking in late, or something far more serious, such as behaviors that impact patient care and safety, like not washing your hands.

3. After leaders select their focus, engage all work teams in replacing the problem behavior with its excellent counterpart.

The manager makes the case for eliminating this behavior, making it clear that people throughout the organization will be doing the same. Then, the work group develops their plan for meeting the new expectation and also holding each other accountable.

4. Support all employees in coaching each other and holding each other accountable.

Starting with leadership training, train everyone to use the “Caring Feedback Model”. This helps people confront each other’s problematic behavior with specificity and compassion, making it most likely to bring about behavior change. It is critical that all leaders and all departments consistently support the decision and hold themselves and staff to changing the behavior. If not, one department will defeat the purpose, and other teams will say, “That department doesn’t do it, so why should I?” Also, decide as a leadership team what the rewards and consequences will be for the behavior change (or lack of it.)

The fact is, GOOD to GREAT is mere rhetoric unless leaders focus on pinpointing and replacing inadequate or even lackluster behavior with behavior that people know to be excellent. Shrink the gray (eliminate normalized behaviors) and you will elevate the patient, family, and staff experience-- and accountability-- to a much higher level.
Watch Paul Clarke, Patient Experience Manager from NCH Healthcare System describe the impact of the Language of Caring for Staff program. “It really hit home, and now I see what we are really missing from our patient’s perception... I’m with them. I’m connecting with them, but I didn’t connect to how it made them feel.”

Stories can heal, inspire and have a profound effect on people’s lives. In “A Letter to My Daughter’s Healthcare Team” a mother shares her daughter’s story. With honesty and authenticity, she informs, inspires, and engages healthcare professionals to see the benefits of her story as a vehicle for healing.

The Three Words I Want Every Single Hospital Employee to Hear

A Letter to My Daughter’s Healthcare Team:

Dear Doctor,
To you, Addie is a patient. But she is my baby. You don’t know this, but she has spent the last nine years enduring medical procedures, appointments and hospitalizations. When she sees you, all of those memories come with her. Your white coat is a symbol of blood draws, x-rays, pokes and prods. Please don’t take it personally if she gives you the stink-eye. I’m sure without the white coat, she’d love you.

Dear Nurse,
When I ask question after question about a medication or procedure, it is not because I’m a pain-in-the-butt mom, it is because I’m exhausted and if I don’t write everything down, in 10 minutes that knowledge will have slipped into the black hole of pharmaceutical names, insurance info and commercial jingles from the 1980s. Please be patient with me. I don’t want to mess this up. A little life is at stake.

Dear Phlebotomist,
The reason Addie’s screaming and holding onto me before her blood draw is not because she’s a bratty 9-year-old who can’t handle a little pain. It’s because during the last draw, the nurse couldn’t find the vein and after both arms, three veins and being held down by aides, this is what she remembers as you come at her with a needle.

Read the rest of this inspiring post here:
New Book—

Triggers: Creating Behavior That Lasts--Becoming the Person You Want to Be
Marshall Goldsmith

This an entertaining and refreshing approach to both personal and professional improvement—a mind-stretcher brought to us by a world-class executive coach. Believing that we are better planners than doers, Goldsmith suggests that we focus on our EFFORT, not on our RESULTS, because we can CONTROL our effort! He suggests simple questions we can ask daily to achieve lasting behavior change. I especially appreciated the reframing of employee engagement— from something leaders need to do to employees to something every one of us needs to do for ourselves.

See something? Say something!

Engage your team in appreciating each other for words and actions they observed that they considered caring, impressive, or otherwise praiseworthy. The slogan, “See Something? Say something!,” is popular as a reminder to speak up and report errors, suspicious situations, or threats to safety. Why not encourage speaking up also when you see or hear a coworker engage in an admirable act?

Instructions

• Introduce this slogan to your team and explain that you want to encourage people to live by it for situations of concern (like safety issues) and ALSO live by it when they witness or hear about a coworker’s words or deeds that deserve appreciation.

• Ask people to think for a minute of the last week and pinpoint one thing they saw a coworker do or say that they admired or appreciated.

• Invite people to share statements of appreciation to people in the group.

• End by appreciating your team for their efforts and contributions.

• Invite the team to create a poster with the slogan on it, such as, “See something caring? Say something caring.”
“Eye contact is a powerful kind of hand-holding.”

Donna Thomson; themighty.com

Add ME-tings to Your Calendar

Does your calendar control you? With endless demands and responsibilities, you might find yourself going from task to task, patient to patient, meeting to meeting—with no breaks or space in-between to collect yourself. Personal time rarely just happens, but it is crucial to take a breath, rejuvenate, reflect on what you’re doing, and relax.

The solution: SCHEDULE personal time. Put it on your calendar. Give it a name you can say to others: “Sorry, can’t be in on that. I have an SC Committee Meeting (Self-Care). If you think you don’t have time for this, think again. Me-tings make you more efficient, more focused and more effective as you approach work (and home) challenges.

Complimentary Webinar:

Suddenly a Patient or Family Caregiver

The view from the other side of the “stethoscope” is personally transforming when suddenly doctors and patient experience professionals become patients or patients’ support persons. In this webinar, four people with a long history as patient experience champions talk about their experiences “on the other side.”

Highlights:

- Hear Dr. Trina Bogart’s experience with breast cancer
- Dorothy Sisneros shares her personal experience with breast cancer
- Amy Steinbinder and Wendy Leebov reveal insights from their families’ health experiences

WHO SHOULD ATTEND?

• Everyone!

WEBINAR FACULTY

• Trina Bogart, Emergency Room Physician
• Dorothy Sisneros, Partner, Language of Caring
• Amy Steinbinder VP, Nursing, Quality and Evaluation, Language of Caring
• Wendy Leebov, Partner, Language of Caring

It’s complimentary!
REGISTER NOW!

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Are Language of Caring Programs Right for Your Organization?
REGISTER FOR A FREE WEBINAR OVERVIEW TO FIND OUT.

- Discover how these blended learning programs are helping organizations achieve breakthroughs in the patient experience and patient/family-centered care, as measured by CAHPS improvement
- Learn how these programs work and their specific components
- Preview our awesome Client Portal for easy access to videos, all materials and sustainability resources
- Get to know our implementation services that help you jumpstart your strategy and accelerate your results
- Ask your questions!

Spread the Resources
- Forward this month’s Heartbeat email to others.

Received this from a colleague? Sign up today!

Join our LinkedIn Group “Quality Patient Experience and HCAHPS Improvement” and add to the rich discussions.

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