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Patient by name, not by nature

January 2009: In this article Shaun Smith examines the hospital experience – from direct, personal experience – and shows how to analyze the patient journey with his ECG (experiencecareogram) chart, and how to apply behavioural science lessons from Nobel prize winner Daniel Kahneman and other psychologists to re-design and re-build the patient experience. The health service, Smith finds, is locked into old-style ‘customer service’ think and needs to shake out of that to genuinely improve the customer experiences in the way he outlines for them below.

Whilst on holiday over Christmas I managed to rupture my Achilles tendon playing tennis with my wife. As a result I am sitting here in a leg cast having had surgery to repair the tendon. It has been many years since I was last hospitalised and so it was an interesting opportunity for me to apply my customer experience skills to the health sector at first-hand.

Many hospitals and health care authorities are under pressure to raise performance standards and are therefore taking steps to improve the levels of service and patient care they offer, but much of this attention is directed at the front-line customer contact personnel like the restaurant or reception staff, for example. Whilst improving front-line customer service is desirable it is important to understand that this is a purely tactical response because customer experience is much broader than customer service.

The assumption with service is that ‘more is better’, but in these cost-conscious times, experiences may be stripped down but still offer customers exactly what they want and create a very positive impression. First Direct offers a simpler service than most retail banks and yet it is one of the few brands that is trusted by its customers and achieves very high satisfaction levels. Amazon.com does not offer the same high-touch experience that you might receive in a book-store like Waterstone’s for example, and yet it still receives one of the highest satisfaction scores we have seen.

As Jeff Bezos the founder of Amazon says; “Customer experience is **bigger than customer service** in that it is the full, end-to-end experience. It starts when you first hear about Amazon from a friend, and ends when you get the package in the mail and open it.”

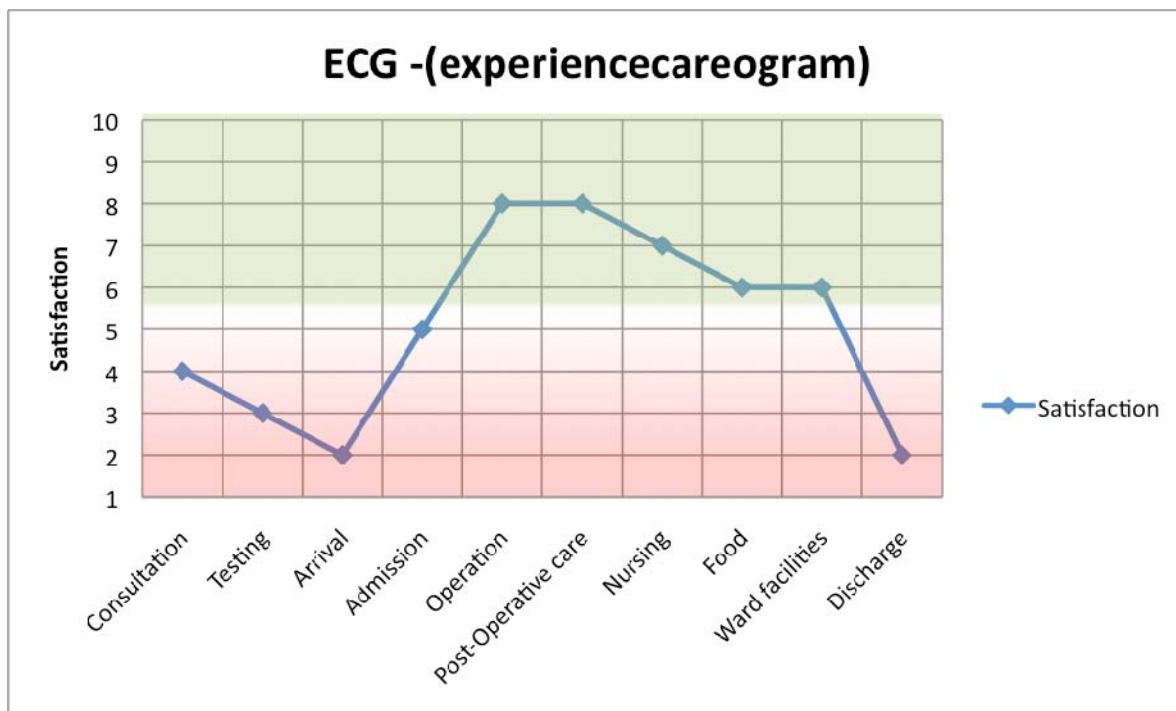
Similarly, the hospital experience is so much more than a smiling receptionist or friendly cleaner; it is the way that processes and people work together to deliver an end-to-end experience that is as pleasant and stress-free as possible. For this reason hospitals need to re-think the complete patient journey and actually manage the experience. It is not enough to simply train the front-line in customer-care. This is necessary but insufficient to change the perceptions that patient’s have of their hospital stay.

Of course, some hospitals have taken a broader approach. My friend Lou Carbone author of 'Clued In' cites the example of University Hospital in the States that was concerned about competition from other health-care providers as well as slowly declining customer satisfaction scores. It implemented an experience audit and improved the customer experience management in its emergency facility.

The audit revealed that experience provided by the facility showed minimal recognition of the emotional needs of patients, and even less for the needs of their families. The hospital subsequently designed an experience that focused on creating a reassuring, empathetic connection between the ER facility on one hand and patients and their family and friends on the other.

As I lay in my bed recovering from the operation, attached to a machine that beeped regularly as it tracked various functions including my blood pressure, heart rate and so on, it occurred to me that the one thing that was not being tracked was my satisfaction with the experience. So I decided to create my own ECG but in this instance the acronym doesn't stand for 'electrocardiogram' but rather, '**experiencecareogram**' - in other words, my satisfaction as a patient with the experience.

So what was my experience like? Well, if you look at my 'ECG' graph you will see how my satisfaction levels rose and fell as I experienced each of the major touch-points through my journey. You can think of the mid-point of 5.5 as being neutral. Anything above that point is satisfying; anything below that line is stressful.



My journey as a patient

It began with the initial consultation. I was given an appointment to see a consultant at 09.45 so arrived a few minutes early to find a waiting room full of people. How can this be I thought, the surgery only opened at 09.00? I noticed that patients were being called by number and there was a machine in the entrance offering little numbered tickets. Belatedly, I took one only to find out much later that this was for a completely separate process.

Eventually - at 10.30 - I was seen by the consulting doctor. He didn't introduce himself or explain what he was doing as he examined me. He simply announced that I had a ruptured Achilles tendon and that there were two ways of treating it 'conservative' or 'surgical' which did I prefer, without explaining the implications (political or otherwise) of either? Having asked and being told that 'surgical' was likely to produce a faster recovery I elected for that. I was then told I needed to see 'the junior doctor'. I am all for delegation but not when it comes to operating on my leg.

After a further hour's wait and numerous calls from the reception staff the harried junior doctor finally arrived to tell me that I needed to have a series of tests and be admitted for an operation. He spent some time trying to bleep and call the 'bed manager' without success. Finally, he did reach him and apologized profusely for "bothering him". I got the impression that this hospital runs as a hierarchy and that the focus of attention and concern is on one's superiors rather than the patient. This is quite unlike the best commercial organisations where everyone, no matter their level, is focused on the customer. He informed me that I would be admitted on Christmas eve morning but I might or might not be released that day as it depended on what time I was operated on. So I might be in hospital for Christmas. Having arranged a family Christmas I wasn't prepared to take the risk and so made an appointment for after Christmas.

I was told that I needed an ECG, blood test and to be put in a cast. Now I find out what the numbered tickets are for! For each test there was a different area, with its own ticket machine with its own waiting area. Four hours later I was done.

I was told to arrive at 07.30 for my operation. I arrived a few minutes early to find an unmanned reception desk inviting me to pick up the telephone and call if the desk was unattended which I duly did; again, again and again with no answer. I looked around for a sign that said 'Admissions' but no such luck. My wife went off in search of someone to ask but the people she approached were unable to help. Finally, I looked on the map of the hospital and found an area called 'Discharge ward' and went there. Guess what, it was also 'Admissions'.

I was duly processed by a really friendly and helpful nurse who went out of her way to explain everything to me. Soon, a number of patients all arrived for processing and we were told that we could be in the admissions area for several hours until a bed was available. One patient said that they had been admitted only to be sent home and told to come back the following day. Suddenly I was rushed off to an anaesthesiologist who explained I would be going straight into the theatre (good!) and could either have a general anaesthetic and be asleep throughout the procedure or have a local anaesthetic and remain awake. I chose the latter.

I won't elaborate on the operation except to say that the medical staff were professional, friendly and clearly very efficient. I was glad that I had chosen to stay awake because as I chatted to the

anaesthesiologist throughout the procedure I really got an insight into the team work and processes that are required for a successful operation.

I won't go into detail on every touch-point for the rest of my experience, but suffice to say, it was one of professional and friendly nurses, appetising food (although the first thing I was asked to do was to select my menu choices for the next two days-not an encouraging task when you have been told that you should be discharged the same day!) and reasonably good ward facilities.

In fact, I did have to spend the night in hospital but was assured that I would be released early the following day as soon as the doctor had seen me. I told my wife to be ready to collect me and dressed in readiness. Throughout the morning the ward sister came in to apologise for the delay but to reiterate that she had called the doctor and he would be up 'soon'.

Four hours later I was still waiting. If it were not for the fact that I needed the doctor to sign an insurance claim form I would have discharged myself. Finally, my old friend the 'junior doctor' appeared in the ward reception area. He didn't examine me, speak to me or advise me what would happen next. He just completed my form (incorrectly as I later discovered) and left, leaving the Sister to discharge me.

So what can we learn from examining my ECG chart?

Peak-End Rule

Daniel Kahneman is professor of psychology at Princeton University and a leading researcher in cognitive psychology. His work led him to suggest the 'Peak-End' rule. That is our memory of an experience is heavily influenced by its peak (whether that is the peak of pleasure or the peak of pain) and how it ends. So we tend to remember the high-lights or low-lights during the experience and the last thing that happened to us. For example, Kahneman conducted a field experiment where he found that prolonging a colonoscopy by leaving the colonoscope in place for about a minute after the procedure was completed – thus decreasing the level of discomfort for the final moments of the procedure– produced significant improvements in patients' perceptions of the experience.

So the memory of my experience was coloured primarily by two events; the peak when I experienced at first-hand the professionalism of the operating staff, and the end when I experienced the inefficiency of the discharging doctor. Had I not been awake for the operation (uncomfortable though it was at times) and post-operative touch-points, these peaks would have been lost and my overriding memory would have been one of inefficiency and frustration.

Experience Rules

So what is the answer? How can hospitals improve the quality of the patient experience? By applying the same principles smith+co uses when we work with consumer brands like O2, or InterContinental Hotels or b2b brands like Symantec: Be clear about what customers expect and what causes them 'pleasure or pain'; then design and deliver an experience that is managed at every step along the touch-line to provide a consistently satisfying experience. This new experience may have implications for changing processes, introducing new procedures and, indeed, training people differently. But that is not the starting point.

In the case of the hospital experience in particular, we can turn to two other psychologists, Richard Chase and Sriram Dasu and their research into behavioural science. They build on the 'Peak-end' principle by Daniel Kahneman to suggest five rules for creating a great experience;

1. **Finish Strong.** Customers accept waiting in-line at Disney because they manage expectations about waiting times and thus under-promise and over-deliver.
2. **Get bad experiences over with early.** If you have to have a bad experience, get it out of the way as quickly as possible. In the case of the hospital make the lag time from admission to surgery as quick as possible so don't ask everyone to arrive at the same time-stagger admissions.
3. **Segment pleasure, combine the pain.** Spread out the pleasure-so don't ask me to choose my menu for the next two days at one time-allow me to do this before each meal. Try to group tests together so that they are seen as one process not separate events.
4. **Build customer commitment through choice.** Give me full information and then allow me to make an informed choice of treatment and drugs. Research shows that patients experience less pain and faster recovery when given some control over their pain-killing medication.
5. **Stick to rituals.** Nurses should give information to patients about what they are monitoring and why. Include the patient in the 'ritual'

Source: 'Want to perfect your company's service? Use Behavioral science. Chase and Dasu. HBR 2001

Diagnosis

The pressure on the health care sector to improve performance, whilst at the same time manage costs, requires a much more strategic approach to patient care. Improving front-line service skills helps but is no substitute for the senior medical and management staff understanding that the experience that patients receive is ultimately their responsibility and must be managed accordingly-it cannot be delegated to the front-line. Organisations like Tesco, First Direct, O2, John Lewis and Virgin understand this. Perhaps now is the time for the public sector to learn from the private. What did I learn from my experience? The meaning of the word 'patient'.

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