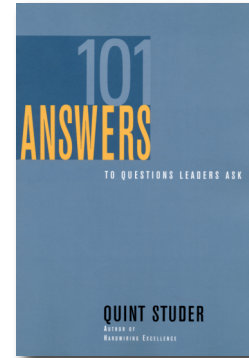


Fire Starter PUBLISHING

For Immediate Release

For a review copy of the book or an interview with the author, please contact Dottie DeHart, Rocks-DeHart Public Relations, at (828) 459-9637 or DSDeHart@aol.com



101 Tough Questions about a Tough Subject: Health Care Leadership

You asked, Quint Studer answered. In this no-nonsense book, the nationally acclaimed health care management educator fields real-life questions about everything from disruptive employees to fake thank you notes.

Gulf Breeze, FL—Excellence is in the details. Nowhere is this truth more evident than in health care. We all know that patients define excellent care in terms of getting a complete explanation in words that they can understand, or crystal clear directions on what to do (and not to do) when they get home from the hospital, or having a physician warmly introduce himself and provide his credentials. The same principle applies to leaders. Great leadership means *thoroughness*. It means addressing tough questions with clear-eyed honesty. It means that when you don't know the answer to a question, you dig a little deeper to find it.

Quint Studer, nationally acclaimed health care management educator, says excellent leadership abounds in our industry. His new book, *101 Answers to Questions Leaders Ask* (Fire Starter Publishing, 2005, ISBN: 0-9749986-2-1, \$16.00), is proof of that. “If I’ve learned one thing from writing this book it’s that a lot of people in this industry *really* want to do their best,” he says. “They don’t settle for ‘okay.’ In their quest to create an excellent organization, they want to get even the smallest details right. They know these details matter—from saying the right words to reassure patients to writing thank you notes that don’t sound canned.”

Studer compiled his book from questions his clients have posed via the “Ask Quint” feature on his website, www.studergroup.com. The answers he provides—answers that are refreshingly honest—reflect the program outlined in his acclaimed bestseller, *Hardwiring Excellence: Purpose, Worthwhile Work, Making a Difference*. His new book can be used as a

companion to *Hardwiring Excellence* or it can stand alone, giving readers a valuable glimpse into the Studer approach.

His philosophy boils down to a simple premise: satisfied employees lead to satisfied patients and vice versa—and both lead to healthy organizations. This is hardly a news flash, of course, but how to get there from where you are now *may* be. *101 Answers to Questions Leaders Ask* helps clear up the mystery. The book covers topics ranging from evaluating employee performance to engaging staff to raising patient satisfaction to improving physician relationships. Here are a few excerpts:

• **How can one employee confront another one on behavior?**

Question: I have an employee who is always talking about her peers negatively and the staff is exhausted by it. They are afraid to confront her, fearing that she will become even more difficult to work with. What is the appropriate way to approach this customer service issue?

Answer: This is not a customer service issue. It is a leadership issue. The coworker sounds as if she is a low performer. It is the leader's role to meet with her and discuss her performance. In fact, employees may be reluctant to confront a coworker because they fear the leader won't support them or action will not be taken. We recommend that leaders identify their high, middle, and low performers and confirm their judgments with the Senior Team. Then the leader can meet with individuals in each group.

High performers need to be re-recruited. Middle performers need to be supported and coached until they become high performers. We advise what we call a DESK technique with low performers:

D-Describe their current performance.

E-Evaluate their performance and share that you are disappointed with it.

S-Show the employees what is expected of them.

K-Know (share) the consequences of not improving performance. Follow-through is key to success.

• **Should senior leaders round on patients?**

Question: Our senior leaders have been rounding on employees for about a year, and now the senior leaders are interested in rounding with our patients. Do you have some advice on the best approach, and are there some benchmark hospitals that have done this with success?

Answer: Yes, many hospitals have been successful with senior leaders rounding on patients. Here are my tips for success:

1. Senior leaders should ask staff to identify candidates for rounding. This takes away the perception that leaders are "checking up on" the department.
2. Senior leaders should look at survey results, and, in coordination with the unit leader, choose one question to ask. For example, if managing pain is the question of focus, say to the staff, "Thank you for asking me to round on Mr. Smith. How are we helping him manage his pain and communicating our efforts to him?" This helps staff describe how they are providing information, handling pain, etc.
3. Have senior leaders always ask some of the same questions. Even though this may seem repetitive, to patients the questions are new. First, senior leaders should outline why they are talking to the patient. If they do not, he or she may feel something is wrong. Comment on staff's commitment to providing very good care when talking to the patient. Then ask a few questions aligned to what staff are working on, such as information, pain, responsiveness, lab, radiology, food, housekeeping, and other staff who have impacted the patient. The key is to collect wins, as well as any ideas for improvement.
4. It is crucial that the senior leader take compliments back to staff. I suggest an e-mail to the Leadership Team outlining the experience. Do this each time. This will show what senior leaders are doing, harvest wins, and share ideas for improvement.

Those four steps will help you achieve your goal. It is fine if department leaders or other staff members accompany the senior leaders until they are at ease with the process.

A last caution: don't make a big deal about leaders rounding on patients. In fact, don't place stories or photos of leaders rounding in the newsletter. This makes it look like it's "all for show," when the primary goal of leader rounding is to support our staff.

• Can thank you notes be insincere?

Question: I have worked at my organization for more than 15 years. I received a few thank you notes from my administrator, but they were for trivial matters such as cleaning a coffee machine and running folders to a meeting. These are small things I do every day. I get the impression that the notes are forced, so my supervisor can meet a monthly quota, and very insincere (especially since the same verbiage is used every time).

Answer: There is a learning curve to writing good thank you notes. Yes, the best ones are very specific to behaviors that leaders appreciate most and want to see continued. A gold standard thank you note is also handwritten and mailed to the employee's home.

Here is one excellent example of a thank you note shared with me by an organization:

Dear Elvira, I can't tell you how touched I was when the patient's baby threw up in the hall and you immediately ran and brought paper towels, comforted the family, and helped clean the mess even though it wasn't your area or department. You truly lived Caring Heart General's value of compassion.

As you have said, it is not rewarding to receive a non-specific thank you note, such as, "Thank you for doing a great job today," or one that recognizes you for doing your job (i.e., "Thank you for covering for me while I was on vacation.").

However, I also urge you to remember that it's often a challenge to even get thank you notes written at times and suggest you exercise some restraint in being overly critical about the quality of these notes. Make it a goal to see progress, not perfection. And focus on the positive.

I also suggest that leaders emphasize the importance of writing thank you's to anyone in the organization when they see an employee do something above and beyond the call of duty (or exhibit a behavior that reflects an important organizational value). I notice there is a tendency for managers to limit their thank you notes to those in their own department, which will not achieve the interdepartmental culture of teamwork that hardwires excellence.

A last thought: let your boss know what you appreciate about him or her. Role model what you want him or her to do for you.

• How can we better manage patients' perception of wait time in the emergency department (ED)?

Question: Sometimes, once the decision has been made to admit the patient to an inpatient bed, there is not a bed available. It can take hours to get the patient to the unit. Some nurses find it difficult to continue to tell the patient the bed is not yet ready, so they avoid going in to talk with the patient/family. Do you have suggestions for how to best manage wait time in the ED, specific to key words for nurses to use?

Answer: Holding patients in the ED is no longer the exception, but a common practice. In the ED, we sometimes avoid communication with our patients at a time when communication is most needed.

As one CEO shared with me, it really is amazing what patients will forgive you for if you just explain, explain, explain. Tell them why the lab results are taking so long. Explain that it takes time for the media infusion to be absorbed before taking a CT scan, etc. When employees introduce themselves, make eye contact, smile, and explain, patients will even forgive you for a five-hour wait in the ED.

Some other ideas: consider setting a standard for how often someone checks on the patients who are waiting to be admitted. Every 30 minutes or every hour would be a good goal. Have RNs chart these communications so that you can verify.

Your desire for key words in this situation is warranted, so that all patients will hear the same message from staff. Use the wording from your patient satisfaction tool to craft key words that let the patients know that you care about them and that they are not an inconvenience. Also, use these key words to manage up the unit a given patient is being moved to. Consider something like, "I just wanted to check on you to make sure you don't need anything while you wait to go upstairs. The nurses on six south are so wonderful; they will make sure you get very good care!" Or consider, "I am sorry your bed is not ready yet, but can I do something for you while you wait? I know the nurses in the CCU are working so hard to get a bed for you—they are just great!"

I worked with one ED that often held patients for days and instead of making the patients feel unwelcome and a burden, they would smile and tell the patients, "We like you so much we are keeping you another day!"

• How can we make nursing phone calls to physicians more effective?

Question: Some of our physicians complain that when RNs or clinicians call for change of meds, review test results, etc., the caller does not have all the pertinent info about the patient. Physicians are then put on hold, which frustrates them immensely. Is there a checklist that an RN/clinician can use before picking up the phone?

Answer: I agree with physicians. A number of hospitals have created checklists and key words to address and resolve this issue. For example, one organization has developed a "Calling Docs Card" that is displayed in

nurses' stations. It includes a checklist of tasks to be completed before calling on a physician. Another created a flier that simply says, "Got Chart?" with a list of reminders that all nurses or clinicians can review prior to calling on their physicians. You can place the card or "Got Chart?" flier at all nurses' stations by phones. Make sure all staff have completed items on the checklist before calling on physicians. You can download both these tools at www.studergroup.com. Search on "physician satisfiers."

"You may feel that the tips in this book are pretty 'common sense,'" says Studer. "I agree. The key is to codify that common sense into an overarching system of standards, tools, and techniques that everyone buys into and practices. Get everyone's actions and behaviors aligned with the values and mission of your organization and you create a great place for employees to work, physicians to practice, and patients to receive care. That's what hardwiring excellence is all about. That's what *leadership* is all about."

###

About the Author:

Quint Studer, a former hospital president and 20-year health care veteran, is founder and CEO of Studer Group,SM headquartered in Gulf Breeze, FL. An executive coaching firm and national learning lab, Studer Group is devoted to teaching tools and processes that organizations use to achieve sustained focus on Service and Operational Excellence. Partner organizations see clear results in the arenas of higher employee retention, greater customer satisfaction, healthy financials and growing market share, and improvements in various other quality indicators.

A nationally recognized health care management thought leader, Studer was named one of the "Top 100 Most Powerful People" by *Modern Healthcare*. Studer has devoted his professional career to helping health care organizations become world-class leaders in Service and Operational Excellence. He has contributed to features in *USA Today* and *Inc.* magazine, and has authored in-depth feature articles on consumerism, service excellence, organizational alignment, and communicating quality to major health care trade journals.

Studer's 20-year career in health care management includes positions as COO of Holy Cross Hospital in Chicago and president of the Baptist Hospital, Inc. in Pensacola, FL. As a result of Studer's leadership, Baptist Hospital was awarded the prestigious Quality Cup by *USA Today* and the Rochester Institute of Technology. Studer led both hospitals to the top 99 percentile in employee and patient satisfaction as compared to hospitals nationwide in an independent health care survey.

Recently, Quint received the HFMA's Helen Yerger/L. Vann Seawall Best Article Award for 2003-2004. This award—given for his article titled "The Value of Employee Retention," published in the January 2004 issue of *HFMA*—honors outstanding contributions to professional literature in the field of health care financial management.

Studer received B.A. and M.A. degrees in education from the University of Wisconsin, Whitewater. He has the honor of serving on the Board of Directors of the 32,000-member

Healthcare Financial Management Association, a national professional organization of CFOs and finance executives in health care.

Studer is also the best-selling author of *Hardwiring Excellence: Purpose, Worthwhile Work, Making a Difference* (Fire Starter Publishing, 2004, ISBN: 0-9749986-0-5, \$28.00).

About the Book:

101 Answers to Questions Leaders Ask (Fire Starter Publishing, 2005, ISBN: 0-9749986-2-1, \$16.00) is available at bookstores nationwide, major online booksellers, and on the Studer Group website, www.studergroup.com.