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## 5 patient-care observation tools for hospital execs

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by [Andrea J. Simon](#)

In my last *Hospital Impact* blog post, I wrote about recent research that my firm conducted for a healthcare client, contacting various hospitals in the Northeast to better understand how they treated patients searching for cancer care options.



This mystery shopping experience, particularly from our anthropological perspective, raised questions about what healthcare leaders are missing if they really want to deliver the exceptional patient- and family-centered care they so often promise and promote. Disappointingly, they seem unwilling to see, feel and think about their business with fresh eyes.

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### Initial resistance

To address this gap and offer some easy-to-use tools for healthcare leaders, I interviewed a number of colleagues who specialize in medical mystery shopping. Kris Baird, a registered nurse with more than 30 years in healthcare and one of the leading experts in applying mystery shopping methods to healthcare environments, was very helpful and shared her wisdom with me. Kris and her team work with medical organizations to transform patient and family experiences across all types of institutions and in a multi-disciplinary way.

Some of the challenges Kris found are rather confounding, yet we also saw similar attitudes. They typically fall into three categories:

- » All about clinical care: Healthcare facilities that think clinical care should take place regardless of how a physician, nurse or technician interacts with a patient or family member. "As long as I do it right, I shouldn't have to worry how it is done."
- » Resistance to evaluation: Some workers and systems don't like being observed doing their job. A common retort: "I have to worry that every word I say is being observed by a mystery shopper?" Shouldn't you deliver excellent patient experiences every time, regardless of who's observing you?
- » We already do things right: "We tell our staff to treat patients well so of course they do. What more is there to know?" If only their HCAHPS scores were higher, maybe they would actually deliver what they promise, instead of what they imagine. This fear of seeing what really is rather than what you wish it to be is rather disturbing yet all-too-often a major inhibitor.

### Fresh eyes

What can a healthcare organization actually do to see, feel and think with greater clarity about the reality, not the mythology, of their patient experience?

Here are five areas commonly examined by mystery shoppers

that can hospitals can try:

1. Phone: The easiest way to begin is to call your own office phone (hospital, physician's practice) with a typical patient need: a desire to learn more about your services, make an appointment or connect to a particular department). Before you call, write out a checklist of expectations you think should be the standard of caring that your phone operators and healthcare system should deliver. Then check it out and see how they rate.
2. Admissions: You might think this is hard to do. It isn't. Take a morning every month and go visit your admissions office. Take your expectations list with you. Tell your staff you are observing the experience from the perspective of your patients and staff. (It helps if they know you are doing it for both staff and patients.) Sit and watch, listen and make notes about what you see happening.
3. Waiting rooms: Have you ever sat in your own waiting rooms? What is it like? Gracious and caring? Cold and irritating? What should it be like? At one hospital we worked with, we couldn't believe how lonely it was, sitting and waiting for information about a parent or friend while they were in surgery. What could you do better to create a caring atmosphere that those family and friends would remember after they left?
4. Shadowing: Shadowing might sound rather scary, but it's simple and easy. Take a morning and discreetly follow nurses on different floors or technicians in different departments. Make it a "game" and tell them you want to better understand their jobs and how they do them. A few minutes in, they forget about you as they get on with their jobs. Your job is to watch, listen and reflect on what you expect versus what you see.
5. Discharge: We remember most what happens last. Discharge is an often forgotten part of the entire patient experience. But what should the experience be? This is when you want patients' and their family members' applause. Watch several discharges every month. Then turn those quick "how did we do" telephone calls into culture probes. Let the patient and their family tell you their stories.

Since you're the one who observing, it's difficult for your staff to criticize an outside consultant or to discount what you observed. Rather, the observations now become the raw material for you and your leadership team to change the experiences so they better deliver the exceptional patient- and family-centered care your patients deserve--and that your marketing promised them. Hopefully, your staff will soon rise to the standards of care you always thought they were doing when someone wasn't watching.

*Andrea J. Simon, Ph.D., is a former marketing, branding and culture change senior vice president at Hurley Medical Center in Flint, Michigan. She also is president and CEO of Simon Associates Management Consultants.*

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**B. Gerber Devon Hill Associates**  
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Through the many years we've been mystery shopping (including Hurley Medical Center), I've noticed some of the same reactions mentioned by you and Kris Baird. I don't find it surprising, having previously worked in hospital administration. Even with today's emphasis on patient satisfaction and improving the patient

experience, staff who feel overstretched taking care of sick patients don't "see" the benefits of a "fresh pair of eyes" when the eyes are those of faux patients whom they believe are passing judgment on them while taking them away from their mission of caring for "real" patients. They see mystery shopping as a waste of their time, the hospital's resources, and, as you implied, perhaps an insult to their professionalism. Perhaps, more importantly, hospital leaders who weigh the costs and benefits of the

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**andisimon** • 3 months ago

This may be the second reply. I wanted to thank B. Gerber for the commentary. Excellent. Kris Baird did a webinar for our series: Healthcare Innovation: Trends from the Trenches last Friday. I would love to send you a copy of it when we convert into a video next week. Send me an email [info@simonassociates.net](mailto:info@simonassociates.net). She was terrific.

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