

Patient-Oriented Healthcare: Moving from Relationship to Partnership © 2008 Lessard

	Starting	Evolving	Transforming
Your Question	“What do you want?”	“How do you want it?”	<ul style="list-style-type: none"> • “What do you want to become?” – illustrates a more sophisticated patient consumer • “What do you see for yourself in the future?/How do you imagine your future?” • “How do you want to participate in the design of your health?” • Use open-ended questions with powerful language like “imagine” and “lifestyle.”
Their Response	“Reverse illness,” “Heal”	<ul style="list-style-type: none"> • “My way.” – You are asking this question so that you can make the encounter customized for the patient • Ex: “I want a private room and dietary variety” 	<ul style="list-style-type: none"> • “Let’s sit down and talk.” – Your goal is to understand the patient, not just what they want. • What does what they want represent for them?
Your Focus	Evidence-based medicine	<ul style="list-style-type: none"> • Extreme flexibility - Organization (and department / floor) needs to be adaptable. • Organizational commitment¹ to be responsive. • Provide customer/relationship orientation (borrows from retail and hospitality industry). 	<ul style="list-style-type: none"> • Build a strong sense of rapport. • Grow toward true provider-patient partnership. • Provide partnership orientation (moving from relationship to partnership). • Build on advanced nursing theory. – “The Human Becoming²” theory, etc. • Look to build mutual appreciation and trust.

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Your Goal	Standardize care	<p>Customize care</p> <ul style="list-style-type: none"> This requires modifying an existing policy or procedure and possessing the ability to enable customization. Predominate leadership theories include situational theory, contingency theory and path-goal theory. 	<p>“Customer-ize” care</p> <ul style="list-style-type: none"> This represents the combination of operational customization with marketing customization. “We will become what our customers need us to be.” vs. “...want us to be.” Requires reinvention – evaluates whether existing policy or procedure is applicable (Has the “shelf life” expired?) Predominate theories include contemporary leadership theories used by the majority of senior and departmental leadership pioneers (transformational theory, authentic leadership theory).
Breakdown	<p>Try to eliminate all problems.</p> <ul style="list-style-type: none"> Risk is Avoided Goal is to prevent losses 	<p>If you can’t eliminate, you have to overcome.</p> <ul style="list-style-type: none"> Risk is managed Goal is to prevent losses 	<p>Healthcare teams and patients anticipate breakdowns together.</p> <p>Example: Implementing formal apology programs.</p> <p>This type of breakdown solution is proactive and both protects assets while creating value which results in improved pt and employee satisfaction, creation of pt loyalty and competitive advantage.</p> <ul style="list-style-type: none"> Risk is a source of value Risk becomes a vehicle enabling choices (what we want, not what we want to avoid)
Your Mindset	<p>“I hope the patient is not difficult/does not have a lot of complaints.”</p>	<p>“I will go out of my way to please you.”</p> <p>You already asked the patient how <i>they</i> want it – therefore you have to change <i>your</i> mindset.</p>	<p>“Your future possibilities become my concern today.”</p> <p>This mindset moves you away from wanting to please the patient during episodic care and toward partnering with the patient to achieve healthcare goals.</p>

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Training	Place emphasis on accuracy, procedures and conforming to a standard.	Train staff in listening skills and problem solving.	Shift from training to education and development. ³ <ul style="list-style-type: none"> Educate on why and how to build strong partnerships Business education Communication competency education “Intrapreneurship”
Outcome	Patient satisfaction	Customer delight This shift to providing more <i>delight</i> than <i>satisfaction</i> demonstrates the influence of retail and hospitality industries.	Customer loyalty Marriage example: Imagine a spouse saying “I’m not delighted today; I’m out of here...” vs. loyalty: “I’m not delighted today, but I’m trustful and comfortable in this relationship.”
Value Circles	Operational excellence This is easy for other organizations to replicate – there is no competitive advantage.	Product or service excellence ⁴ Another influence of the retail and hospitality industries, this is also easy to replicate and therefore opens up competition for the same patient base.	Customer intimacy A shift to customer <i>intimacy</i> eliminates potential competition because a unique relationship has been created. Ex: Responding to IOM Crossing the Quality Chasm (2001) which includes pt safety, pt – centeredness, efficiency, timelines and equity: Developing a Pt/Family Advisory Board which may include previous hospital pts, family members of pts. Outcomes will assist in promoting a pt safety culture to advance optimum care by.

¹ An interesting discussion that distinguishes commitment and compliance appears in the Fifth Discipline: “It is our experience that 90% of the time what passes for commitment is compliance”. *The Fifth Discipline: The Art and Practice of the Learning Organization* (Senge, 1990), p. 218.

² The humanbecoming school of thought presents an alternative to both the conventional bio-medical approach and the bio-psycho-social-spiritual approaches. Rogers. The theory is structured around three themes: meaning, rhythmicity, and transcendence. William Cody, RN, PhD, former Dean-Presbyterian School of Nursing at Queens University, Charlotte, NC and 2003 Robert Woods Johnson Executive Nurse Fellows was one of 6 founding members creating the “International Consortium of Parse Scholars” . This ICPS research and develop practice initiatives to improve the quality of life of the patient, family and health care provider guided by the “humanbecoming” school of thought.

³ Education teaches how to think (*creating*) and training teaches what and how to do (*conforming*). Education focuses on teaching how to develop *tomorrow's* skills and training focuses on teaching people *yesterday's* skills. *Yesterday's thinking* looks at the tasks people perform today and asks "How can we train future employees to do these things?" *Today's thinking* looks at the kind of people needed to fulfill corporate strategy and finds ways to develop them.

⁴ Because service quality is intangible, there is a strong tendency to manage services by focusing and measuring what is most tangible. Focusing on what is easily measured may lead to "looking good without being good".