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Why human resources policies and practices are critical to improving the patient experience

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Abstract

While providing patient-centered care seems to be a goal for many organizations, delivering on this goal requires practices which are embedded in the organization, which incent patient-centered behavior. The author argues Human Resources (HR) policies, procedures and programs are key to supporting an organizations' vision and culture. This means an HR executive partnering with the CEO who sets the vision and HR builds programs to support the vision. As the organization understands what is important to patients and how to best serve them, HR can build patient care improvement into every aspect of the organization. The author describes how competency based hiring, training and development, performance reviews, compensation and retention strategies should reflect patient-centered values.

Keywords

Human resources, patient and family advisory council, patient engagement, patient experience

This is not a research-based article but rather the perspective of a long-term patient with an in-depth of knowledge of the patient experience combined with significant professional experience in the field of Human Resources.

My patient experience began in 1989. I was 25 years old planning my future when my life changed forever. Three days after returning from my honeymoon, I was diagnosed with Hodgkin's lymphoma. I endured numerous tests, procedures and a rigorous course of chemotherapy and radiation. My remission followed and then 5 years later, the birth of my two healthy sons, an advancing career, and a busy family life. I finally felt like I was back on track. Then the other shoe dropped. 8 years later, I was diagnosed with a second cancer, breast cancer, mostly likely a result of the radiation I received for the Hodgkin's lymphoma. I re-entered the world of tests, surgery, and more chemotherapy.

Three years after my last breast cancer treatment, my mother was diagnosed, out of blue, with stage IV lung cancer. She was in a different state and I immediately became involved in her care. I was now seeing cancer through a completely different set of eyes, that of a family member/caregiver rather than as a patient. It wasn't until I experienced the journey with my mother, that I received a sobering education on how patient care can go wrong. There were so many ways my mother could have had a better and more comfortable experience. After her death, a year later, I knew I needed to become involved in improving the patient experience.

I joined a Patient Family Advisory Council (PFAC) in a cancer hospital in Boston. Within a year I was co-chairing the PFAC and continued on in a leadership role for 3 years, with a total of 6 years on the council. In my time volunteering, I learned a tremendous amount about patient-centered care and the importance of the patient voice in improving care. Often staff and patients are on different pages and what patients want and need can be different than what the staff thinks they want and need.

My voice and patient experience were relevant and appreciated, however, surprisingly, I found my professional experience in Human Resources was just as or maybe even more valuable to my volunteer work. My work experience included 15 years in an HR role, 5 as a Vice President, in the financial services industry before leaving to spend more time with my children. I supported an operations division and was responsible for all aspects of the business that related to the "people" resources. This included recruitment and retention, training and development, performance management and compensation practices. I was part of the executive management team for the business line and developed an HR business plan with goals and objectives and measurements for each goal. Most importantly, I had a seat at the table as most business decisions included an HR component.

When I think of the patient experience, I understand that every part of the experience involves people. So as a leader of the PFAC I put on my HR hat and approached the structure and operation of the group in a different way. I developed recruiting strategies and competency based

interviewing for new members, a new member orientation/onboarding program, set goals and objectives for the council and encouraged a partnership between the council members and staff. I worked with nurses, physicians, and operational and administrative staff and was a member of the highest level quality improvement and patient safety committee in the organization.

Curiously, throughout my time in this role, I never met a member of the Human Resources staff. I knew the organization had a robust department and policies and procedures though I never came in contact with any HR staff in any of my numerous meetings within the organization. That seemed strange to me and I realized they were behind the scenes, and not at the table as discussions occurred. HR has tremendous potential to improve patient safety as well as address all aspects of the patient experience. So why weren't they there?

In the arena of patient experience improvement, there is a lot of discussion about how a culture of patient-centered care needs to come from the top, the CEO. It is essential for leadership to set the tone. I would take it a step further and say leadership needs Human Resources policies and procedures to reflect those beliefs and encourage and incent behavior. Every part of the patient experience involves people. The CEO of the healthcare organization sets the vision and creates the culture. Human Resource policies, procedures, and practices build and support the culture.

HR in healthcare has traditionally been process-based. Staffing, payroll, benefits are processes that immediately come to mind. Today's environment requires more than process management in order to truly move the needle. Patient-centered care should be embodied in every part of the HR program and the organization. Every aspect of work from the physical environment, how people interact, how staff spends their time, how the organization selects, trains and engages their employees matters to the patient. This means a shift from a process-oriented department to one that understands patient needs and builds programs around those needs. An HR department should develop a strategy and a roadmap, which is in alignment with the overall vision for the organization. Research has shown that organizations that place value in partnering with HR are likely to see a more cohesive vision and an increased level of employee satisfaction and performance that directly affects the patient experience.

As a patient what is most important to me is my relationship with my health care team. Compassion and respect are critical to me, and these characteristics are essential for me to form a bond and a personal connection. I need to trust my team, as my medical knowledge may be limited, and I need to trust that safety measures are in place to protect me from harm. I want an

experience that is as comfortable and pleasant as possible and it is important to me that my time is respected. Most importantly, I want to be listened to, respected as a human being and not just patient number 27.

Medical staff should not be surprised that patients often focus on non-clinical aspects of the experience. According to a 2013 study by Vanguard Communications¹, patients who were dissatisfied were most likely to complain about a healthcare provider's indifference, bedside manner or customer service than about his or her medical skills. U.S. News and World report published an article called The Patient Wish List², a top ten list of what patients want staff to hear about, what is most important to them. Not surprisingly, the list contains items associated with the physical environment, basic respect and patient's wanting to feel engaged in their healthcare.

I couldn't begin to count the number of medical appointments I have had since my first cancer diagnosis. My guess is it would be close to 1000 visits. My stories both positive and negative would fill a book. Thinking back on all my experiences, I would say my top pet peeves would include wait times and lack of communication around wait times, poor customer service (trying to schedule appointments, leaving messages, lack of return phone calls) and poor interpersonal skills of staff.

Medicine is inherently unpredictable. Emergency visits can throw off a schedule as can a patient who needs more time in the examining room. I have always believed that patients are more understanding than staff may believe, especially if they are communicated with effectively. However, poor or lack of communication is common and often leaves a patient frustrated and dissatisfied. The patient voice can be a powerful tool in raising these issues and in turn helping in developing HR strategy and practices. As the organization understands what is important to patients and how to best serve them, HR can build patient care improvement in every aspect of the organization. Here are a few examples:

Recruiting/ Staffing

Hire the right people that have the competencies that support a patient-centered culture. Ensure those new hires embody the characteristics that are most important to patients. Take it a step further and include patients on interviews and encourage patient feedback on candidates. Patient participation in all aspects of the hiring process sends a strong message about the importance of patient-centered care.

Recognize that facilities that are understaffed or not staffed efficiently can and will affect the patient experience. Most patients will tell you that "wait times" directly affect patient satisfaction. Understaffing can cause all kinds of problems in the flow of the office. In addition,

short staffing can often cause employee stress and potential burnout and directly affect the patient experience and potentially patient safety.

Training and Development

Develop programs and consistently train staff to help modify behaviors to improve the patient experience. Include patients in the orientation programs and other training opportunities. Let them tell their stories and lend their voice to what is most important to them. As good as the new hire may seem, the induction of them into the culture of the organization is critical to patient-centered success.

Performance Review/Compensation

Tie performance objectives and deliverables to specific ways employees support and advance improving the patient experience. Have a portion of all evaluations be based on evidence of skillful patient-centered care. Use patient feedback as a significant part of the performance review. Pay should reflect whether deliverables are met.

Retention

Employee satisfaction and potential job stress and burnout can directly affect the patient experience. Long hours without breaks and a high-pressure environment can cause burnout, fatigue, emotional issues. These issues can contribute to adverse events that may affect patients. Develop programs and services to help support employees. As part of staff orientation, include stories from staff about the positive side of patient-centered care and how it enriches their work. Satisfied and successful employees will tend to stay longer which in turn saves the organization significant costs associated with replacing them.

HR Metrics

Use HR metrics to understand the environment and make improvements in processes. HR metrics are an important way to measure the success or failure of HR initiatives. Tracking turnover, cost per hire, quality and safety measures as well as patient satisfaction scores all relate to assessing a patient-centered care culture.

These examples are just the tip of the iceberg of ways to embed patient-centered care into the culture of the organization. A CEO can set the vision and the tone but he/she needs an HR executive by his/her side ensuring that these values, this vision is part of every aspect of the organization. Employees need a roadmap, an infrastructure to modify and model behavior rather than just “big picture” references to patient-centered care. They need to understand exactly what this means and how every aspect of their daily work supports specific objectives. HR can help create the types of models and incentives to ensure patient-centered care becomes and remains a central part of the culture.

The traditional focus in healthcare has been on clinical and academic experience and this new approach may be challenging, however in a new era of healthcare where patients are becoming more engaged and more empowered to choose their providers, changing strategy is imperative. A good first step would be to have HR moved out of the backroom and be offered a seat at the table in the patient experience conversation.

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