

Missed Connections

The Healthcare Experience for Patients, Families, and Staff

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Healthcare is an amazing business. Where else can we find people, tools, and places so capable and so dedicated in delivering something of such great value as a person's health – in their body, mind, and spirit? Yet, with all this capability and dedication something is critically missing: *connections*. Missed connections affect cost, time, safety, and comfort, not to mention healing. Almost every person has experienced it, some more than others. It can be devastating. It does not need to be this way.

I called the hospital yesterday to make an appointment for a procedure. Over a month ago, my doctor told me I should. It was one I wasn't looking forward to. I found the paperwork he gave me; it had a map to find the building to go to, a chart for prepping for the procedure, and a cryptic prescription. When I called, the "Gastro" people answered. As we picked the time and date they asked me what procedure I wanted. They offered some choices; one was the most elaborate and painful. They acted indignant as if I should know. I had no way to know and wasn't familiar with the technical terms. They told me they only schedule and to call the doctor, then call back.

My career has been immersed in understanding and optimizing the performance of complex systems and organizations in almost every industry. While each industry is different, after a time we see trends of growth and change, habits of excellence, and patterns of opportunity that give us clues for when, why, and how things can work well, what makes them stable, and what makes them ill.

Consistently, I have found in each industry, that all the excellence in any one particular science or department becomes dwarfed by the lack of perspective and connection between the departments of people, information, and their processes. Building a new specialty wing on the campus often seems wasteful compared to the opportunity to solve the fundamental challenge of connection and flow of information, people, and things.

Tall Silos, Few Windows, Rare Bridges

Healthcare is still in a world of silos of expertise and intelligence – few connected with any consistency. Departments divide and distract the flow. Problems are isolated, measured in doses and encounters, reported in incidents, and segregated into specialties. Systems separate information and confound the processes. Clinical words scare and confuse Patients and families. Egos cause critical facts to be ignored. Regulations complicate the coordination needed to protect. Policies, procedures, measures, and payments are too often unrelated to a framework of overall purpose. In seeking to understand, we use disconnected paperwork and incomplete knowledge. We are unrestrained in our commitment, but constrained in our connections. Advertising or special initiatives can make it look good – optimizing some things; yet sub-optimizing others, and then only for awhile – this fools us in making real progress. All this leads our pursuit of healing in a disjointed way.

My doctor worked at their local clinic. He was busy but would call back. The hospital associated with the clinic was downtown. Wires are all over this city, but no wire connected the information my doctor had with the system the hospital used – 8 miles away. I was the connection between expert silos, the window to see the need to double-check information so I got the right procedure, and the bridge to call back and forth confirming the understanding. I wouldn't have minded so much except for the CAT scan error from last year. At that time I had done the prep, went to an appointment, and had the wrong side of my brain scanned. It was several weeks before I could redo the prep and have it re-run to know whether I had a serious tumor. This time, this procedure, I wanted the job done right the first time.

Occasionally we see seamless experiences for things like Childbirth, Bone and Joint replacement, or some specialty care. I have known folks in these departments. They struggled to convince colleagues that Patient/family understanding and good flow made good business, avoided risk, and improved results. Most other Patients and families are treated like surprise visitors, possibly an inconvenience. Yet, at some level, there are common 'chapters' and a set of known 'scenes' in each person's 'story' for healthcare. Every visitor deserves the relevant and proactive attention of a Customer, not unnecessary surprises and confusing stories. Not every Patient knows what to ask, or how to check. Disconnection distracts focus and drains energy in our doctors, nurses, administrators – it frustrates, it causes reaction, a grab for 'I'll do it myself.' The combined effect can risk the probability of good health and drives a trend of high turnover and cost, much less finding peace in the confidence of a good

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experience and optimum outcome. Disconnected silos have been the history of every major industry as they grow and mature; most have overcome it. Healthcare needs to better understand the connections and make them happen.

This time “Endo” answered – at the same number. This time they seemed to know who I was. We confirmed the schedule and the proper procedure. Still, I’ll have to keep close watch.

The ‘treatment plan’ for healthcare is all about ‘connections’. Sure, we need to address other macro issues like access, costs, prevention, and incentives. Yet we will only speed-up a mess if we don’t address the root issue – connections. In any successful business or endeavor the excellence that started in silos is natural, needed, and critical; immersion in the complexity of any science is how we learn it. Yet, this is not enough in a life-critical organization or industry. At some point, the excellence of specialty becomes less useful, often impersonal, and sometimes damaging. The greatest benefit emerges when, in every case, we learn to systematically put ‘windows’ in the silos. In this way excellence more clearly sees context, opportunity, and relevance to the whole set of Patient factors, wellness pathways, and disease issues. As we make ‘bridges’ then longitudinal and diverse knowledge is connected, people work as a team, focus is on meaningful efforts, and results have greater value. This will help us solve the right problems, in the right way, at the right time.

Healthcare folks have been good to me and my family for the most part. Together we have gotten through the myriad experiences that a family, friend, boss, brother, son, and father might go through. I have been able to catch critical errors, overcome staff attitudes, share information, see alternatives, find the way, check the results, and calm the unnecessary traumas of people I care about.

What concerns me is that the silos of expertise still seem to be ‘king.’ Sure a few places do have ‘windows’ to sense meaningful questions and see most critical issues. But, fewer are making anything but fragmented attempts at building consistent bridges; to assure that the Patient enters a positive environment, has every bit of knowledge connected, that it is easy to flow from place to place. There is apparently a paradigm of ‘silo greatness’ and ‘silo safe haven’ so strong that even hearing the beauty of the ‘needed connections’ is sometimes hard to imagine. Further, many find it hard to believe that it can be fixed.

Broad systems solutions are often seen as hard, if not “impossible” – yet, every industry has dealt with this. Common reactions always include: “We’re too busy – no time for extra stuff.” “Everything is just another initiative – it won’t last.” “I’d do it, but no one else will stick with it.” “The bosses need to hear this.” “We already tried it and it didn’t work. It won’t work and here’s why.” “Other things are more important.” “It’s too complicated.” Large-scale organizational systems do get complex. But large-scale organizational systems get messed-up by ignoring the balance of factors that affect them. They become risky as more demands are put on them, as market pressures change, as regulations stack-up, and as fragmented solutions are tried and undoubtedly fail.

Life offers us a fundamental truth: Every living thing is a part of an ecosystem. Understand and work with the ecosystem and it can be healthy. Ignore critical parts, ignore interdependencies, enhance only some parts and illness emerges. Translate this to healthcare institutions: 1.) Installing an Electronic Medical Record system without designing the integration of processes, roles, cultures, measures, and incentives will create pain and waste. 2.) Instituting a Total Quality Program without big picture design, cultural redesign, and leadership/management coaching may fix parts, but will frustrate, and fizzle-out. 3.) Advertising that you’re providing a great ‘patient experience’ while ignoring existing negative cues, skipping cultural immersion, overlooking the role of leaders as coaches, and not aligning all the processes to be seamless will induce frustration and introduce new kinds of trauma or frustration. 4.) Measuring a myriad of parts without a broad view and holistic intelligence will risk fixing the wrong things, confound the problems, and distract real progress.

One of the first jobs in designing the Patient/family experience was to see and eliminate the negative, those things that get in the way of any positive. At first this seemed counter-intuitive. It turned-out to be one of the most critical insights; Customer experience of service is often made up of scene-by-scene events, some that are positive and some negative. Most events are fragments, sometimes awkward, or inconsistent; they are delivered as great ideas, but can be problematic in making it easy for the Customer, much less the staff. A recent hospital in Texas just learned this:

“It became clear, if we could address the ‘negative’ parts in the Patient/ family experience it would have a profound effect on the Patient and family attitude and their ability to participate in their health care processes. We had been fragmented and individual-driven, with all the best intentions. It was clear that any investment in ‘positive’ without broadly understanding and eliminating the ‘negative,’ was going to have mixed results at best. It had to include and connect the whole picture – behavior, the senses, all physical cues, information, and flow – beginning to end.”

Hospital Executive team report: CEO, COO, Physician Executive, Chief Nurse

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So what will happen when we install ‘windows’ and build ‘bridges’? We will align and replace the disconnects that now conspire against honest efforts to make healthcare the most accurate, timely, and relevant of all enterprises. We can:

- **Inspire a new quality of healthcare team** that embraces the Patient and their family as the Customer, a critical partner in care – this will make great strides in connecting relevant ideas and information, helping us to not miss critical things
- **Provide new ‘big picture’ tools** that help our people define, measure, run, and adapt needed processes – providing a seamless and adaptive flow, and make intelligent improvement
- **Have relationships, processes, and tools** help us become as skilled in anticipation as we are at reaction – an ultimate sign of empathy and quality
- **Make places that are not just safe physically**, but safe emotionally – we will realize that the pursuit of a good experience causes everything else to get simpler. This will take us beyond the coordination of service events, to the orchestration of relevant and meaningful experiences – Entrance ...to Exit and Home
- **Be open to diverse dialog** – overcome a built-in professional bias as the expert, the teacher, the focal point – and adapt our language and behaviors to reflect our changed point of view
- **Actively advocate** on behalf of Patients and their families, not passively accommodate them or guess what they need

It can happen any day. You know it instantly, when against all odds, someone connects and sets in motion a series of magical moments that remind us why folks get into healthcare. It can be as small as a gesture, as large as a sacrifice, as personal as a remembered milestone, as organizational as a transformed set of processes. But the feeling is always the same. It’s the feeling that comes from a relevant connection. The question is: Why can’t all healthcare be like that? Why does it need to be only occasional chances, individually driven?

Our goal is to guide institutions on a clear path, to focus on all realities, and deliver the best Patient / family outcome.

A framework of behaviors, processes, tools, and facility account for ‘what we must do’ directly and indirectly to achieve this goal. The more we are aware of the Patient and family issues and needs, the more we can be relevant. The more we understand what is relevant the more we can be proactive. The more we are proactive and systematic in addressing the connections of our sciences, knowledge, and the patterns of flow, the more we can have inherent simplicity, efficiency, and quality. There are ways today to create the conditions that can make this happen.

Situations will undoubtedly grow in complexity, requiring greater creativity and innovation. Many other industries have learned this in their own way. Healthcare may be tougher, I’ll give you that. But if our devotion to the Patient and their family is unwavering, we can make the connections. No other community of people is more capable and ready for this transformation.

CATEGORIES OF CONNECTIONS

People-related:

- Information, Medical Records, Plans
- Procedures
- Services
- Entertainment
- Paperwork
- Questions, Answers, Directions
- Needs (Physical, intellectual, emotional, spiritual)
- Personal Heritage
- Associate to Associate (Physicians, nurses, staff, etc.), Hand-offs
- Other People
- Touch
- Impressions, Attitudes, Style

Place-related:

- Spaces
- Pathways
- Signage
- Comfort, Temperature
- Artwork
- Light, Views
- Sound, Acoustics
- Smell

Tool-related:

- Clinical Supplies
- Paperwork, Materials
- Food, Drink
- Memorabilia
- Equipment, Tools, Technology
- Activities

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ABOUT THE AUTHOR AND A UNIQUE APPROACH TO TRANSFORMATION

Art Frohwerk is an engineer, innovator, and master facilitator. As an Imagineer™ Art developed and led the first-known Storyboard methodology that connected complex technical systems and cultural design with the Storyteller's intention. It has become one of the most powerful tools to bridge silos, account for a diversity of Customers, and help create the conditions for wonderful experiences. With this and a broad set of other unique tools and approaches, Art has lead breakthrough change in over 100 organizations, in almost every industry.

Art was one of the first Chief Engineers at Disney Imagineering. He and his teams designed and started-up Epcot Center at Walt Disney World, Tokyo Disneyland in Japan, and all major new projects invented in the 1980's.

Art realized that all the best stories in the world would not create a theme park unless the technical parts and right people were brought together to systematically achieve the desired result – for every type of Guest and every daily condition. Storyboards and other tools enabled new conversations. The teams could suddenly see new kinds of connections – not only for good design, but also for sustainable, robust operations. Things like Strategy Maps were sketched-out, Master Processes were developed, and Flows were planned. These types of technical pictures immersed others to see how to design, build, test, train, implement and operate the story. As the story might change – which commonly happened – the change became more routine and natural. In this approach, important issues were often discovered, new opportunities were created, and complexity became simplified. Teams became empowered with well focused insight.

Since then, this method of connecting people, tools, and places has been applied to achieve a diversity of goals in all scales of community and industry; healthcare has been of particular interest due to the chance for dramatic improvements: improved healing, reduced error, lower costs, and improved experiences. These tools are continually being enhanced through the energy and insights of great clients and their unique challenges around the U.S. and parts of the world.

For Disney, the team was focused on creating the Happiest Place on Earth. Sounds easy enough, right? Well, just think of all of the big things and little things it takes to make a theme park not just a wonderful place to visit but the Happiest Place on Earth. To create this condition, the experience had to be wonderful-by-design; it was more than just having cool rides, shows, or events. From the moment of anticipation when you first heard of "Disney," to the way it felt when you stepped into the park, to memories afterward of riding a ride, or taking that picture with Mouse ears on your head, the theme and flow had to consistently offer relevant choices and positive memories. Behind the scenes, you cannot imagine how well people, information, beliefs, tools, resources, and places must be connected, by design and maintenance, on-stage and off-stage, Cast Member to Cast Member – day and night, every day, systematically.