



SPECTRUM

Society for Healthcare Strategy and Market Development®

September/October 2006

Marketing

Listening and Learning: Creating a Customer Feedback System Based on the Malcolm Baldrige National Quality Program Criteria

Baptist Hospital went from not-so-good to great by systematically listening to its customers and translating their wants into action.

Imagine an organization in which customer loyalty and service excellence are top priorities. Baptist Hospital Inc. — a part of Baptist Health Care, located in northwest Florida — is such an organization. A decade ago, Baptist Hospital committed itself to creating, and sustaining, a customer-centered culture. The organization's success in this quest is evidenced by its high patient satisfaction scores — Baptist consistently ranks in the 99th percentile in the Press Ganey Associates national database — and numerous recognitions and awards, including the coveted Malcolm Baldrige National Quality Award in 2003.



The Journey to Excellence

The journey to excellence that started in 1995 was truly a cultural transformation, one that moved the organization from a state of mediocrity to a state of excellence. Baptist Hospital aimed for a culture that produces customer satisfaction levels that are pretty phenomenal and certainly not common in the healthcare field.

In 1999, the organization decided to embrace the Malcolm Baldrige National Quality Program (MBNQP) Health Care Criteria as a framework for performance excellence. The criteria are grouped into seven categories. The "Focus on Patients, Other Customers, and Markets" category examines how well your organization determines the requirements, needs, expectations, and preferences of its customers. It also examines how the organization builds relationships with customers, and identifies the key factors that lead to loyalty, customer retention, service expansions, and sustainability. (The 2006 MBNQP Health Care Criteria for Performance Excellence can be accessed at www.quality.nist.gov; click on Criteria for Performance Excellence.)

Identifying and Listening to Your Customers

Who are your customers? How do you listen to them and incorporate their voices into the design of your services and improvement efforts? These were questions Baptist Hospital faced as the organization used the MBNQP criteria to push itself to higher levels of performance. In working with the criteria, the organization was able to identify five major customer groups (Figure 1), then break them down into subsegments based on factors such as geographic location, age, and disease.

An invaluable part of participating in the MBNQP is the feedback reports the organization receives. These reports highlight your organization's strengths and opportunities for improvement. In 2001, the Baldrige feedback report indicated that we were doing a pretty good job of relying on several sources of information to determine customer requirements. The organization was using both

continued on page 2

Society for Healthcare Strategy and Market Development®

President

Susan M. Alcorn
Chief Communications Officer
Geisinger Health System
Danville, PA

President-elect

Ruth A. Colby
Chief Strategy Officer and Vice President,
Business Development
Silver Cross Hospital
Joliet, IL

Immediate Past President

Charlie W. Francis
Senior Vice President and Chief Strategy
Officer
Catholic Healthcare West
San Francisco, CA

Executive Director

Lauren A. Barnett
Society for Healthcare Strategy and
Market Development
Chicago, IL

Managing Editor

Karen W. Porter
Society for Healthcare Strategy and
Market Development
Chicago, IL

Spectrum is the bimonthly newsletter of and a membership benefit for members of the Society for Healthcare Strategy and Market Development®. The Society welcomes unsolicited manuscripts, which will be used on a content and space-available basis. Preferred article length is from 1,000 to 1,500 words, and graphics and suggestions for sidebars are welcome. Please e-mail articles to kporter@aha.org.

The editorial office is located at:

One North Franklin, 28th Floor
Chicago, IL 60606
Phone: 312.422.3888
Fax: 312.422.4579
E-mail: stratsoc@aha.org
Website: www.shsmd.org

Opinions expressed in these articles are those of the authors and do not necessarily reflect the opinions of the Society or the American Hospital Association.

©2006, Society for Healthcare Strategy and Market Development. Reprinting or copying is prohibited without express consent from the Society.

Listening and Learning: Creating a Customer Feedback System Based on the Malcolm Baldrige National Quality Program Criteria

(continued from page 1)

quantitative and qualitative methods to find out what made our customers satisfied and ultimately loyal. We had a team-based culture that worked on quarterly action plans based on identified customer requirements. We were feeling good about our accomplishments.

But the feedback report also indicated that we had an opportunity to take quality functional deployment a step beyond by adopting a systematic approach to listening and learning from all customer groups. We took a look in the mirror and realized we had work to do.

This realization was the start of the development and implementation of a systematic approach to listening and learning from each customer group (Figure 2). We wanted to identify potentially conflicting needs among the customer groups and ensure that we tracked customer complaints for process and service improvement. We also wanted to make sure that we used feedback from customers as input into the strategic planning process, and not allow it to collect dust on shelves in various hospital departments.

After the initial evaluation phase, the marketing department developed a Listening and Learning Matrix (Table 1), which provides an overview of the hospital's current listening and learning activities and their frequency by customer group. The matrix summarizes the various mechanisms we use to keep attuned to what our customers, such as patients and their families, expect from their healthcare experience. The listening and learning activities range from personal contacts by hospital leaders to a carefully tracked service recovery program, from close attention to letters and phone calls to the use of carefully chosen survey instruments.

The systematic approach to listening and learning from all customers ensures that our extensive customer satisfaction and market data are efficiently analyzed and disseminated so as to maximize their value. Recognizing that data must be communicated and shared in a meaningful way and acted on to be valuable, we created a quarterly Customer Snapshot Report (Table 2) to assimilate the information collected by customer group. The report is shared with key functions throughout the organization, and the customers' input is acted on as appropriate, often through our employee-based culture teams.

Listening and Learning in Action

The information that Baptist Hospital, Inc. assimilates through its systematic listening and learning approach is used to determine the key requirements of each customer group and integrate them into the hospital's service design, strategic planning, and quality improvement processes. For example, in focus groups, area employers cited a need to reduce the cost of health services for their employees, and voiced a desire for a way to encourage employees to make healthy lifestyle choices. Baptist Health Care listened and responded by developing *Get Healthy Pensacola!*, an incentive-based program to encourage the community to get and stay healthy.

In another example of listening and learning in action, information gathered through the Physician Action Line — a centralized number that allows medical staff members to provide positive and negative feedback — helps us discover physician irritants and remove them. Physicians were frustrated by their inability to contact nurses as quickly

continued on page 4

Figure 1. Baptist Hospital's Major Customers

<p>Active patients and family</p> <p>Subsegments for women, seniors, geographic location</p>	<p>Potential or inactive patients / community at large</p> <p>No services received within the past two years/Total community served by Baptist Hospital Inc.</p>	<p>Referring physicians</p> <p>Physicians referring patients to Baptist Hospital facilities</p>	<p>Employees</p> <p>Different departments within the organization, including employees with direct patient contact</p>	<p>Employers</p> <p>Employers that contract with managed care payers or for occupational health services</p>
---	---	--	---	---

Figure 2. A Process for Developing a Systematic Listening and Learning Approach

<p>Phase I: Evaluation — Assess What We Are Currently Doing</p> <ul style="list-style-type: none"> • Identify customer groups • Conduct Listening and Learning Audit (interviews) to determine how customer input is solicited throughout the organization • Identify gaps in available resources
<p>Phase II: Recommendations — Create a Road Map</p> <ul style="list-style-type: none"> • Systematize informal and formal feedback processes to ensure a balance between strategic and tactical needs • Develop a centralized repository for customer information sources and a plan for disseminating that learning • Develop mechanisms for reevaluating all listening and learning activities on a regular basis
<p>Phase III: Implementation — Ensure That Research Efforts Are Actionable</p> <ul style="list-style-type: none"> • Locate centralized repository in Marketing Department • Write and implement research plan by customer group • Use quarterly Customer Snapshot Report to share information and take action on customer feedback

Table 1. Sample Listening and Learning Matrix

Customer Group	Sample Listening and Learning Activity, with Frequency	
Active patients and family	<ul style="list-style-type: none"> • Patient satisfaction survey (daily) • Service recovery database (daily) • *Nursing discharge follow-up calls (daily) • *Medical call center (daily) • *Letters, phone calls (daily) 	<ul style="list-style-type: none"> • Focus groups (annually) • *Personal contact (daily) • *Centralized Scheduling (daily) • State of Florida inpatient and outpatient database (daily)
Potential or inactive patients/community at large	<ul style="list-style-type: none"> • Image survey (every other year) • *Hospital call center (daily) • Focus groups (as indicated) • CRM database (as indicated) • Medstat Market Expert® (as indicated) 	<ul style="list-style-type: none"> • Website survey (quarterly) • Event evaluation/survey (as indicated) • Membership program evaluation (as indicated) • Newcomer program (as indicated)
Referring physicians	<ul style="list-style-type: none"> • Physician satisfaction survey (annually) • Shared expectation sessions (as indicated) • *Action Line (daily) • Physician call program (monthly) 	<ul style="list-style-type: none"> • *Personal contact (daily) • Physician loyalty team (monthly) • *Centralized Scheduling (daily) • Physician office lunch & learn (quarterly)
Employees	<ul style="list-style-type: none"> • Attitude survey (every 18 months) • Employee forum surveys (quarterly) • Focus groups (as indicated) • *Employee suggestion program (daily) • Great Place to Work Trust Index (annually) • *Meeting/committee feedback (daily) 	<ul style="list-style-type: none"> • Employee loyalty team (weekly) • *Exit interviews (as indicated) • Departmental surveys (annually) • Reward/recognition (weekly) • 360 survey (semiannually)
Employers	<ul style="list-style-type: none"> • Satisfaction survey (annually) • Needs analysis (annually) • Focus groups (as indicated) • Advisory Council (quarterly) 	<ul style="list-style-type: none"> • Seminar evaluation (as indicated) • *Personal contact (daily) • *Employer contact database (daily)

* Real Time

Listening and Learning: Creating a Customer Feedback System Based on the Malcolm Baldrige National Quality Program Criteria *(continued from page 3)*

Table 2. Sample Customer Snapshot Report

Customer Group	Listening & Learning Activities	BHC Best Practices	Opportunities for Improvement	Future Emphasis
Active patients and family	Press Ganey satisfaction surveys	Providing patient with information and giving explanations	Response to concerns and complaints; sensitivity to needs	Scripting
	Service recovery	Valet service	Wait time for tests and treatments; room cleanliness; nurses' attention paid to special or personal needs	Conduct patient focus groups to explore patient perceptions of wait times; reinforce use of wait time scripting
Potential or inactive patients/community at large	Web polls	Utilization of flu shot services	52% of respondents do not perform monthly breast self-exams; 74% desire to lose weight/get in shape; register for classes on-line	Promote Get Healthy Pensacola!; explore potential to include education on breast self-exams
	Customer Satisfaction and Value Analysis	Patient satisfaction with admission/discharge issues and nurses; advertising of treatments and services offered	Awareness (top-of-mind) with consumers in local market area; predisposition in market	Focus on unfulfilled value needs — hospital “cares about me/understands my needs”; continue building awareness in the marketplace
Referring physicians	Physician staff luncheon	Convenience of Centralized Scheduling office hours; courtesy of person answering the phone; overall satisfaction with luncheon	Centralized Scheduling phone personnel's knowledge; promptness in responding to needs	Centralized Scheduling personnel education; match FTEs to call volume; promote e-fileshare and fax requests
	Action Line	RNs in OR; X-ray, CT department	Response to physicians reported back into database	Examine why action taken is not logged in database
Employees	Employee forum	Deployment of the BHC Daily in departments; increased understanding of results and processes	Employee satisfaction with benefit package	Educate employees on financials; communicate employee discounts, opportunities, benefits
Employers	Escambia County Board of Commissioners' Employee Wellness Program Survey	Use of brochures/newsletters as communication venues	Communications regarding what is offered and when; time of day classes are offered	Improve communications regarding wellness classes; tailor content and time to audience needs; offer classes on smoking cessation

as they thought was appropriate. Baptist Hospital listened and responded by providing nurses with wireless phones. The phone numbers were given to physicians, patients, and key family members.

Customer input solicited through a Customer Satisfaction and Value Analysis, which Baptist Health Care's Marketing Department commissions every other year, led to a complete rebranding of our healthcare system. We learned that an emerging value theme in our primary market was, the hospitals “care about me and understand my needs.” This insight into what was important to people in our community was shared with hospital leaders through the systematic listening and learning model. The organization responded by revising its brand identity and creating the tagline, “You'll Like the Way Baptist Cares for You.”

Benefits of a Systematic Approach

There are numerous reasons why every healthcare organization should consider developing and implementing a systematic approach to listening and learning from its customers. A systematic approach:

- Develops lines of communication between “silos” in the organization.

- Allows more information to be available for everyday and strategic decision making.
- Helps you focus your organization's communications on what is important to your customers.
- Helps you stay in touch with changing customer expectations for a high-quality healthcare experience.

The noted management consultant Peter Drucker once said, “To satisfy the customer is the mission and purpose of every business.” We at Baptist Health Care could not agree more. To satisfy our customers, we as healthcare organizations first have to identify who our customers are, listen to what they expect from us, and ensure that their voices are being heard. Then we must use their input to make real change happen. It's just that simple — and that challenging. 

Written by:

Lina Henriksen

Director, Performance Improvement and Research
The Baptist Health Care Leadership Institute, Pensacola, FL

850.469.2336

e-mail: LinaH@BaptistLeadershipInstitute.com

www.BaptistLeadershipInstitute.com

Using Radio and the Internet to Advance Your Hospital's Mission

A radio talk show, backed up with an Internet presence, can be a surprisingly cost-effective way to conduct a conversation with patients.

There is a 75-year chasm between the first call-in talk radio program and today's ubiquitous Internet. Between the two came another omnipresent electronic medium to vie for the audience's attention — television. Despite predictions that programming in living color would spell its demise, radio has prospered and is alive and well today, partly through the support of the Internet.

The marriage of radio and the Internet may lack the high drama of some video programming, but it's a heck of a lot cheaper than television, and it requires less talent and fewer resources to produce and broadcast.

The radio and the Internet are a combination that some hospitals may want to explore as an avenue to advance their mission. There is a beautiful symmetry to the partnership: The radio broadcast provides real-time information directly to hundreds and thousands of homes and motor vehicles; the Internet site that supports the program covers the market 24/7.

Don't discount the time and energy it takes to prepare for and air a program. The message has to be crafted, guests booked, and nerves calmed. But once the details with the local radio station and content management for the Website are worked out, the hardest part may be keeping the mission of the hospital at the center.

The To Your Health Radio Network, sponsored by Doylestown Hospital, actually had its origins in that other medium, television. The local cable access channel was clamoring for programming, and the time slot was free; all we had to pay was production expenses. Our original idea was to showcase our physicians, strengthen the physician-hospital relationship, and give our viewing audience some useful healthcare information. These were all valid reasons for doing a television program, and we had a pretty good run, producing over a dozen episodes of *To Your Health* that ran for a couple of years.

But we forgot one important ingredient: the patient. Our hospital mission is "to provide a responsive, healing environment for our patients and their families, and to improve the quality of life for all members of our community." There was no way to engage the patient and our community in a taped television "show," which really wasn't a show at all, but simply talking and smiling heads doing their best to be informative.

The television program was an excellent but short-lived experiment. If nothing else, TV revealed our host's natural talent and reaffirmed our continuing need to have a conversation with our patients about our quality of care and the character of our clinicians. Free of the TV cameras and crew, our host was even more comfortable at a radio microphone. The To Your Health Radio Network, broadcasting on two AM stations, entered its fifth season of live talk radio on July 1, 2006.



Sheri Putnam, host of the *To Your Health* talk radio program, interviews Congressman Michael G. Fitzpatrick (R-PA).

Radio Revisited

Talk radio opportunities abound in every market — rural, suburban, and urban. Talk is popular between 6 and 10 a.m. Cell phones have enabled the morning commuter to participate in the discussion, along with those at home or already in their offices. Studies show these listeners to be loyal. They also indicate that the demographics of the average talk radio listener may not appeal to hospitals that want to influence the family's healthcare decision maker, who is typically female and responsible for her children, husband, and parents. Arbitron, an international media research firm that measures radio audiences, reports that 58 percent of talk radio listeners are male, 18 and older. Three out of 10 listeners are over 65.

There are several ways to attract the audience you want:

- **Lose the white coat:** Everyone is familiar with the "doctor show," featuring some well-meaning but boring expert. Patients want to hear patient stories and relate to one of their own. Use a host who is not necessarily a clinician, but who can ask the questions patients want answered — in a down-to-earth style devoid of acronyms and 12-syllable words.
- **Make it fun:** A little levity hooks a radio audience that keeps listening for the next one-liner. *To Your Health* frequently employs a "Stump the Expert" segment, which features a question loosely related to the guest's specialty. For instance, we once asked an ophthalmologist if he knew the average lifespan of an eyelash. The question is not meant to embarrass the guest so much as to relax him or her and make the conversation more natural.
- **Be a patient advocate, not a hospital advocate:** Connect with your listeners by putting them and their concerns first. Arm your listeners with information they can use in their visits to a physician's office or hospital. Partner with a respected community organization such as the American Heart

continued on page 6