Soapbox: Who Is Responsible for Accountability?

By Jill Golde, Partner & SVP, Market Development, Language of Caring, LLC

Crystal’s story: Rita always comes late to team meetings. Unless we repeat whatever it was we were talking about, she is clueless about what we’re discussing and she doesn’t participate. If we catch her up on what she missed, we stop our flow, waste our time and get less done. I think to myself, “Here she goes again.” But I don’t say anything because I’m not the leader, and why should I stick my neck out?

Jean’s story: Bill is really helpful to all of us on the team. When we have equipment trouble, we all go to him and he can fix it. If we can’t figure out a new device, he stops to show how to work it. I appreciate this. But I wish he would be as giving to his patients as he is to us! He is a competent nurse, but with his patients, Bill is a little smug and seems like he’s on autopilot. If his patient is upset about something, he runs the other way. I wouldn’t want him taking care of my mother! But because he’s so good with his teammates, no one calls him on his behavior with patients.

Among the most common reasons I’ve seen and heard for why patient experience strategies falter is lack of accountability. However, the oft-voiced complaint “No one is held accountable!” doesn’t address the question of who is responsible for accountability. It is often assumed that this is the job of the team leader, managers or executives. But strong teams are not forged and held together by strong leaders through punitive management enforcement. A strong team is a creation of all its members. Everyone feels vested in the performance of the entire team. They hold themselves and each other accountable for their collective success. They can facilitate many of their own problems without turning to higher-ups. Each individual embraces the notion that his/her behavior affects the whole team. They don’t want to let their teammates down.

Peer accountability is peer support. Many people find it awkward and difficult to point out coworkers’ lapses. We are afraid it will jeopardize our working relationship. However, unspoken resentments are more damaging to team relations. If everyone fumes silently when Rita is late yet again, the team dynamic is damaged and everyone’s time continues to be wasted. Cringing when Bill brushes off an upset patient doesn’t help the patient, Bill, or the team’s relationship with him. In my view, peer accountability should be seen as a way to support one another while striving toward a common goal. Peer accountability encourages us to strive to better our performance, to overcome limitations, and achieve personal breakthroughs we could not reach alone.
Creating a Culture of Universal Accountability

We can foster a culture of universal accountability within our teams.

Focus on behaviors—not results. Take for example the goal of raising CAHPS scores. If leaders hold the team accountable for higher scores and reprimand them if a certain percentage point increase isn’t achieved, they are likely to cause resentment among the team, and unlikely to succeed in delivering a better patient experience. Instead, have the team create a list of behavioral ground rules linked to positive patient experience. You can make a scorecard to rate your own adherence to the ground rules. Team members can remind each other to practice these behaviors, offer encouragement, and tactfully point out lapses. As together you improve the patient experience at your organization, scores will rise.

Encourage trust and respect. Peer accountability functions where there is mutual trust and respect. As team members, we should feel we have each other’s backs. Peer accountability does not mean ‘tattling’ to the supervisor—this fosters suspicion. It means approaching a coworker with caring and respect to remind him/her how to best serve the patients and one another. We need to let down our guard, and be open to feedback from peers.

Train your team in giving caring feedback. For peer accountability to work, feedback must be given in a way which people can accept. There is no point in shaming someone into using caring communication! Everyone may use this five-step model to give feedback in a caring way. Practice giving and receiving feedback in team meetings and huddles.

Give benefit of the doubt. One problem with leaving behavioral lapses unaddressed is that people may think their coworker’s behaviors are due to inconsideration, malice or other negative motivations. Often this isn’t the case. Teammates may think, “Rita is always late because she thinks only her time matters,” when in reality she gets caught up with patients and loses track of time for meetings. They may think, “Bill runs from patients’ problems because he’s a cold, unfeeling person,” whereas he is simply shy. With peer accountability, we would, in a caring way, initiate a conversation with the person and, without judging, provide feedback and express curiosity about their viewpoint. Then, we try to help—in a supportive manner.

Be a role model. Leaders must also adhere to the ground rules. Let team members know that they can hold the leader accountable as well. Be open to feedback. Give feedback in a caring, not punitive, way.

Discussion points for your team:

• What expectations do we have of each other as a team? As an individual?
• How does our team address unmet expectations?
• What example can you share of a time you went above and beyond for the sake of your peers?
• How can we strengthen our team culture so we hold each other accountable in a supportive way?
• What can we do to make constructive feedback something we give each other freely and receive with an open and thoughtful mind?

Accountability is certainly essential. But I think it’s time we move past the idea that this is the exclusive job of leaders. In a culture of universal accountability, team members help each other achieve excellence, quickly and immediately address lapses, avoid festering resentments, and together offer the best experience to patients and a harmonious and nurturing working environment for each other.
Read Crystal and Jean’s stories. With your team, discuss:
• How do you feel in situations like these?
• How could peer accountability work in these situations?
• What could coworkers say to Rita? To Bill? Are there things the team could do to help Rita or Bill overcome their problem behavior?
• Come up with other situations in which peer accountability could work for your team.

• “I’ve worked too hard and too long to let anything stand in the way of my goals. I will not let my teammates down and I will not let myself down.”

  Mia Hamm, Olympic soccer gold medal winner

• “It is not only what we do, but also what we do not do, for which we are accountable.”

  Moliere, French Playwright

PX is profitable!
Recent research from Accenture finds that hospitals can best increase their profit margin by improving the patient experience, not by cutting costs. Hospitals providing a ‘superior’ patient experience (as measured by HCAHPS) have a significantly better financial picture than those offering only an average experience. This correlation was found nationwide and across all hospital types. For the full article click here.

Food for Thought: On Reducing Complexity
Irene Etzkorn, author of the book Simple: Conquering the Crisis of Complexity suggests that simplicity is key to improving the patient experience. “Eliminate all the unnecessary complexity that we can in the hospital experience and mitigate what must remain.” To simplify: 1) perceive others’ needs and expectations; 2) identify the essence of what you need to communicate to the person regarding this need or expectation; and 3) make your explanation as easy to understand as possible (avoid jargon). For more click here.
Improving the Patient Experience: A Focus on Ambulatory Care
August 18, 2016 at 12:00 PM - 1:00 PM EDT
Join HealthStream and Language of Caring to learn more about the unique patient experience challenges faced by medical practices and ambulatory care centers. We will discuss how you can differentiate yourselves from the medical practices and centers located in your area. We will demonstrate how the powerful partnership between HealthStream and Language of Caring can help you rise to the top. Click here to register today.

Empathy as a Breakthrough Approach to Culture Transformation
August 30, 2016 at 2:00 - 3:00 PM EDT
The largest not-for-profit health system in Southeast Texas, Memorial Hermann has 13 hospitals and numerous specialty services throughout Greater Houston. Memorial Hermann facilities have many best practices that make the patient experience consistently excellent, including hourly rounding, thank you notes, and post-discharge calls. They found that, while people were implementing these practices regularly, their communication felt routine and lacking in apparent empathy. The results were disappointing: Average, not GREAT scores on CAHPS and employee engagement.

Setting their sights higher, they decided to focus on building skills that communicate empathy, mindfulness and patient-centeredness, at the same time making the staff’s work more rewarding. In this webinar, Patient Experience Leaders from 3 Memorial Hermann facilities will describe how they launched this approach at individual facilities and then spread throughout the system. They will then share their experiences, results, impact on the culture, and learnings. Language of Caring Partner and SVP Client Services Dorothy Sisneros will also describe her role and offer insights about the keys to Memorial Hermann’s effectiveness.

Presented by: Rhonda Dishongh, Leader of Patient Experience, Patient Relations and Patient Access, Memorial Hermann Northeast Hospital; Polina Strug, MPH, Director of Patient Experience and Patient Relations, Memorial Hermann-Texas Medical Center; Ashley Dubbelde, MHA, Director of Patient Relations and Customer Experience, Memorial Hermann Katy Hospital; Dorothy Sisneros, MS, MBA, Partner and SVP Client Services, Language of Caring.

Click here to register complimentary. During registration enter the PROMO CODE: WEBPXEMPATHY and you and your team will not be charged.
The high-stress, fast-paced nature of healthcare makes it easy for compassion to escape us - but it doesn’t have to. Language of Caring’s evidence-based programs teach staff skills to communicate with empathy and provide physicians with the essentials for patient-centered, collaborative communication. Compassionate communication is a gift in itself, and has proven to raise CAHPS, rejuvenate staff and physicians, and transform reputations.

Learn More

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Jill Golde, MS, Dorothy Sisneros, MS, MBA and Wendy Lebov, EdD—partners at Language of Caring.

Spread the Resources

- Forward this month’s Heartbeat email to others.
- Share and tweet the following link:
  
  Who Is Responsible for Accountability?  

Join our LinkedIn Group “Quality Patient Experience and HCAHPS Improvement” and add to the rich discussions.

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Achieving an unparalleled patient experience and a culture of caring through exceptional communication.