

# Redefining Processes to Make Hospitals More Humane

BY DAVID GORDON, PhD

**I**n today's healthcare, the race is on to provide more efficient and less costly services. Of course, hospitals must somehow balance financial demands with the requirements of their mission, relieving human suffering. To do that, they must aim at increasing the satisfaction of patients and their families—an accomplishment that not only leads to increased utilization but also aids healing and enhances the mission to respect human dignity.

Unfortunately, the evidence indicates that many patients are not leaving the hospital satisfied. Hospital leaders, trying to change this, focus their efforts on improving marketing, retraining employees, or installing newer technology.

But what leaders should be focusing on is *processes*—especially those related to presurgery, biomedical technology, and billing. According to the healthcare professionals who attend my management classes, patients have the most complaints concerning these areas.

## PRESURGERY PROCEDURES

The processes that take place before surgery cry out most loudly for scrutiny. Today patients who need surgery spend far more time getting ready for it than they used to. Considering the obstacles they face—proliferating paperwork, haphazardly scheduled trips for laboratory studies, inattentive nurses, and rude physicians—it's no wonder patients feel more like commodities than human beings.

Hospital leaders can reduce patients' confusion and anxiety by taking certain steps.

**Provide General Guidance** Since the road to surgery usually begins with the primary care physician, that physician's staff should provide the patient with a kind of road map. This "map" should tell presurgery patients:

- The stops (e.g., consulting physicians' offices, x-ray and blood chemistry laboratories) they will need to make in preparing for surgery
- Approximately how long these stops will take
- Where they can turn for help should they become confused



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**Demonstrate Personal Interest** Surgery patients are introduced to hospital manners at the presurgery workup. It is therefore vital that admissions workers behave like decent human beings—not insensitive bureaucrats. They should be ready to answer all the patient's questions, and in an interested and caring manner. Admissions is not a job for part-time or ancillary workers; it requires friendly, patient, knowledgeable professionals.

**Eliminate the "Cattle Car Syndrome"** Most people fear surgery, even when they know they will benefit from it. They are likely to be especially frightened on the day the surgery is to be done. Surgery centers should assign workers to spend time with waiting patients, answering their questions and assuaging their anxieties.

**Make a Follow-Up Phone Call** Surgery is expensive as well as scary. That being so, the hospital should assign someone from its administrative office to call each patient after surgery to wish him or her a fast recovery and ask if there are any further questions. The administrative follow-up—made *in addition* to the physician's follow-up—is one of the best public-relations practices a hospital can adopt.

## TECHNOLOGICAL PROCESSES

Many hospital administrators see biomedical technology as the answer to all their problems. For patients, however, the perception is often different. They see professionals who once were caregivers—physicians and nurses among them—turning into information gatherers, mere data-entry clerks.

Administrators are learning, sometimes painfully, that new technology requires much training and maintenance, all of which takes those who use it away from patients. As a result, patients are naturally beginning to think that machines, not people, are running today's hospitals.

Hospital leaders can counter this trend by doing several things.

**Emphasize Technology's Human Side** Patients, especially older ones, tend to find modern medical machines

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## FINAL SAY

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ery—MRI, for instance—impersonal and intimidating. Workers who operate such equipment need to be particularly warm and caring with their patients.

**Take the Time to Explain** According to patients, physicians and medical technicians often fail to explain not only how an MRI (or another piece of equipment) works but also how it ties into the overall treatment plan. Especially with older patients, caregivers should explain why a machine, rather than a person, is performing the test.

**Market Compassion and Professionalism, Not Machines** As competition sharpened among hospitals a few years ago, their marketing began to emphasize technological marvels. For many, this proved to be a mistake. Care and technology are often antithetical in the minds of today's healthcare consumers. People entrusting their lives to a hospital want one that puts a premium on compassion. That being so, a hospital public relations department should market compassion—not microchips.

### BILLING PROCESSES

As any patient knows, looking at today's hospital bill can itself start heart palpitations. But finding a hospital official willing to patiently explain a bill is rarely easy. No wonder patients frequently suspect they are being fleeced.

There are several things hospitals can do to relieve such suspicions.

**Eliminate Surprises** Most hospitals explain their billing to patients during pre-admission procedures. Some do this verbally, however—and at a time when the patient, naturally preoccupied with what is about to be done to him or her, is incapable of remembering verbal explanations. To make this easier for patients, the hospital should give them (or their family members) a *written* explanation that can be referred to at any time.

**Speed Up the Billing Process** It is not uncommon for patients to receive hospital bills four to six months after treatment. This is unfair to patients. Hospitals should mail bills within 30 days of delivering services, like most other businesses. Doing so is, after all, also in the hospital's best interest; the sooner it sends its bills, the sooner it will be paid.

**Demonstrate a Stakeholder Attitude** All hospital staff members—from admissions clerks to physicians—should work hard at showing that they are not simply laborers in a kind of factory. They are stakeholders in the patient's well-being.

This attitude should be evident even in the hospital's billing. The final bill might be accompanied, for example, by a brochure that wishes the patient a fast recovery, thanks him or her for choosing the hospital (even though the choice was probably the treating physician's), and provides a number that he or she can call for answers to questions about billing.

But, having said this, the hospital must follow through on it. When patients call with their questions, they should not be forced to stumble through a convoluted voice-mail system, be put on hold for long stretches, or be told they must call back later. Patients' questions should be answered quickly, thoroughly, and patiently. And patients should be encouraged to call again with further questions. Above all, those who take such calls must remember that patients are not ordinary consumers. They have put their *lives* in the hospital staff's hands, and should be treated with the care and respect such an act entails.

### PROCESSES DETERMINE SATISFACTION

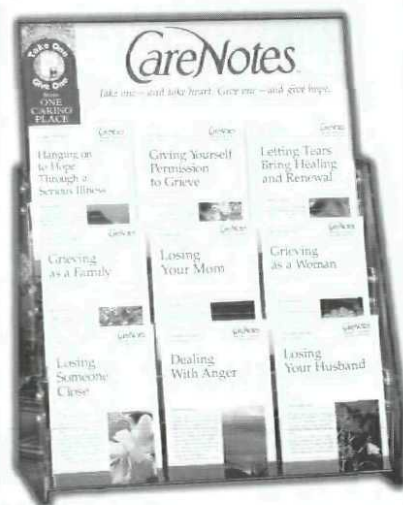
Hospital patients *are* like ordinary consumers in one way, however—their level of satisfaction is based on the processes they experience. But personal, responsive service is not a "value-added" luxury for patients. It is an expectation.

Leaders of the best hospitals realize this. For them, no process is sacrosanct when it comes to delivering personal, nurturing care. Nor are they unwilling to experiment toward that end.

Fortunately, it is properly designed processes—not the latest management philosophy, technology, or promotional strategy—that determine a hospital's long-term viability. And no other type of organization is staffed by so many highly trained, people-oriented workers. Hospital staffers have a kind of magic. But they need processes that will enable them to put that magic to work. □

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