

THE COMBUSTION CHRONICLES

Episode 104

MAKING A RUCKUS IN PATIENT EXPERIENCE

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Host

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Guest

Shawn [00:00:01] Welcome to the ninth season of *The Combustion Chronicles* podcast, where bold leaders combine their big ideas to make life better for all of us. I'm your host, Shawn Nason, CEO and founder of MOFI. This season is all about amplifying the voices of badass women leaders in the healthcare industry who are influencing change by thinking big, putting people first and not being okay with the status quo. Experience matters, culture matters and revenue matters. That's why it's time to unite, to ignite a people-first business revolution, especially in industries that affect all of us like health care. Denise Wiseman's career in healthcare began in a critical access hospital in Washington state and expanded to serve organizations large and small across the United States. After working in both nonprofit and for-profit health systems, including the last decade and patient experience, Denise seeks to make a practice that makes a difference wherever she goes. In 2021, she founded the PX Community, an organization that seeks to disrupt how the healthcare industry supports patient experience professionals, as well as other healthcare professionals in their efforts to improve the experience of care for patients by removing barriers for thought, leadership and resources. Denise encourages people to collaborate, think differently, and develop connections and relationships beyond their organizations and professions. Denise, welcome to The Combustion Chronicles.

Denise [00:01:51] Thank you, Shawn. So happy to be here with you today.

Shawn [00:01:53] It is such an honor to have you here. Such a privilege to have you here on the Combustion Chronicles in this season that has just been dynamite with other amazing women in healthcare leadership. And I put you right up there with them and what you're doing. But before we dive into all of that, you know, you are such an important voice for us in the patient experience world. I just was with you this fall in Boston, but that's not where you really started your career. So what was the catalyst that led you into the world of patient experience?

Denise [00:02:33] There were two things. So I've been in healthcare for over 25 years, but patient experience the last decade and two things really led me to that route. The first was I had the privilege and opportunity to listen to Quint Studer speak, I don't know, 15 years into my career and then just read his *Hardwiring for Excellence*. And my copy

of that book is dog-eared and highlighted and has notes in the margins. So I was a fan girl of his message and what he was seeking to do. The second thing is I had a significant health event that landed me in the E.D. and then three days in the hospital and this could have been prevented. I had reached out to my physician with a concern and he didn't listen to me. And I would actually say he didn't even speak to me. He spoke through his nurse assistant to me. And I had called because I had a cramp in my leg in my calf that wouldn't go away. And he had put me in a boot for an Achilles injury. So that's why I called him. What I didn't know was that the cramp was actually a blood clot. And though I described it because I described it as a cramp, even though I said had been going on for multiple days, he and his nurse didn't ask any further questions but advised that I drink more water. Of course, me, I said, Of course, I'm so stupid. But two days later, when I stop the clock, the clot dislodged and small pieces travelled through my heart and into my lungs. And I'm very grateful that I'm. I'm okay. I'm okay.

Shawn [00:04:05] Wow. Yeah, right. Like, you just. You wanted to be heard. I even listened to you. Just wanted to be heard. That's right. They didn't hear you. And as you know, with my journey this past year over cancer, so many times that just happens. And it's sad to me that we're still having to deal with that. So as you mentioned, you know, over the past decade, you have dedicated your career to improving the patient experience, as I have and as a MOFI. But I'm sure that you have plenty of stories to tell about where improvements still need to happen. You and I actually sat at dinner with some friends when we were in Boston this fall to discuss that. So in your opinion right now, what's the biggest challenge that PR professionals and practitioners face in their quest to make health a better place for people?

Denise [00:05:05] The biggest challenge that's difficult because there's so many challenges Shawn. But perhaps the biggest if I were to have to step back and look at it is that the work of patient experience is siloed in a number of ways. But when you think about patient experience, it is everything we do in health care, either directly or indirectly touches the patient. And yet the work that we're doing is siloed. So it's siloed away from other work that is intricate and it li connected with it, right? Patient safety, quality, employee engagement, and even marketing and communications were not at

those tables, and it's siloed in the hierarchy. In the last role I had, I had four levels of leadership above me. I had no control over my budget. I had no decision-making power. I had to work through influence and it was a challenge. The silos are also who we report through, which, if you think about it, my last job I reported to quality. So many reports to the CNO or to human resources or to marketing or write, and we can make really good rationale judgment for why that reporting. And that's because the experience is the umbrella over everything. And when we go up through one line we are now siloed, we're not connected to the whole we aren't weaving a cross. Instead, we're fitting up through that silo and working just within that entity. And so with each of these silos, the ability to do this work is hampered. And you think about my own patient experience. That was a patient safety event. It was a mixed diagnosis. It was a failure to listen or communicate. All of that's interwoven. But when we look at this within health care, we see that as separate and patient experience does not belong to just an individual or a small team. It does not belong reported up through one of those siloed lines and patient experience needs to be integrated into all levels of the hierarchy. And with all work that is done across our organization, it's the umbrella and tell we break down those silos and see it that way. We're not going to make movement. We're already seeing that. We're not making movement with experience.

Shawn [00:07:25] First off, for those that listen to a lot of them, I always joked about my pom poms and I won't get them out there behind me right now. I'm cheering you on.

Denise [00:07:33] But I would like to see Shawn give me a chair.

Shawn [00:07:37] My whole team, everyone I've worked with have heard me say, I can tell you how important experience is within an organization within 5 minutes of me walking in, because the first question I ask is. Who do you report to? And. If you're a director, patient experience, chief experience. I mean, we both know chief experience officers don't report to the chief executive officer.

Denise [00:08:07] That's right.

Shawn [00:08:08] They report out there's someone else. That is right there to show and place the value of what that organization thinks about experience. So with that said. I think I know what you say, but I want to dig further into that. What advice then? Do you have for these healthcare systems who want to get serious about improving the patient experience? Because we hear the talk a whole lot, but we don't see the watch always. Or in your opinion, do these healthcare systems truly even care about patient experience?

Denise [00:08:48] And there's the question do the health care systems even care about patient experience? You know, on one side, I would say, of course they do. Of course individuals care about their patients. And yet our actions speak louder. Right. And this is where we need to focus. I think the fundamental problem is that healthcare doesn't understand what patient experience is. And this is a large problem that I don't think we can overcome. I think it's become so embedded in the way that we look at patient experience within our healthcare systems. Right. It is a satisfaction survey, is what people think of it and are ways of looking at it diminish what the experience actually means. And though we've had really great campaigns, I mean, the one from Beryl, where people fill out those cards and hold them up saying, I am the patient experience, that's beautiful, right? That's great. It's not seen in the perception or actions of those within health care. And so we've not really seen it that way. And the mandate of the CAPS surveys, in my estimation, has done more harm to this effort than it's improved it. They've created what I actually refer to as the industry of patient experience. We have a number of organizations and individuals who make a lot of money off of this industry, and yet we're not moving the dial and we're really only working to get a number on a survey, not truly enhancing experience. And most in healthcare still think of it as customer service or scripted statements or tactics, and that's experience. They don't understand the patient experience. The experience that our patients have is integrated into absolutely every touchpoint, and that includes those that directly touch them and those that do not. How are caregivers are feeling the barriers that are in their way that ultimately touches our patient because it impacts their ability to touch our patients? And then the consideration of the impact on our patients need to be included in every decision. And it's not.

Shawn [00:11:06] Yeah. I mean. I'm kind of like you in the fact that people care.

Denise [00:11:15] Mm hmm.

Shawn [00:11:16] And I loved how you put it that we've actually made it an industry. I have talked a lot have the past couple of years about moving from experience management to experience as a strategy. And that's just such a vast difference in healthcare that it's hard for executives and leaders to get their heads around. What? What do you mean? Do we do that? If we do the cap front, it is a strategy. You're looking for a number. And as you said, is there's a whole industry with people making a whole buttload of money. Yep. We haven't really moved the needle in this. Yeah.

Denise [00:11:55] No, You know, I recently polled the CAPS data that's been publicly reported since 2008. I pulled it all in. It's in PDF. So then you have to copy and paste into Excel, which is fine. That's, you know, put a good movie on and go to it. And then you pivot it. And when you look at that information nicely it comes out as the U.S. as a whole, as well as all 50 states plus some of our territories. And so when we look at that, we did improve in those first few years, and that's because people were actually motivated by this is publicly reported, Oh, my gosh, people are going to see our dirty laundry and we incentivize them through dollars attached to it. But since 2013, so a decade, we have not improved. Now, you could argue with me that a one-point movement is an improvement, and I'd argue back that that's not statistically significant. And if you went from a 69 to a 70, you still have a long way to go here. So we're not moving the dial through that. Right. And yeah.

Shawn [00:13:02] And what other industry with a 69 to a 70? No. Skeptical.

Denise [00:13:05] Indeed.

Shawn [00:13:06] That's the hard thing for me to grasp.

Speaker 3 [00:13:10] When you're a kid, waiting in a line isn't much fun, but when you're always in the back of the line, well, that totally sucks. That's where OFFOR Health comes in. Our smile and business partners a dentist to move kids up from the back of the line by equipping dental practices for three-person in-office anesthesiology care teams who actually care about everyone they work with. OFFOR Health improving the lives of the underserved and under-resourced one kid at a time. Learn more at oofforhealth.com. That's o. F. F. O R. OFFOR Health creating connections. Improving lives, care you deserve.

Shawn [00:13:58] Okay. So, I mean, you talked about you you pulled this data because obviously, as we heard and when I read your bio to to our listeners, you stepped away from being in a hospital system and then that and founded the community in 2021. And I know it's been a passion of yours. Why did you feel the need to create such an organization? Because there are other organizations out there that are related to what we have talked about. Why did you feel the need to create this organization and tell our listeners how's it going?

Denise [00:14:39] So why did I create this? I've had a number of work experiences. I had the privilege of working with Studio Group. So as I said, I was a fan girl of Quint Studer and I just randomly submitted an application and my goodness, they hired me and they hired me as a product manager. I wasn't a product manager, but they also had never had a product manager. So I had the blessing to work with Studer Group. And then I also worked with Press Ganey. So two big ones on that side of patient experience. And I have to say that in both instances I was greatly disappointed that rather than working to the mission, we were working to the margin, right? They are for profits who were for profit and that was a challenge for me. There were amazing people working within those entities, but it was not the mission that I had hoped. Our measure of success was not what I had hoped. You know, our measure of success should have been the improvement of our client's performance or their overall improvement of the health system nationally. But it wasn't. And then my work within the large nonprofit healthcare system out here in the Pacific Northwest and I reported up through quality and I was under layers of hierarchy there. We weren't actually working to enhance the

experience. And I've seen that same struggle, struggle across our country, the structures and the inability to move forward with work, even though the patient experience professionals are passionate, hardworking individuals, they don't have resources, they don't have positional power, they don't have in many instances, they don't have the knowledge that they need to do something of this. You know, you have to wear about ten different hats as a patient experience professional, and that takes a lot of experience and compensated competency development. And most of them don't have that, not because they're bad people, they just haven't been given those experiences. So I'd seen that across our nation. And when as I define it, I was given the opportunity to redefine my career, I was fired and I considered what my next steps would be. And for me, Shawn, I have a strong need to make a difference, strong need. And because of that, I couldn't go back to working for a vendor and I couldn't go back into working for a hospital or healthcare system because I'd seen that they're all broken across our country. I felt I had an opportunity to make a difference from outside and reach my hand in to help others. And so how's it going? I've met some amazing people. August was two years of this endeavour, and I've learned a lot. And it's setting me up for the next step, which I'm actively working on. So 2024 will be a shift in what I'm doing. It'll be bigger and better and partnered with others. And my measures of success for this early endeavour have been met. I have made an initial ruckus as I've gotten some insight into what this is that I'm doing. And my dream is to create that what I call the 2.0 of this endeavour. It won't have anything in the title, of course, or patient experience because of what I shared before. In my mind, we need to start talking about this work which we're doing as patient experience. There's the experience of our patients, but I think we have to break down and we need to be able to remove the silo and integrate this work into everything. We have to stop saying it's the work of patient experience and we have to stop focusing on that. And outside of that, I'm happy to talk with you or anybody else. But 2.0 is getting pretty exciting.

Shawn [00:18:20] So I'm excited. I know you and I talked a little bit about it and I'm very excited to help in that endeavor as well as you go. So, you know. As a person who focuses on being very maverick-minded and human-obsessed. And I think I like that we used to use the word disrupt a lot, but raise a ruckus a lot out there. And I love how you

have such an emphasis on that. Where did this ruckus mantra for you come from and how does it play out in your life and in work? Mm hmm.

Denise [00:19:01] So when I was given that opportunity to redefine my career, I took time to reflect and consider what those right next steps were. And during that time, I took a few court hosts courses from Seth Godin. Do you know who Seth is?

Shawn [00:19:14] Oh, yeah.

Denise [00:19:15] Oh, my goodness. And so he had at that time, he no longer owns it, but the AKIMBO training programs. And so I took a couple of those courses, and at the end of everyone, he would join us on a Zoom call or we watched a video of his. When he ended, he would say, Now go make a ruckus. And when you look at what he says, make a ruckus is he says, when we show up to make a ruckus, we're doing generous work. We're doing work on behalf of those we seek to serve. And he also says we dig in and do something that might not work. So we're taking a risk. And ruckus making is about thinking outside of the box, embracing the unknown, being courageous and with a positive attitude. And that's what I love about Seth. He's he's not saying go about this. And, you know, I've got to rip this apart and do something different. It's with a positive and generous attitude. Step out, give it your all test. Try and do something different. And, Shawn, that is exactly what we need in health care. So being a ruckus maker to me is identifying those things that are problematic in healthcare that we're all aware of it. But so many people are scared to point it out. Right? They're in a position where they really can't say it. And you know what? Nobody's going to fire me. I can say it. And if you're on LinkedIn or in other forums, many are complaining. But what I'm not hearing is now what what can we do? And that's part of the ruckus I'm making. We can do something. It's not us against the system. We are part of the system. So let's stop complaining. Let's understand the roots of the problem and let's do something. Not blaming, not waiting for somebody else, but we collectively take action.

Shawn [00:21:08] I love that. So what's an example that you've made or seen that's made a difference in this world or made a ruckus?

Denise [00:21:17] Well, I would say that this thing that I've done, this lifting up of the community and saying, let's make a ruckus, and then some of the things I've said, well, that's my definition of a ruckus, is to call things out. And I've had so many messages from people who say, I'm so glad you said it. I can't say it. And of course, the 2.0, this endeavour will be a bigger ruckus. It's going to be stepping out and doing things very differently. But when you look at what other people have done, well, you could say Amazon started how they started and where they're at now. That was a ruckus. What Musk has done with Tesla and SpaceX X, are recourses. We may not be thrilled with either of those examples in regards to some of what they've done, but they've stepped out and they've done something different. We see Ruckus is in health care. Perhaps when we think about some of the technology, we have robotic surgery. That's that's a ruckus we have. Have you heard of Zeev Neuwirth? Oh, my gosh. Reading his book *Beyond the Wall*. There are ruckus makers that he's identified. And it just when I listened to him speak when I was in Boston with you, I was leaning forward in my seat. Those are ruckus. Those are my people. And so we've seen some ruckus, but not directly inside of health care. We've seen it from outside. And so how do we now start to truly partner with those who are inside? Because I think that we have a lot of people who want to be ruckus makers and how do we enable them, give them some empowerment and a platform to join in order to be able to do so?

Shawn [00:22:58] Now, wait. I love it. So I'm going to give you one minute. Give us some insight into what 2.0 is going to look like.

Denise [00:23:07] Okay. With a small group that I've collected. So we've been talking for a few months now. There are physicians and nurses, pharmacists, and healthcare marketers. So I selected specifically people I've met in the last year or two years, and I asked them to come together and talk with me and what we've identified. One, we need to empower the masses. And so how do you do that? And we're talking about how do we shift things in politics and vendors or disruptors and patients. We need to bring everybody together with a call to action. And so I won't go into a lot of detail about exactly what that means, but it's network weaving. So if you've heard about network weaving or network of networks, it's building that. And what we initially need to do is

build that hub. So the 2.0 is going to be that hub with the spokes connected off and then we're going to weave that network. And so there's a lot that I could share about that. Again, offline are be happy to talk with you and anybody else who would like to talk to me about it. But we have to come together broadly. There is no longer a savior, right? It's I love Quinn, but it's not going to be a quint or other who can save health care. It's all of us united who can save health care. And so that's what 2.0 will be, is to build that platform.

Shawn [00:24:31] All right. So we have done something new this season with all of you amazing women in health care. We've added this things around a two-minute drill. And we use the how might we statement. And for our listeners who don't know about how might we statements, it's part of human-centered design where you might have heard of it talked about as design thinking. And it's where we present a problem of how might we create, equip, do something like that to start ideation. And so what I want to do with you is to have some fun. I want to give us the how might we statement. And I literally have got my phone here and I've got a two-minute timer set and I want to just jam with you around a problem to solve. So are you up for that?

Denise [00:25:24] Of course, yes. Let's go.

Shawn [00:25:26] I know you are. So here we go. How might we equip and inspire more people to make bigger and better game-changing practices in the healthcare industry? Go.

Denise [00:25:43] Well, I think the first thing we need to do is awareness, right? So not just talk about what the problems are, but how do we equip them with awareness of. They have they have the power. So how do we give them a call to action with the tangible. How do I take it forward and do that? So there's what I think about the ad car model, right? Awareness, knowledge, desire. How do we equip them with all of that along that path? It's change management, but it's it's a mindset change. And how do we message that? What do you think, Shawn? What would you contribute?

Shawn [00:26:22] Let me ask you this. Yeah. I love the mindset and you think it's a mindset. What mindset do you think we need to change or how might we change that mindset in healthcare to be able to do that?

Denise [00:26:37] I think there's a number of different mindsets. There's the mindset of I have a role in this and can do something with it. It doesn't have to be a senior leader. It can be any of us. There's the mindset of just awareness that we have a problem with health care, the way it currently is. This continuance of this model is not going to work, and complaining about a disrupter coming in and doing something differently doesn't solve it. Instead, we should be asking questions Why are they gaining traction and how might we do the same or partner with them? So there's when it comes to mindset, there are a lot of different things, and I think it depends on the stakeholder you're talking with.

Shawn [00:27:20] So I'm going to ask you this.

Denise [00:27:22] Yeah.

Shawn [00:27:23] The magic wand with this in our how might we what's the one thing if you could do it right this moment, you would change and it would sweep across the nation.

Denise [00:27:36] If healthcare would be a right that everybody has access to.

Shawn [00:27:43] Okay. Our timer went off right there. Perfect timing. Awesome. Thank you for that. All right. Now, something that's a tradition for the Combustion Chronicles is these things we call the combustion questions, which are three randomly selected questions that I have had now for two years. My own AI that produces these happens to be a human AI. And I don't get to see these questions until I read them to you and they're passed to me and they were just given to me. So, Denise, are you ready for your combustion questions?

Denise [00:28:21] Sure.

Shawn [00:28:25] Combustion question number one. If you could go buy a brand-new car this afternoon, what color would you want it to be?

Denise [00:28:35] Oh, a deep blue. Like a midnight blue.

Shawn [00:28:40] Okay. And I have to ask why.

Denise [00:28:43] Oh, I just love that colour. I find it's like evening, and I just. I just love it. Shawn, they have to, you know.

Shawn [00:28:53] That's a great answer, Denise. All right, Combustion question number two, amusement park. National Park or Dog Park?

Denise [00:29:07] Yeah. Dog park. So when I grow up, I'm going to have an old dog sanctuary. So it'll be a dog park.

Shawn [00:29:17] I love that. Michael Murphy just shakes his head at me. We have three. You know, the other day my wife and I were sitting and found another one online and we're like, oh, do we do the fourth? And no. All right, now. All right. Combustion question number three. What do you think about frogs?

Denise [00:29:42] Frog legs?

Shawn [00:29:48] We heard it here. I grew up with people. A mother from and father from the south. The frog legs, that was kind of normal, So, I love it. Well, Denise, thank you. Thank you for all that you're doing in this industry and the ruckus you're making. And I've had the honour to be along this journey with you. And everyone wants to know anything about you or the community. I'm assuming go to LinkedIn or go to the PX Community Web site. Right?

Denise [00:30:16] Yes. Or email me at denise.pxcommunity.com

Shawn [00:30:22] Awesome. Again, thank you so much. Thank you for all that you do for this industry. And I can't wait to see you again in person. So until then, stay safe and be well, my friend.

Denise [00:30:34] You too, Shawn. This was enjoyable. Thank you.

Shawn [00:30:36] Thank you.

Thanks so much for listening to this episode of The Combustion Chronicles. If you've enjoyed this episode, please take a few minutes to subscribe, rate and review. Remember that I'm always looking to meet more big-thinking mavericks, so let's keep the conversation going by connecting on LinkedIn. If you want to discover more about human-obsessed, maverick-minded leadership, go to mofi.co or go to experienceevangelist.com. To learn more about my mission, to challenge leaders to blow up outdated siloed systems and rebuild them with an aligned human-first approach. As always, stay safe, be well, and keep blowing shit up.