SA24- Creating Memorable Experiences for Residents, Families, and Staff: What Nursing Facilities can Learn From Disney

Saturday, March 24
4:00 PM- 5:30 PM

Session Description

Whether or not you’re a fan of Disney theme parks, LTC can learn valuable lessons from the success of the Magic Kingdom. Like the theatre or a musical performance, Disney is in the business of creating an experience, rather than merely providing a service. Ironically, health care is not so different (we just don’t realize it yet!). In an effort to integrate a more proactive, positive, and creative focus, this session will offer a paradigm shift in language, culture, and experience for all LTC stakeholders, based on the book “If Disney Ran Your Hospital - 9 ½ Things You Would Do Differently” (Fred Lee, 2004). By focusing team efforts on initiative, empathy, courtesy, and communication, all embraced so effectively by the Disney team, patients and families will focus on their experiences rather than the services provided in participant facilities. Hop in your roller coaster and join us for a unique, fun, and dynamic session...Disney characters welcome!

Learning Objectives

Discuss the Disney SHARE acronym and explain its utility in long term care.
Identify at least two current practices in their LTC facility that could be improved by integrating the Disney paradigm.
Describe the difference between providing a service and creating an experience and ways to create experiences in PA/LTC care.
Identify two exercises that attendees can facilitate with staff in their LTC facility.

Presenter(s): Diane Sanders-Cepeda, DO, CMD; Paige Hector, LMSW, MSW; Patricia Bach, PsyD, MS, RN

Presenter(s) Disclosures: All speakers have reported they have no relevant financial relationships to disclose.
If Disney Ran Your Nursing Home: Lessons from the Magic Kingdom

Pat Bach, PsyD, RN
Diane Sanders-Cepeda, DO, CMD
Paige Hector, LMSW

Disclosures

• Pat Bach, None
• Paige Hector, None
• Diane Sanders-Cepeda, Optum – United Health Group

Objectives

1. Discuss the Disney SHARE acronym and explain its utility in long-term care
2. Identify at least two current practices in their long-term care facility that could be improved by integrating the Disney paradigm.
3. Describe the difference between providing a service and creating an experience and ways to achieve that in PALTC.
4. Identify two exercises that attendees can facilitate with staff in their long-term care facility.

What’s the Story to this Presentation?

• The three of us were working on a committee and had an idea...
• Brainstorming, almost jokingly
• Emphasis on fun, maximizing staff and resident experiences

The Back Story

So, what brings you here to this session today?
An Environment for Healing

Deeper & different approach to clinical practices
Focus on ways of thinking rather than prescribing action to implement
If our thinking is changed, culture change will follow
Inspire caregivers & reshape the patient’s experience
Create a more trusting & compassionate environment for healing to take place

Fred Lee

9½ Things You Would Do Differently*

- Redefine Your Competition and Focus on What Can’t Be Measured
- Make Courtesy More Important than Efficiency
- Regard Patient Satisfaction as Fool’s Gold
- Measure to Improve, Not Impress
- Decentralize the Authority to Say Yes
- Change the Concept of Work from Service to Theater
- Harness the Motivating Power of Imagination
- Create a Climate of Dissatisfaction
- Cease Using Competitive Monetary Rewards to Motivate People
- Close the Gap Between Knowing & Doing

* To bring out best behaviors in staff & create best overall experience for patients

“Alive Inside”

“Alive Inside”

Group Discussion

Clinical Case
Clinical Case

- 77 YO Caucasian female, married 51 yrs, widowed age 73. Lived alone in NJ
- 3 children (VA, North Dakota, CA) – refused to move in with children
- Independent re IADLs/ADLs, worked F until age 78, retired due to illness onset
- Medical Hx: Unremarkable. No ETOH/drug abuse, 1/3 PPD smoker x 40 yrs.
- 2010 Dx: hypertension, COPD, frailty
- Fall 2011: Acute hemoptysis, O₂ dependent COPD
- Dx:
  - RUL lung adenocarcinoma w/lymph adenopathy
  - Cardiac arrhythmias - atrial fibrillation/tachycardia, small abdominal aortic aneurysm
  - Rx: Multiple meds, Chemotherapy/Radiation

Family provided 24/7 care in pt’s home over several month period
Pt returned to limited activities, limited driving

Clinical Case

- 2012 Pt moved to VA w/daughter for support/assistance
- Pt preferred to continue w/NJ physicians & remained in their care until 2013
- Spring 2013
  - Declining status → Four hospital admissions within two month period
    - First admission - UTI/sepsis
    - Second admission - pneumonia
  - Third admission - pacemaker insertion due to increasing ectopy/severe aortic stenosis
    - Exposure to C Diff while hospitalized, not informed of pathogen or precautionary measures
    - After D/C, developed severe GI symptoms requiring fourth admission

Clinical Case

Fourth admission:
- Fulminant nosocomial C Diff infection → rapidly progressive systemic decline, cardiac events, severe malnutrition, cachexia and sepsis
- At the end of two weeks, significant respiratory issues, placed on bipap
- 7/24/2013 Admitted to ICU, requested no further Rx, signed DNR
- Received comfort care with family present
- Expired 7/25/2013

Clinical Case

First Person Narrative

Journey of Care

248 bed community hospital

Our Health Care Team

Seth Berk, MD  
Hematology/Oncology

Deborah Butzbach, MD  
Radiation Oncology

Paul Devers, MD  
Primary Care

Staff: La Vonda & Rosemary
What Would Fred Say?

- Emphasis placed on what could not be measured
  - Virtue and ICU staff, chaplain
- Courtesy was more important than efficiency
- Decentralized the authority to say yes
- Changed concept of work from service to theater
  - For Mom and family
- Harnessed the motivating power of imagination
  - Instilled hope, addressed reality
- Created a climate of dissatisfaction
- Closed the gap between knowing & doing
- Efforts "above and beyond" the call of duty
- Overall, made huge difference

Navigating the Peaks and Valleys of Care

- Virtu and ICU staff, chaplain
- Courtesy was more important than efficiency
- Decentralized the authority to say yes
- Changed concept of work from service to theater
- For Mom and family
- Harnessed the motivating power of imagination
  - Instilled hope, addressed reality
- Created a climate of dissatisfaction
- Closed the gap between knowing & doing
- Efforts "above and beyond" the call of duty
- Overall, made huge difference

In the End,
Little Things Mean a Lot

- Sense people’s needs before they ask (initiative)
- Help each other out (teamwork)
- Acknowledge people’s feelings (empathy)
- Respect the dignity and privacy of everyone (courtesy)
- Explain what’s happening (communication)

Facility Culture – the social and political environment in which people work

- Reflected in every aspect of the business
  - How people greet each other
  - Behavior in meetings
  - How decisions are made

Welcoming Culture Change
Disney Lessons
Paige Hector, LMSW
Clinical Educator
How staff are treated is how they will treat residents and guests.

Do people who work in your facility just have a job or did they join a culture?

How Do Patients Judge Their Experience?

By how they are treated as a person, not how they are treated for their disease.

Staff tend to emphasize diseases and problem lists:

- The “COPD’er”
- The amputee in 310
- The behavior problem
- “Bed A”
- 77 year old male

Providers and Patients Think Differently

Facilities measure “improvement” by Outcomes or Results (unfortunately)

- Pain
- Vaccines
- Pressure ulcers
- Falls
- UTIs
- Incontinence
- Restraints
- Depression
- Weight loss
- Change in ADLs

Minimum Data Set 3.0
Patients Judge Quality by Perceptions

- Perceptions are subjective and must be treated as valid
- The perception (impression) isn’t necessarily accurate, just valid (Beicher)
- Cannot be measured the same way as outcomes

W. Edwards Deming

The most important numbers are unknown and unknowable.

Invisible Figures

- Value of a happy patient
- Employee morale
- Improved efficiency
- Interdepartmental cooperation

Teams deliver outcomes

Individuals deliver impressions

Disney’s Quality Priorities

1. Safety
2. Courtesy
3. Show
4. Efficiency
**Courtesies and Efficiency**

**Courtesy**
- Behavior marked by polished manners or respect for others
- Consideration, cooperation, and generosity in providing something

**Efficiency**
- Effective operation as measured by a comparison of production with cost (as in energy, time, and money)

---

"People do not do what their organizations expect. They do what their managers pay attention to."

- Number of admissions completed
- Charting completed
- MDS’s transmitted
- Baths given
- Rooms cleaned
- Meals served
- Therapy minutes clocked

**Facilities Consistently Place Efficiency Before Courtesy**

---

**What Does Courtesy Look and Sound Like?**

- Asking preference about door open or closed
- A genuine smile!
- Adjusting volume of voice
- Bringing an item without being asked
- Sitting quietly at the bedside while a resident tells a story
- A friendly, patient voice on the phone
- Making sure resident’s get to their favorite activities
- Printing a medication list in extra large print for a visually impaired family member

---

"If courtesy is not more important than something else, it is not more important than anything."

---

Leaders tell staff to be courteous and service-minded. **Yet...**

Staff are held accountable for efficiency, getting all their tasks done.

This creates conflict, the employee is in a bind.

**A HARD PLACE**

<table>
<thead>
<tr>
<th>A HARD PLACE</th>
</tr>
</thead>
<tbody>
<tr>
<td>LSPK</td>
</tr>
</tbody>
</table>

---

We’re missing the boat! Patients judge their stay by courtesy. Staff are managed according to efficiency.
Encourage staff to try ideas that are in the name of great service.

“Often the limits are in our own minds and based on the way we have always thought were our constraints.”

Lee

Memorable Experiences & Loyalty
How are they linked?

• Loyalty is generated by memorable things that happen that we didn’t expect

• It takes something memorable to turn an ordinary, satisfactory experience into something special

Lost and Captured Loyalty
Tell Your Story

Stories are a major component of both loyalty and dissatisfaction. A satisfied person has no story to tell.

“It is the spontaneous, unexpected, memorable moments that generate feelings of loyalty.”

An extraordinary experience is one that happens when a person is surprised by what happened!
"When hospital personnel view their work as engaging the patient in a memorable experience, instead of just trying to give "excellent service," the shift is one of substance, a true paradigm shift." (Lee)

Consider Developing Scripts

- A script maps out an entire experience
- Not just words employees are supposed to say
- Includes everything needed to contribute to the desired outcome
- Collaborative effort, not done in isolation by a manager
- Important to be alert to cues from the patient and respond!

Disney Uses Three Columns

<table>
<thead>
<tr>
<th>What we do</th>
<th>What the guest needs to know and feel</th>
<th>What we say</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Script Example: Simple and Important

1. Greet patient by name and introduce themselves cheerfully
2. Comment on anything special in the room like flowers or pictures of family
3. Meet other people in the room
4. Ask if there is anything else they need or need explained
5. Empathize with any expressions of feeling
6. Remember conversations from day-to-day and build on them

All this comes before the task they came to perform!

Script Topic Ideas

- Responding to a complaint about timeliness to answer a call light
- Administering a treatment or medication but the roommate has many visitors
- Answering the phone
- Greeting a family member who was unpleasant to staff the previous day
- Responding to accusations of being "short staffed"
- Welcoming a new resident
The Role is **Bigger** than the Job!

The primary role is to play a part/character to engage the patient in a memorable experience.

- Roles include:
  - Welcoming people
  - Helping people feel cared about and reassured
  - Getting them off to a friendly start
  - Finding their way around an unfamiliar place

Remember, No Matter the Task

The fundamental question is “What is the reality of this patient’s experience, and how can I make it real to me?”

---

Do you have a family member in a nursing home?

A family member who may need nursing home care in the future?

What are your hopes for the care this person will receive?

---

Paige’s Mom & Dad

---

What would it take?

Imagination and Empathy

Imagine a person acting unpleasantly in your facility.

Why might they be acting like that?
- Anger (fear, guilt, shame, embarrassment...)
- Upbringing
- Experiences
- Intellectual disability

Consider:
- What would it take for me to act like that?
- What if this were my mother (father, sister, brother, friend)?
- How would I feel if this happened to me (my spouse, partner or child)?
Exercise Purpose?
• Truth is not the purpose
• No way to truly know what is going on inside another person
• Purpose?
  • Foster empathy for another human being who is struggling
  • Open up our imagination to possibilities
• Empathy is a healing skill

Creating Memorable Experiences
DISNEY LESSONS
Diane Sanders-Cepeda, DO CMD
Optum Medical Director, South Florida Market

What Makes Any Single Experience Memorable?
GOOD
BAD
UNEXPECTED
EXCEPTIONAL
MEMORABLE
EXPERIENCE

Trending story detected by Trendolizer™
2017-09-18 10:41:28 (UTC)
100 likes/shares/comments (545/hr)
Florida governor issues emergency rules for nursing homes after hurricane deaths
So What Can Disney Teach Us....

Our Industry's Focus....

- Survey of Patient Satisfaction/Patient experience
- Readmissions
- Avoidable Hospitalizations
- Payment Models
- Length of Stay
- Surveys/Complaint surveys

In Search of Fool’s Gold – Lessons from Disney

BEST NURSING HOMES
U.S. News
2017-18
How many Patient Satisfaction Surveys do you collect?

In search of Satisfaction

What is the Expectation?
What happens when we fail to meet expectations?
Should we be measuring for satisfaction?

When you are satisfied...Expectations have been met...
- There is no complaint
- There is no problem
- There is no feedback
- There is no story...

Consider Asking Different Questions
- Was there anything frustrating or disappointing about your experience?
- How are we treating you?
- What would make your stay better?
- At discharge ask if there was anything that would have made their stay better

Embracing Dissatisfaction – Lessons from Disney
A Tale of Performance Improvement

Improvement is Born Out of Dissatisfaction

Managing Dissatisfaction in the Nursing Facility

• Review of Resident Concerns
• Discussion at QAPI
• PIPs (Performance Improvement Projects)
• Plan of Correction

If We Measured Dissatisfaction?

• Learn about perception
• Learn about failures
• Learn to listen
• Learn how to improve….

Making the Leap from Dissatisfaction to Loyalty – Lessons from Disney
To Create Brand Loyalty

- Engage the customer
- Personalize the Experience
- Provide Quality

How Do We Create Patient Loyalty

Meeting Expectations = Patient Satisfaction
Exceeding Expectations = Patient Loyalty
Loyalty in Healthcare comes from Compassionate, Engaged Care

Real World Application

The Disney Approach in Action...

"Customers will never love a company until the Employees love it first"

- Simon Sinek
In Conclusion – Revisiting My Hollywood Hills Experience

Resources

• Fred Lee TedX talk, “Patient Satisfaction or Patient Experience?”
  https://www.youtube.com/watch?v=tylvc9dY400

• Lee F. If Disney Ran Your Hospital 9 ½ Things You Would Do Differently.

• Covey F. The 7 Habits of Highly Effective People. ??,??: Simon and Schuster; 2012.

• Beicher T. A Facility-Based Risk Management Program. Washington, DC:
  American Health Care Association; 2003.

• Slide share, https://www.slideshare.net/

Thank you for your time.
Pat, Diane and Paige

Handout with exercises available on the PALTC website
Staff Engagement and Culture Change Exercises
Based on If Disney Ran Your Hospital 9 ½ Things You Would Do Differently by Fred Lee

Exercises are a wonderful, interactive way to engage staff in learning, problem-solving and personal growth. Fred Lee’s book offers a wealth of ideas on how to engage staff at all levels. We’ve listed a few ideas in this handout. But, there is a word of caution. Before you embark on this journey, think about the culture in your facility. Once you engage staff in exercises, there is an expectation that the lessons learned, and ideas discussed will not end once the exercise is over. Is your facility committed to a learning culture? How do you plan to maintain the momentum once staff get excited about new possibilities? How will the actual processes in which staff work everyday be changed to support a different approach? To raise staff expectations and hope is wonderful but not if they cannot be realized.

An Exercise on Loyalty:
Imagine a personal experience with an organization or company that was particularly wonderful and one that was awful. What is the story that you would tell people? Did the wonderful experience result in loyalty on your behalf? Why or why not? Did the awful experience result in lost loyalty? Why or why not? What was your experience?

Cultivating Imagination, Developing Empathy
Bring a flower. Ask people to write down what they are thankful/grateful for, things that make their lives meaningful and fun. Each ‘thing’ represents a petal. Have people call out their “petals” and write them on a flip chart. The analogy for this experience is counting one’s blessings. Then ask, “What will happen to these beautiful petals, one by one, as you get old?” Go to the flip chart and read the first thing on the list. For example, if friends or family are listed, they will die. Pull off a few leaves and let them flutter to the ground. Keep going until only a few petals are left on the stem.

Then, read the quotation from the book on page 137 that starts off, “This is what is happening to our patients....”

Developing a Script:
1. Pick a topic – e.g. responding to a complaint about timeliness to answer a call light, administering a treatment or medication but the roommate has many visitors, answering the phone, etc.
2. Engage staff in discussion of what is important for that scenario to create a memorable experience for the patient, resident, and/or family member.
3. Use a white board and have staff call out their ideas.
4. Allow this process to be messy and fun!
5. Record ideas that could contribute to a script.
6. Develop a draft script and get staff input.

Emphasizing Service
Ask staff what frustrates them in their facility or their job. When do they feel they have to place efficiency over service? Brainstorm ideas of how this might be changed. What are their ideas for things to try in the name of great service? Ask staff for ideas of how the facility can support them to do things that are not in their job descriptions.
Cultivating Imagination and Empathy
Imagine a person acting unpleasantly in your facility. Discuss why they might be acting that way. Could it be related to anger (underlying emotions of fear, guilt, resentment, embarrassment, pain)? Could it be related to their upbringing and that they may not possess skills to handle situations differently? Might it be due to their experiences with the health care system? Do they have an intellectual disability that is contributing? Do not judge their behavior but instead try to see the situation from their perspective. Then, discuss these questions: 1) What would it take for me to act like that? 2) What if this were my (mother father, partner, spouse, sister, brother, friend)? and 3) How would I feel if this situation happened to me (my spouse, partner or child)?

Cultivating Compassion
Residents, patients and family members come to our facilities with a myriad of needs, issues and concerns. Staff has the enormous task of trying to meet their needs, address concerns and help provide the highest quality of life. No easy task! Cultivating compassion requires time and effort. Compassion can be seen as a talent to be “recruited, developed and modeled.” (Lee) Engage staff in discussion with these questions: 1) Do you have a family member or friend living in a nursing home? 2) Do you have a family member or friend who may need nursing home care in the future? 3) What are your hopes for the care this person will receive? The fundamental question is “What is the reality of this patient’s experience, and how can I make it real to me?”

The Guest Experience Exercise:
Imagine that you are having friends to your home over the weekend, people that you’ve not seen in a long time. How will you get ready for their visit? What things will you not do while they are in your home? How will you cater to your guest? Translate this exercise to your facility and ask the same questions.

Casting for a Role Instead of a Job (Walk Disney)
Disney does not interview people for jobs; they cast people for roles. “Casting means finding the best people and keeping them so they can practice together and become a proficient ensemble.” (Manual at Disney University) While the concept of casting may seem unusual in a nursing home, it’s worth considering for the facility committed to creating memorable experiences.

A role is not the job. The role is bigger than the job! Each staff member has a primary role to play in the facility. These are examples of roles: make first contact with a patient and family and help them feel welcome, help patients feel cared for, help engender trust in the care provided by the facility, and help patients overcome challenges and find meaning in life.

Before teaching staff about the different between roles and the job, engage in this exercise. In small groups, ask staff to introduce themselves and tell each other what role they have in their facility. The person will likely share their department or job title. They may describe their work. Then ask, “And how do you go about doing that?” or “What does that mean?” to which they will likely reply with the associated tasks (administer medications, do discharge planning, order supplies, cook meals, etc.). Then ask, “Why did they pick you for this role?” The answer may be “I don’t know” or maybe the person will state a specific skill or training they have.

What we’re looking for is an answer about the role, not the job. This requires a shift in thinking. “They hired me because I make a great first impression!” “I was hired because I’m compassionate and I love working with people.