Ten Questions to Make Excellence Stick
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Have you ever wondered why it is so hard to make a new behavior or process stick? Whether we are changing our own behavior or that of dozens of employees, hardwiring a new behavior is very difficult. What if there was a diagnostic tool or assessment that could help you diagnose why a process has not been hardwired? Would you use it?

At Studer Group we teach Evidence-Based Leadership (EBL) as a model to hardwire a process to improve clinical and operational results. EBL has three major components: Aligned Goals, Aligned Behaviors, and Aligned Processes. The ten questions included below touch on all three components of EBL, but primarily improve the alignment of processes. When either beginning a new process or evaluating one that has not become hardwired, we recommend asking yourself these questions:

1. Have we set clear and high targets? This seems obvious and is sometimes missing when we roll out a process or tactic. Is the target one that will cause us to change our behavior? We find that setting stretch targets and celebrating wins along the way is a successful method.
2. Have we provided education to all involved with a focus on over-communicating the why behind the intended behavior? Research shows that when changing behavior, we under-communicate the why by a factor of ten!
3. Has leadership made it clear that the behavior is mandatory, not optional? This is very important, and we are finding that the words we use to indicate mandatory-ness really matter. Our Studer Group research of over 2,000 healthcare leaders indicates that when we use the word MANDATORY, 98 percent of our staff understands that this means they MUST do the behavior. When we use the word REQUIRED, only 68 percent of our staff recognizes that they MUST do the desired behavior. Amazingly, when we use the word EXPECTED, only 26 percent of our staff understands that they MUST do the desired behavior.
4. Is the desired behavior being role-modeled by leadership? We know that your staff is really watching everything you do. If the leader does not do the desired behavior, he or she may be giving permission for others to ignore the behavior as well.
5. Have we practiced the behavior using role-play? Practice makes permanent! Be sure to practice to the point of competence.

6. Do we have a good measure of success? Meaning, are we checking through some audit or measurement process to see if we are really doing the desired behavior? In most cases, we recommend getting the measurement down to the individual staff member when possible.

7. Can we report results of the verification transparently? In healthcare, we know that results that are publicly reported, like core measures and HCAHPS, tend to get our attention. Reporting results transparently helps point out who is succeeding and who needs to improve. This takes away our ability to hide behind averages.

8. Are we giving positive feedback when we see the behavior done correctly? This is critical. Research shows that recognized behavior gets repeated. So be on the lookout for those doing it right.

9. Do we correct poor performance quickly, on the spot if necessary? This is a tough one for those of us in healthcare for several reasons. But as Quint Studer says, “What you permit, you promote.”

10. Are there consequences for non-compliance, up to and including termination? I hate it when it comes to this, but we know that some staff members will not change their behavior unless you tell them the consequences and they know you mean it.

The most common areas leaders seem to miss when trying to make a process and results stick include: misunderstanding mandatory vs. optional, the verification process, dealing with our low performers, and there are no real consequences.

ABOUT THE AUTHOR:
Bob Murphy, a well-known operations leader and national health care presenter, joined the Studer Group after spending more than 25 years in health care. His extensive experience includes work as a phlebotomist, nursing assistant, registered nurse, department leader of Emergency/Trauma Services, quality leader, risk manager Chief Operating Officer and hospital CEO. Bob also is an attorney. He is board certified in health care administration and is a Fellow of the American College of Health Care Executives.