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Geri Amori: Hello, everyone, and welcome to *Healthcare Perspectives 360*, a podcast dedicated to exploring contemporary healthcare issues from multiple perspectives. I'm Geri Amori, and I'm here with the emergency medicine physician Dr. Megan Ranney, hospital administrator Pierre Monice, and customer experience expert Jake Poore. Welcome, everyone.

I've heard that a lot of hospitals and clinics are posting new signage alongside their EMTALA and HIPAA posters. Signs reminding patients and visitors to be kind and respectful.

Jake, you do a lot of focus groups throughout the country. Do you find that patients are angrier than ever before? Is that a true perception? And if so, what can you tell us about it?

Jake Poore: Thanks, Geri. Yeah, I'd be glad to. Yeah, we do a lot of patient focus groups across the board, across the zip codes and postal codes and Canada. I think people are—well, I hate to use colorful language—they're damn mad, and they're not going to take it anymore. They are not their diagnosis. They are not their illness. They're not the hip in room 3. They can overhear all those conversations you're all having—I have to deal with this patient. So we've got to put the good-show/bad-show lens on from the patient's perspective. They have a choice. They don't have to come to you.

Now some of you might wish they don't come to you. And you know what I'm talking about—the frequent fliers, the frequent complainers. But if you think about the real decision-makers in America, I read this book called *The Power of the Purse*, which is about women in America are making buying decisions about healthcare, right? Where am I going to have my baby? Where's my family going to get medicine? What house are we going to live in? What school are we going to go to?

So not that men aren't important, they are, but we better darn well be paying attention to women in America because if they are not treated with dignity and respect, kept in the loop about delays, spoken in a language that's not healthcare jargon and medical school top-of-their-license, and talk with respect and dignity to their children and their husband and their partner, then they're going to take their business elsewhere.

So I think, for most of us, we have to stop comparing ourselves against other competitors in healthcare. We've got to start comparing ourselves about how others in retail, hospitality, and restaurants and so on, are upping their game. Because patients, at the end of the day, when they leave an Apple Store, and they're treated with personalization and customization, and then they get in a car accident, and they go to your hospital, they want that same level of care, that same level of personalization. And so unfortunately, the filter's off, and they're going to tell you exactly what they're thinking.

And we also have to arm your workforce on how to deal with conflict, and we don't have time for that. During COVID, there was no professional development. There was not even any meetings because we had to be 6 feet apart. We did invest in the virtual learning. And the average leader in America has less than 3 years' leadership experience. Well, 2 years of that was

professional, was on the floor, and they're in staffing. So we've got a domino effect happening here, and unfortunately, folks like our emergency medicine folks like Dr. Ranney, Megan, they take the brunt of that.

Amori: Well, let's ask them. Dr. Ranney and Pierre, what are your thoughts about what Jake just said? Do you agree? Not agree?

Megan Ranney, MD: So I'll say, even before the pandemic, those of us in the emergency department experienced horrific rates of workplace violence. And when I say workplace violence, it's not colleagues fighting with each other, it's patients insulting and physically hurting us. More than half of emergency physicians, more than three-quarters of nurses working in the emergency department pre-pandemic said that they had been assaulted, physically assaulted by a patient.

A recent study showed that that rate went up significantly during the pandemic, with rates of patient-on-healthcare-worker assault actually correlating to the levels of COVID in a community and to levels of crowding. Add on top of that the unprecedented staffing shortages, the fact that there are simply not enough of us, and it puts us in an untenable position.

You know, if anyone ever assaulted a worker at a McDonald's or an Apple Store, they would be arrested, and there would be a no-trespass order. In healthcare, we don't have that option. We're the place that the police bring people to, that EMS brings people to, who no one else can handle. We have an obligation, an oath that we've taken to care for all, but that puts us at tremendous physical risk and then emotional risk as well.

So I'm going to push back a little bit. Yes, we all want to do better, but we are operating in tremendous scarcity in healthcare right now. I think there's an opportunity for us to innovate, but I would actually ask patients to recognize the stress that we're under in healthcare, and maybe think twice before yelling, pushing, spitting, scratching, kicking, or, unfortunately, what we're with increasing frequency seeing is pulling out a gun.

Amori: Wow. Jake, what about you, from your perspective?

Poore: You know what? I'm one of these few folks that toggles both the patient experience and the employee experience. I empathize with Megan, and I've been in those horrific emergency rooms where the spitting and the kicking and the biting, but it's not everybody. And so we've got this pressure cooker going on.

And, you know, Pierre, I'm going to turn to you in a minute because, as an administrator, you guys are throwing bonuses at these employees to say thank you, but they just want more staff. And I'm just going to keep with the perspective of the patient. They don't care. Now they want to empathize, but they're in pain, they're vulnerable, they're anxious. Hear me. Don't interrupt me. You know, ease my way, explain this process. Why am I sitting here for 6 straight hours, and nobody's told me anything? So I get it. It's a pressure cooker, and nobody's winning.

Amori: Pierre, what is your thought?

Pierre Monice: Great points from both Jake and Megan. You know, I'll definitely have to say, you know, from my standpoint as administrator, colleagues' safety is number one. Yes, the reality is resources are limited. You know, there's lots of anxiety and tension in our waiting room, they're coming from a society…we just got to rethink our processes as we're trying to figure this out.

I'm not sure what the right solution is, but some things that we need to start exploring is do we need to have X amount of family members in a waiting room? It's probably not ideal. But we've got to limit and declog some of our hallways in the waiting areas. It's not just the responsibility for our security team members. It's everyone.

And how do we help individuals de-escalate situations? And I know it's not always patient-centric, but if someone is a harm to the environment and to our staff, we have to escort them out the best we can. We have to provide safety in a certain environment for our clinicians. It's not perfect, but we have to be a little bit more flexible, creative.

So going back to the initial question, yeah, I understand the signs. But I think there needs to be some education on both sides, but it's a tough situation.

Amori: So I've heard a lot of people say that we have to manage patients, as you were saying, or that we have to handle those patients. And it becomes a one-way perspective of making sure we keep those patients where they're supposed to be, in their lane, right? What are some strategies that we could all do that would be helpful to kind of alleviate some of the stress of the situation? Are there any that you see?

Poore: I'll jump in. This is Jake. You know, I think you'd be surprised that kindness goes a long way. And actually, there's some data that just came out from the same author who wrote the book *Compassionomics*, which is a 2-year study, research study about the clinical and business impact of compassion. He just wrote a new book, and I've got it here somewhere, and it's called the *Wonder Drug: 7 Scientifically Proven Ways That Serving Others Is the Best Medicine for Yourself*.

So we've been talking about burnout, frustration, demoralization, even suicide on the caregiver, but from the patient's perspective, you know, come in with a—I know it's hard, but smile is contagious. Say "good morning" before you say, "What seems to be the problem?" Call me by the name I want to be called. And if the front desk can ask that when they check in, these are little, tiny things that we can really reap great connections.

And if you're not a clinician, and you come in the room to push me in a wheelchair, or bring some food or a bandage, you can say, "By the way, what do you like to do when you're not in the hospital?" And listen. And if you hear that I'm a runner, and you're a runner, let's make a connection. It only takes a minute to make those little amounts. And if the data says you get some from giving, then, boy, that's a domino effect that we can all use right now.

Amori: That's a really wonderful point. Yes. Pierre.

Monice: Yeah, one thing as an option, I think, you know, we need to do a better job at is let's be totally transparent and candid with our patients. You know, you go to an airport, even when there are delays, they tell you anticipated times. But for some reason in healthcare, you know, we sit in a waiting room as a patient, and we expect to be seen right away, and we wonder why that person in the wheelchair goes back.

But maybe we just need to be more honest, right? It's we're going to be a 15-hour wait, or, you know, you're probably not going to be seen within the next 30 minutes, you know, but this is what you can expect. And if you aren't totally, critically ill, hey, here's some options that you can be taken care of and maybe not be an emergency room. So it's not a one-size-fits-all, but I think we need to do a better job of re-looking at models of care and say, hey, this is what we're dealing with, in the attempt to de-escalate and to gauge expectations.

Ranney: So I agree with all of those, and I'll just add in from the frontline healthcare providers' perspective, I think that we need to feel that folks like Pierre are there and kind of have our back, knowing that our hospital, our healthcare systems are protecting us from those patients who are most violent.

And gosh, we could talk about kind of the larger societal issues. You look at the reports of attacks against flight attendants or against other frontline service workers. This is not a problem that is unique to healthcare right now.

But we need to feel that we are safe at work, and so that's about our administration, our healthcare system administration having our backs, but also potentially having good relationships with those in law enforcement or kind of in the larger community to not bring those patients who are physically dangerous in to see us without adequate support.

Amori: Good point. Jake.

Poore: Just to add on to what both Pierre and Megan just said, there's probably the best quote I ever learned in business school was, "Unexpressed expectations can lead to unexpected resentments." Where you assume I know what's going on, and you assume how long it's going to take…everyone knows that if you take blood out of my arm, it takes about 45 to 60 minutes to go to the lab and back. Why don't you just tell me that? Or if you're Disney, running the hospital, you're going to lie to me, you're going to say it's going to take about 75 to 90 minutes. When you come back at 60 minutes or 45, you're like, hey, we already got the results. Oh my gosh, that's so great.

Some exam rooms I've been in, like at SCL Health, in Denver, in the emergency room, they have the estimated wait times for x-ray, for lab work, for a urinalysis. And the doctor comes in, starts ticking them off and says you're going to be here between 4 to 6 hours, and that's if everything's running smoothly. Guess what, I don't know how sick the rest of the folks are.

So to that point, what Pierre was talking about is we're keeping you in the loop to the best we know at our ability.

Amori: So managing expectations, patient expectations. Megan, you wanted to say something, and then Pierre wanted to say something.

Ranney: Yeah. So I think that managing patient expectations is great, but that starts even sometimes before we walk in the healthcare facility, which is going back to that point about an Apple Store. A Level I Trauma Center is not an Apple Store. We don't know what's coming through the door next. We may tell you we think this is going to take an hour, but then we get a heart attack, a gunshot wound, a major car crash, and an acute appendicitis all coming through the door. That keeps me from going back to you and updating you for an hour. It's not out of maliciousness on my part. And I can't tell you, unfortunately, because of patient privacy laws, why I've not been able to make my way back in. And so I think that element of giving grace is so critical right now.

The other thing that I want to say is, you know, from the healthcare provider perspective, there's that whole thing that—going back to the airline analogy, again, of putting on your own mask before you put on the mask on the person next to you—and unfortunately, our healthcare workers are so burnt out, so stressed right now, that that makes it difficult for us to show up with a smile. And so we have to find ways to improve the resilience and wellbeing of our healthcare workers in order to enable them to go in and take that patient from one room to the next with a smile.

But I will say, on my shifts when I have patients who are thankful or who expressed understanding of the fact that we're understaffed, and I'll have discussions with folks that own a restaurant, and we'll trade stories about we have the same challenges with kind of filling the need on a busy night, that means so much to me to feel kind of heard and recognized. And maybe, you know, helps me take better care of them because it creates empathy and mutual understanding.

Amori: So we're hearing a lot about empathy and mutual understanding.

Pierre, you wanted to say something.

Monice: Well, good thing we're wearing masks, so people can't see the smiles. They see your eyes. That's the new smile. I'm kidding. I'm kidding. Sorry. Bad joke.

When talking expectation, I wanted just to add in there, and I liked how Megan put it, we have to put in the human element of it, right? So the numbers may work out that your wait time for the lab results or for your admission may be 30, 45 minutes. We need to put that buffer in there. Right? And that may be a human buffer, and we don't typically do that, right? Because we expect we have 4 providers, we have 8 clinicians, and this is supposed to be kind of the rubric of what throughput should look like. The rubric looks very, very different, but we have to put that human element in there.

Amori: Good point. Good point. Jake.

Poore: And I appreciate Pierre saying thank God we have a mask, they can't see. Well, you can smile through the mask. We actually created a program at Lehigh Valley Health in Allentown called Smile Through the Mask. People can see your eyes smile, and it has a domino effect. And we want to lower anxiety on both the staff and the patient side, and we want to raise patient satisfaction and employee engagement. It's amazing that smiling through the mask actually does make an impact.

I was in the emergency department recently. And Megan, maybe this is something for you. We've all seen how a battery on a cell phone is either 5, 4, 3, 2, 1. That's how they start their huddle. How is your emotional battery? And they hold their hand on their chest, and they may put a 1, a 2, or a 3 or a 4. If you're 5, you're good, your cup is full, and now you can help make other cups full. But if you're a 1 or 2, something else is going on at home, or at work you're just being buried. So I think it's a way that we take care of each other as well.

Amori: I think that's a beautiful way to segue into our final question, which is one of my favorite things. What is the one thing each of you would like our listeners to take away from your perspective about this idea of workplace violence and being nice to each other?

Pierre, would you like to start us?

Monice: Yeah, I mean, this goes back to, you know, the age-old "people matter." You know, let's remember that on the clinician side and also the patient side. And it may be someone finds themselves on the other side, remind others, right, you know, because you may not be the one going through that, but you can remind others, hey, before you go into the hospital before you go into your shift, remember kindness matters. And we got to be there for each other as a community.

Amori: Very good. Thank you.

Jake. What would you like the one thing for people to remember to be?

Poore: I think the one thing that patients want is this phrase: What's the number-one concern you have today? There was a study that was done recently in the emergency department, and someone who was not a clinician asked each patient, what was your number-one concern? And at the end, they asked the clinicians, what was their number-one concern, and 75% got it wrong. Not that they're bad people, but they were so focused on the ailments and symptoms and root cause, they didn't miss it.

If you came in with a vaginal bleed because you're pregnant, you assume that she's really concerned about her baby. But she wasn't concerned about her baby as much as she was concerned about getting home to give her dad his meds before 7 p.m. We just never got that because we're so busy, we're so short staffed. And again, from the patient's perspective, now they're upset because we never really asked her what was important to her.

So I think, what's your number one concern today may not be the actual ailment they're coming in. So I think from the patient's perspective, they really love to know that from you.

Amori: Excellent. So what we need to be asking is what's most important to our patients as we step into the role of providing that care and that support. I like that.

Megan, what is the one thing you would like everyone to remember?

Ranney: I'd like everyone to remember that violence against healthcare workers is never acceptable, and for each of us to commit to standing up for not tolerating that, whether we are healthcare workers, administrators, or patients. Real simple. We'll make everyone's healthcare experience better.

Amori: Thank you. And that is a wonderful way to lead us to our close.

This has been a tremendous conversation, and I want to thank each of our panelists for their wonderful perspectives and our listening audience. I hope our discussion provided you with some new insights, and thanks, again, for joining us.

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