

**MAUN-LEMKE***Changing the Results of Healthcare***SOLUTIONS***The Newsletter for Healthcare & Human Services*

January 1, 2018

The post-acute marketplace has changed and is continuing to evolve. Post-acute providers are participating in ACO's, developing healthcare alliances and managed care partnerships. It's becoming more and more competitive to earn a *seat at the table*. So, how do you **showcase your value** when courting these business opportunities? Are there methods to highlight your expertise with specialty care offerings, even if you are not a member of an alliance? Absolutely! There are viable and lucrative avenues available even if your organization is not included as a member of an ACO, Managed Care or Hospital partnership relationship.



Clint Maun, CSP specializes, consults and presents strategic sessions on how to Quantitatively define your organization's **Value Proposition**. By utilizing the three components of **Quality, Outcomes** and **Cost**, Clint will show you how to develop a systematic measurement of success you can capitalize on in the marketplace. You can achieve the desired quality and financial results to position your organization for sustained success in this changing post-acute care arena.

For more information on these programs or to customize a session that provides your desired strategic goals, please contact Kathy Cain, Vice President, at 800-356-2233 or tellmemore@maunlemke.com.

**The Leading Edge**

Key Components of a Mystery Shopping Initiative: When & What to Look for in a Mystery Shopping Program

Mystery shopping has been around for quite some time in the healthcare sector. With mystery shopping, a consultant or third party vendor assumes the identity of a potential patient or customer. They, of course, don't reveal their true identity, as they are trying to garner the true patient experience so that the organization can discover what areas they perform well in, and what areas they can improve upon. To be sure, mystery shoppers give healthcare organizations insight into a typical patient's experience and usually provide in-depth reports indicating areas of strengths and weaknesses. Most mystery shopping initiatives/providers can also provide consulting services that improve their customer service performance. Mystery shopping isn't a *one stop shop* that can address or replace a healthcare organization's overall customer and patient satisfaction initiative, but it can certainly provide accurate and compelling information most administrators don't have the time to find on their own.

Is Mystery Shopping for Your Organization?

If your organization simply doesn't have the time to objectively and thoroughly evaluate the patient/customer experience, then mystery shopping is probably an ideal option. If you're considering implementing a mystery shopping program, you'll want to ask yourself and key decision makers a few key questions. If you answer "yes" to these questions, mystery shopping may very well be an ideal program that your organization is ready for.

Are you ready for honest (and often harsh) feedback? Your organization needs to be fully aware and prepared for honest feedback and results. Indeed, it can be hurtful, challenging, and difficult to have someone say you're not as good as you thought you were. If leadership is not on board or if you believe they will take a mystery shopping assessment personally, you're probably not ready.

Are you ready and able to act on the findings? A mystery shopping program is of no use if your organization isn't committed to acting on the data it receives. If you're not in a position to change processes or procedures, you're not ready for mystery shopping.

It's also important to note that the decision to employ a mystery shopper shouldn't be made by a group or committee. Rather, it should be made by the administrator and senior managing partner. The more people who are involved in the decision and are aware of the program, the more you put the program at risk. For example, if your office manager and staff find out, they may maintain a high level of care in anticipation of the mystery shopper; this probably isn't reflective of their true habits and level of service.

Key Components to Look For

If you do go forward with a mystery shopping program, you'll want to consider and incorporate the following (but please note this is not an inclusive list!):

- **A multi-channel approach.** A mystery shopping program should evaluate the patient experience in person, via the web, over the phone, and any other customer service channels you offer (i.e. social media). Regardless of the

channel being evaluated, you'll want to make sure you'll be provided with feedback and data around professionalism, communication, courtesy, service levels and wait times, and attention to patient privacy and satisfaction.

When you focus on a multi-channel approach, you help ensure that patients are receiving consistent and high levels of service no matter what channel they choose. For example, you may find that mystery shoppers are completely, or mostly, satisfied with their in-person encounters, but experience long wait times and high dissatisfaction with phone encounters.

- **A variety of experiences.** You'll want to make sure mystery shoppers cover a wide range of customer encounters—from calling in to get directions, to the facility, to the welcome experience at reception, to interactions with the physicians on duty.
- **Detailed employee feedback and interaction.** Make sure you're getting data on even the smallest of details—are your employees wearing name tags, introducing themselves, explaining how or why tests were being performed, or giving updates and timeframes on waiting times? Such detailed evaluations and feedback is critical in identifying if your employees are performing as they should be.

Remember, if your organization is ready for mystery shopping, they will be in a position to embrace the feedback and issues identified, and more importantly, they'll be able to act on them. When a healthcare organization is ready and able to carry out a mystery shopping program, the results and return on investment can prove to be extremely significant.

*"We become happier, much happier, when we realize
life is an opportunity rather than an obligation."*

—Mary Augustine



Communication Corner

A Closer Look at Pressure Ulcer Care Planning

With several studies and recent data pointing to the fact that many nurses and healthcare staff are undertrained or unaware of pressure ulcer treatment and prevention, a pressure ulcer care plan may be of extreme value to your organization. According to the Agency for Healthcare Research and Quality, pressure ulcer care planning is a process by which the patient's risk assessment information is translated into an action plan to address the identified patient needs. A **pressure ulcer care plan** can ultimately ensure that a patient does not develop a pressure ulcer during their stay at your facility.

What Makes Up an Ulcer Care Plan?

There are several components of an ulcer care plan. Ulcer care plans are:

- **Written documents.** The care plan is a written document that ensures continuity of care by all staff members. It takes into account multiple factors that pertain to the patient's problems, some of which may be obvious and others that may not. A care plan should:
 - **Indicate specific actions that should, or should not, be performed.**
 - **Be individualized to fit the patient's needs.** Most patients do not fit into a *routine* care plan. When developing the plan of care, it is important to think beyond just a risk assessment scale score—be sure to include all the patient risk factors.
 - **Be followed by all staff members.**
- **Legal documents.** The care plan is a legal document designed to guide the treatment plan, to keep the patient safe and comfortable, and to educate the patient and family prior to discharge. Patients and their families should understand their pressure ulcer risk and how the proposed care plan is addressing this risk. The care plan should clearly outline the consequences of not following a recommended prevention care plan, as well as highlight any possible alternatives and outcomes.
- **Active documents.** Care plans should be “living documents” that incorporate the patient's response to the interventions, as well as any changes in his or her condition. Every patient has the right to refuse the care designed in the care plan. In this case, staff are responsible for several tasks, including:
 - Documenting the patient's refusal in the plan.
 - Trying to discover the basis for the patient's refusal.
 - Presenting a rationale for why the intervention is important.
 - Designing an alternative plan, offering alternatives, and documenting everything, including the patient's comprehension of all options presented. This revised strategy needs to be described in the care plan and documented in the patient's medical record.

Pressure ulcers are a common problem among most healthcare providers. A pressure ulcer care plan can significantly improve your facility's ability to successfully prevent and treat this condition.

*"I failed my way to success."
—Thomas Edison*



Study Suggests Reported Reductions in Antipsychotic Use in Long-Term Care Facilities May Not Be Entirely Accurate

In 2012, the Centers for Medicare & Medicaid Services (CMS) introduced its National Partnership to Improve Dementia Care. The CMS recently reported that it met its goal of cutting the national rate of antipsychotic use among long-stay residents by 20% at the end of 2016.

But, according to Virginia Commonwealth University researchers, along with those reported reductions, combined rates of schizophrenia, Tourette's and Huntington's diagnoses increased 12% in long-stay residents in the two years since the Partnership was introduced. Their study on the connection between psychiatric diagnoses for nursing home residents and antipsychotic rates was published online in [Clinical Gerontologist](#).

Reported rates of schizophrenia, Tourette's and Huntington's among long-stay residents on antipsychotic drugs started increasing in 2012 **at a rate nearly triple that of the general long-stay nursing home population**, mostly due to increased rates of schizophrenia reporting. The increased reporting of psychiatric conditions "appears to be new and concentrated in residents on antipsychotics," researchers said.

Researchers ultimately implied that the reported antipsychotic reduction rates may not be as impressive as they initially seemed.

*"The more you say, the less people remember."
—François Fénelon*



Just For Fun

How to Translate Work Emails

You've likely seen the terms below in emails from your co-workers. Here's what they really mean!

I have a question.

(I have 20 questions.)

I'll look into it.

(I have no intention of following up.)

I tried my best.

(I did the bare minimum.)

Happy to discuss further.

(Don't ask me about this again.)

No worries.

(You really messed up this time.)

Take care.

(This is the last you'll ever hear from me.)



Quick Links

MaunLemke.com
ClintMaun.com

ClintCast.com
CareCrowdVT.org



Republish Policy

Permission to republish/reprint an article is given provided the following conditions are met:

- Clint Maun receives proper recognition as the author of the article. A link to Clint Maun's www.clintmaun.com and www.maunlemke.com websites is published at the end of the article. The piece is not modified in any way.
- Clint Maun is informed of the re-publication/reprint and receives a copy of the publication with reprint. ([Contact Us](#))

You are receiving this email because you opted-in through our sign-up process to receive our free company email newsletter, Solutions (published monthly) and occasional news regarding major announcements regarding Clint Maun/Maun-Lemke Speaking and Consulting, LLC. You can unsubscribe at any time and your email information will never be shared with/rented/sold to others.

[Unsubscribe](#) <<Email Address>> from this list | [Forward to a friend](#) | [Update your profile](#)

Our mailing address is:

Maun-Lemke Speaking and Consulting, LLC
8031 W. Center Rd.
Suite #222
Omaha, NE 68124

[Add us to your address book](#)

Copyright (C) 2018 Maun-Lemke Speaking and Consulting, LLC All rights reserved.



