

Experience Workshops

The “Now What?” Challenge

Consider this common scenario: Your team has just received a wealth of information or feedback that will be highly useful for achieving your customer experience goals and improvement objectives. After the team meets to review the information, they leave excited about the new opportunities, yet overwhelmed about where to start. Questions such as “What can we do now to get started?” and “What should we prioritize first considering our limited resources?” need to be answered in order to translate information into action.

As healthcare teams strive to develop impactful action plans to advance their experience-related improvement and growth goals, they need a clear path to jump start efforts. So how can an action planning workshops be used to effectively help the team align on next steps in experience improvement?

In this white paper, we review how to plan and facilitate high impact experience improvement workshops, which can be used by teams of all shapes and sizes, and promote consensus-building in a collaborative environment.

A Foundation for Success

First and foremost, it is imperative to set up the workshop for success.

Knowledge of the Situation At Hand

Action planning workshops assume that the team already has a foundation for the situation at hand – such as the objective, challenges, and opportunities. For example, when we facilitate these workshops with clients, the foundational information often comes from the recently completed customer research, such as Experience Mapping. Regardless of what information you have, or what the participants need to know, it is usually necessary for them to review relevant information in advance of the workshop. An alternative option is to review this at the beginning of the workshop, though the workshop may need to last longer to allow ample time for discussion and brainstorming.

Timing it Right



We have found that a “sweet spot” for timing is about two hours. Of course it would be ideal to meet for a half-day or even longer, but this amount of time makes it almost impossible for busy team members to coordinate schedules. We have found that two hours can be an effective amount of time as long the group comes into the workshop with a common understanding of the situation at hand.

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Cross Functional Representation



The participants of the workshop should be well thought out in advance. Despite a temptation to include only leadership or those in a similar role, a homogenous group runs the risk of isolating itself from other opinions and not critically evaluating alternative viewpoints. Aside from improving the quality of discussion and ultimate decisions made, the inclusion of cross-functional workshop attendees can facilitate obtaining buy-in and unifying the team to ultimately take action on the results. In healthcare, these roles can include everyone from marketing to clinical providers to support staff. That does not mean that every staff member needs to attend the workshop – but instead that all roles need to be represented. We have found that this is often times the first opportunity for team members from different locations and roles to get together, providing an opportunity to break down silos, and for them to share challenges, best practices, and diversity of perspectives.

Insight to Action

An overall agenda for a workshop may look similar to this:



1. Introductions and review of objectives and purpose (20 minutes)
2. Small group brainstorming (30 minutes)
3. Discussion and prioritization (40 minutes)
4. Assignments (15 minutes)
5. Personal or team action planning (15 minutes)

Introductions

At the beginning, along with reviewing the purpose and desired outcome of the workshop, having each participant introduce themselves and describe their role will give everyone a sense for the variety of perspectives represented.

Small Group Brainstorming

Next begins the brainstorming. Although this can be done among the entire group, for sake of time and focus we recommend dividing the participants into small groups, each of which will tackle a different part of the experience, or a different customer group.

- If your focus is experience improvement for a variety of segments, focus areas could include surgical patients, therapy patients, out of town patients, and even other audiences such as referring physicians or caregivers.

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- If the focus is holistic experience improvement, groups can be separated by stage – such as need (communications and information before becoming a patient), scheduling/access, first visit, treatment, and follow-up/on-going care.

We typically recommend allowing participants to self-select their group based on area of interest, but it is important that the groups remain cross-functional so that a variety of viewpoints are represented. In some situations, it might be wise to pre-assign each participant to a group before the workshop begins. Facilitators can make this decision based on the workshop size, variety of roles represented, and overall group dynamics (such as how hard it will be to break the silo mentality).

Questions the groups should consider and document include:

1. What activities should we reinforce and make more consistent? (e.g., meeting basic requirements)
2. What opportunities for improvement do we have? (e.g., meeting performance requirements)
3. What are areas where we could provide a pleasant surprise in our service delivery (e.g., enchantment requirements, exceeding patient expectations, ideas from other organizations)

If possible, it is helpful to assign each group with a “leader” who is familiar with the brainstorming process and workshop agenda, and who can help the group stay focused on the key discussion areas. Another option is for the facilitator(s) to take turns talking with the groups individually to provide direction throughout the brainstorming process.

Whole Group Discussion

After the groups had some time to discuss (approximately 30 minutes), the facilitator should begin the discussion and prioritization, which is typically the longest part of the workshop. This can be done in a couple of ways:

- “Gallery Walk:” Each group documents their ideas on a flip chart. After the small group brainstorming is complete, all participants walk around the room to read the flip charts. Each participant can add their own idea to the flip chart (post-it notes are great for this!). The facilitator then leads the discussion for each area, reviewing notes from the flip chart and looking for clusters of ideas (such as things that related to education, process, etc.)
- “Facilitated Discussion:” Alternatively, each group can assign one person do document their ideas from the brainstorming, as well as a person to report to the larger group. After the small group brainstorming is complete, each small



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group takes turns presenting to the larger group. The facilitator takes notes and asks for additional ideas, looking for clusters and themes that emerge.

Regardless of which method you use, the rule during brainstorming is that ideas should be added or built upon, but not taken away. At this point, all ideas are valid and even the outlandish ideas are considered. As long as participants stay focused on the topic, they are encouraged to build on the ideas of others and come up with as many ideas as possible. Setting this framework is particularly important in a cross-functional environment, to break the norm that primarily those in leadership play the role of suggesting ideas and initiating change.

Prioritization and Assignments

At this stage, the facilitator should transition the conversation from brainstorming all ideas to prioritizing a few ideas that will have the most impact.

Priorities fall into one of three categories

-  Green (easy/high priority)
-  Yellow (moderate)
-  Red (hard/low priority)

Participants are each given three votes total, one vote for each column. The green category will translate to Quick Hits that can be started on right away. A leader and aggressive deadline should be assigned for each. The red category will be parked for now or perhaps discarded.

Documentation of Identified Needs

Need	Investment	Impact
Description of need area	High/Low/Moderate	High/Low/Moderate

The others will need to be discussed:

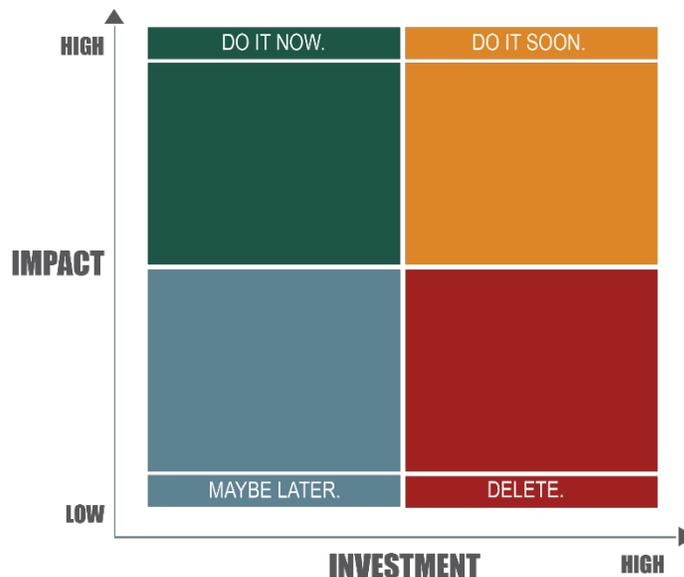
- What should we consider?
- What are the relative priorities among these?
- Which 2-3 can we tackle right away?
- Who is responsible and when will they report back to the group?

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Documentation of Prioritized Needs

Need	Investment	Impact	Existing Initiatives or Resources
Description of need area	High/Low/Moderate	High/Low/Moderate	Goals, resources, etc.

The final output which will be distributed to the team should look similar to a grid with initiatives mapped on their impact, priority, and assignment/timeline. An impact vs. investment chart is a visually concise way to summarize priorities.



Output and Personal Action Planning

As a final step, asking participants to create personal (or team) action plans is also helpful for empowering, motivating, and clarifying what will be done next. Their resolutions are typically specific to their position or department and can be completed individually or within their work group. They can (and should) be revisited after a certain timeframe to review successes and continued goals.

What Now?

Within one or two weeks of the workshop, participants should receive follow-up with documentation and next steps. Without follow-up, there is a risk of losing momentum and reducing action. Participants and teams should be held accountable to the priorities discussed, and perhaps even have a pre-scheduled follow-up meeting in which they will discuss progress on goals.

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About Gelb Consulting

Healthcare market leaders and challengers turn to Gelb Consulting to advance their strategic objectives. We work collaboratively with our clients to merge market insights and industry expertise to design and implement practical strategies. Our clients keep coming back to us not only for a near-term game plan, but as a long-term trusted partner.

Understanding the What *and* the Why

Our approach yields direction for our clients to drive advocacy – customers willing to go out of their way to recommend you. This is formed by the alignment of your brand’s promise, your delivery of services and how they are delivered. These create the ideal experience.

We believe that market leadership is based on a keen understanding of the underlying drivers of your customers – whether they be patients, families, referring physicians, donors or employees. Since our founding in 1965, we have continued to innovate identifying industry-leading best practices and deploying the latest research techniques to support our clients’ success.



Making the How a Reality

This is where our experience comes in. Our clients include many of the most recognized and well-regarded healthcare organizations in the country, with a focus the most complex - academic medical centers. We bring best practices and success to the table.

In addition, our seasoned consultants have been in your shoes, having decades of experience serving in leadership positions within healthcare organizations. We understand the challenges of navigating the most challenging of situations – from competitive environments to resource constraints. We work with you to implement practical strategies to accelerate business performance at a pace that’s manageable for your organization.

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