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The Intersection of Hospitality and Healthcare:

Exploring Common Areas of Service Quality, Human Resources, and Marketing

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by Brooke Hollis, M.B.A., and Rohit Verma, Ph.D.

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EXECUTIVE SUMMARY

Held in fall 2011, the first Hospitality and Healthcare Roundtable represented a collaboration between the Center for Hospitality Research and the Sloan Program in Health Administration at Cornell University. While space limitations cannot fully capture the depth of discussion during the roundtable, these proceedings attempt to capture some of the ideas discussed and developed during the program. Nearly three dozen participants from both industries shared their best practices, with the goal of finding common ground and cross-pollinating towards the development of improved strategies.

Beyond the many intersections of the two fields noted in the body of the proceedings, a recurring theme for the roundtable was the idea that success in both healthcare and hospitality depends on the core principle of creating a culture of respectful treatment and valuing all stakeholders. An effective culture engages staff members and ensures that they feel their work is important and appreciated. At the same time, effective operations depend on continual and careful measurement of customer satisfaction, using such rubrics as net promoter scores and the national Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS).

A particular challenge for many healthcare systems involves aged facilities, particularly those located in inner cities. While the facility itself may largely be inflexible, the staff's approach can help overcome that negative factor. Other small touches also help, such as making sure the facility is sparkling clean, uncluttered, nicely decorated, and properly lighted. Food service is a critical part of patient satisfaction in facilities of all kinds. Many hospitals are moving to a catering-style approach that brings food to patients when they need it. Senior care and continuing retirement care facilities expressly use hospitality-type approaches, with guests who are long-term rather than transient. As is true of many segments of the healthcare industry, the customer for senior living facilities is not only the client but also the client's family. Thus, a holistic approach is needed that involves resident and family alike.

The healthcare system faces financial challenges, as it is likely that hospitals in particular will see reduced payment levels. For this reason, healthcare systems must pay particular attention to costs and find ways to apply innovative ideas from hospitality and other areas to reduce inefficiencies while maintaining high quality outcomes. For society as a whole, the greatest cost savings may be to help people stay healthy, and many healthcare systems are encouraging behavior that prevents or delays illness, often borrowing ideas from the hospitality industry.

Finally, the flow of expertise between the two industries can run in both directions. While healthcare is benefitting from a hospitality-style approach of focusing on a service culture, the hospitality industry can learn from healthcare's expertise in complex-system management, which involves a system with many moving parts, some of which are independent of each other, the presence of numerous intertwined legal, human resource, and supply chain subsystems, working with multiple decision makers and stakeholders, and a collaborative approach to product and service innovation.

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Within the context of providing high quality clinical outcomes, managers in the U.S. healthcare system are working hard to solve several problems, including the challenging and interrelated problems of how to control operating costs, how to improve employee retention, and how to satisfy customers and stakeholders. Beyond that, the industry faces substantial capital expenses when constructing new facilities and renovating or maintaining existing aging structures. In short, many of the issues facing the healthcare system are similar to those of the hospitality industry.

Beyond these operational and capital planning issues, the intersections between the fields of hospitality and healthcare continue to expand. The many areas of overlap call for innovative thinking in both industries as they share their best practices. Areas of common interest include medical travel and tourism; hotels as transitional care partners and, more traditionally, as places for visiting family members; the recruiting of leaders with hospitality backgrounds by healthcare organizations; the exploding growth of the heavily hospitality-oriented senior living and care industry; working to meet Medicare's new HCAHPS performance criteria; increased focus on the measurement of patient and staff satisfaction; recognition of the need to better manage the "hotel functions" of hospitals and other care facilities; services outsourced by healthcare organizations to hospitality companies; a changing paradigm where families are now "guests," with stay-over facilities designed into patient rooms; the growth of complementary and alternative medical spas—some with affiliations with groups like the Cleveland Clinic; hospitals contracting with hospitality-oriented companies for service excellence and leadership training (e.g., Ritz-Carlton, Four Seasons, and Disney); increased interest in evidence-based design research and hiring of hospitality consultants in planning new healthcare facilities; and the growth of new models that incorporate hospitality ideas in creating a more patient and family centered environment (e.g., like Planetree™).

Pointing out the importance of cross-pollination between the two industries, Professor Rohit Verma, roundtable co-chair presented some of the principles that hospitality executives can learn from the healthcare industry. Although hospitality operations have their own levels of intricacy, the operating issues that face healthcare operators are even more complex. Healthcare systems involve multiple decision makers and numerous stakeholders, including physicians who often are not employees. They also have many moving parts—some of which are interdependent and others of which are only partially so. Healthcare's numerous sub-systems are likewise complicated, as they involve legal, revenue, human-resources, and supply-chain issues. While hotels must have disaster plans, healthcare systems are at the nexus of any disaster and must carefully manage critical processes. In short, healthcare is a high stress environment. At the same time, healthcare involves a collaborative product much like hospitality and is also focused on service innovation in the midst of this complexity.

Thus, hospitality and healthcare have many challenges and concerns in common, but the healthcare industry is ground zero for political policy making, unlike the hospitality industry, and interactions with the healthcare system excite greater emotion among all stakeholders than those typically found in hospitality. As explained in this *Proceedings*, perhaps the most critical management strategy applied by the healthcare industry is to instill a culture of service. Coupled with a fact-based approach that sets goals and constantly measures results in all areas, healthcare systems can manage their inherent intricacy. Benchmarks are set by managers and also by regulators and other stakeholders, reinforcing the complexity of the manager's job. Thus, although healing patients remains job one—it is no longer sufficient merely to heal the patient. Surrounding that critical goal is meeting the needs of family members and care givers, while controlling costs and meeting appropriate standards. A complex business, indeed.

Opening Keynote Speech: Applications of Hospitality Techniques Help Drive Hospital Performance and Culture

In his opening remarks, Gerard van Grinsven, president and CEO of Henry Ford West Bloomfield Hospital, West Bloomfield, Michigan, explained that patient satisfaction is a result of a philosophy that is embedded in the culture—a philosophy that also extends to employee retention and growth. Formerly a vice president with the Ritz-Carlton Company, van Grinsven noted that people were surprised when a hotelier was appointed as head of a healthcare system. He pointed out, however, that given the two industries' common issues, embedding the Ritz-Carlton philosophy of engaging stakeholders was the key to creating a successful culture. Although the Michigan facility was newly opened, he explained how this approach can be effective in any facility. It is not a matter of offering luxury or having fine facilities but is instead a matter of embedding the culture. In fact, while the West Bloomfield facility is quite nice, it was designed to be a comfortable patient- and family-friendly environment—and not a luxury hotel-type facility.

These efforts are not limited to West Bloomfield—this hospital is part of the larger Henry Ford Health System (HFHS), which has a system-wide commitment to quality and improvement. CEO Nancy Shlichting specifically selected van Grinsven because he could supply ideas that she

***Gerard van Grinsven*: Patient satisfaction is the result of a philosophy that is embedded in the hospital's culture—and not just because of a modern facility.**

***Rob MacKenzie*: It's important to make both patients and employees feel that they are valued. For employees, monetary incentives are helpful.**

felt could be applied to their entire system. It appears that some of these ideas have helped, as HFHS was recently recognized as one of only four 2011 recipients of the Malcolm Baldrige National Quality Award.

Building Culture

To build a culture of success in employees, van Grinsven starts by recruiting talented people who will fit the operation and then invests in them to encourage their growth in the job. In this regard, van Grinsven distinguishes between talent and skill sets. People who have the talent to be naturally caring about people can establish relationships with clients regardless of their initial skill set. To identify people with these traits, HFHS has adapted the approaches used at Ritz-Carlton to screen all applicants—including medical staff.

Once a manager has confirmed that a person will fit well with the organization, it's critical to help that person grow in the position. This takes investment in employees, and coaching them on talents that they have (rather than trying to give them skills that they don't have). Van Grinsven pointed to a failure to invest in employees as a major driver for staff turnover. As he expressed this staff-development formula: Talent + Fit *x* Investment = Growth. Additionally, this approach of encouraging growth in employees simplifies the management model. Too often, he said, he sees systems as being so complicated that they are difficult to control.

With a priority of staff growth and a cultural focus, he has seen that a healthcare system will achieve its goals, regardless of the nature of the facility—because employees will be engaged and turnover will diminish. For this reason, HFHS applies employee engagement as a measure of success. Standing in the way of this success may be a certain percentage of employees who are actively disengaged. Some are disengaged because their unspoken needs are not met, and some are truly just working for a paycheck. Needless to say, it's important to determine which employees are which. Van Grinsven said that about 30 percent of employees typically are engaged in their job, and another 50 percent are not engaged but are also not disengaged. They do their job but don't extend themselves. To engage these employees, managers must identify those workers' unexpressed needs. For the 20 percent that are actively disengaged, about half can be engaged, again by working with their needs. The remaining 10 percent probably need to find work elsewhere.

Value-Focused Improvement

Presenting a case study of how Cayuga Medical Center (CMC), in Ithaca, improved patient and employee ratings, CEO Rob Mackenzie outlined a similar approach, citing culture and values, supported by continual measurement. Alluding to a key difference between hospitals and hotels, he noted that a hospital, unlike a hotel, may not easily offer a VIP program nor is such a program always appropriate for its particular situation. A hospital can, however, expand its services beyond sick care to offer health-oriented services that engage the community, as CMC has done, such as a fitness center, spa, and center for healthy living.

But even with the egalitarian approach that CMC attempts to provide, he said that it's important to make each patient and employee feel that they are cared for. Echoing van Grinsven's formula for employee growth, Mackenzie said that CMC likewise invests in its people, with a goal of aligning employees and customer service. As an example, he noted that sometimes a financial bonus is part of that align-

***John deHart*: A real-time net promoter score helps keep track of customer satisfaction, and employees need recognition for a job well done.**

***Jill Guindon-Nasir*: By getting senior leadership to demonstrate that they really believe that the organization can be the best, it will become the best, despite having an old facility or other challenges.**

ment, and employee incentives are a part of the program for improving customer service.

CMC's focus in this regard is to drive patient satisfaction. It maintains a customer service council and measures customer service, seeking to increase the percentage of patients that rate their treatment at 5 out of 5. Satisfaction levels have increased steadily since the program began in 2007. CMC also has seen a concurrent increase in revenue.

Mackenzie suggests that effective employee evaluation goes beyond measuring what's in a job description. Instead, employers should measure their associates' sense of belonging and of purpose. The issue for employee engagement is deeper than simply a question of whether they have the tools to do the job. Employees need to feel that they have power to achieve goals and that they are listened to. Indeed, they need to feel that they are part of an aligned team at work.

Finding Promoters among Employees and Clients

For John DeHart, co-founder and CEO of Vancouver-based Nurse Next Door Home Care Services (and a graduate of the Cornell School of Hotel Administration), the basis of improvement is a net promoter score (NPS). Rather than conduct the traditional satisfaction survey, his firm makes regular phone calls to ask just two questions of both employees and clients across Canada. First, on a scale of 0 to 10, would you enthusiastically refer our service to a friend (in the case of clients) or as a place to work (in the case of employees)? Second, why or why not? This question is critical for identifying issues that cause people to be promoters or detractors.

The NPS approach labels those who give a score of 9 or 10 as promoters, 7 or 8 as neutrals, and those who give a 6 or less as detractors. DeHart pointed out that the most critical element of this system is that all feedback is in real time. Culture and customer service are measured each day, rather than waiting for an annual or even quarterly review. The net promoter score becomes part of the employees' job reviews. Given the relatively low salaries for workers in healthcare and hospitality, he sees recognition for a job well done as a key incentive. Managers are trained to recognize people who reflect the system's core values. DeHart added that with this approach, his firm's turnover has plummeted to 7 percent—in an industry that, like hospitality, usually has turnover in the high double digits. This has also led to business success—as the firm has been cited as one of the fastest growing companies in Canada and was an Ernst and Young Entrepreneur of the Year designee.

Cost of Healthcare

Van Grinsven opened a discussion on the elephant in the room—the escalating cost of healthcare. He sees the biggest costs as stemming from waste and failed communication. Staff turnover is also seen as a substantial cost. Cost reduction will only be possible if all stakeholders, including patients, are involved. As an outsider to the healthcare system, he was surprised when he found operating and management trends that seemed to be counterintuitive. For instance, nurses were increasingly pulled away from patients, and their work had a decreasing focus on patient care. Reversing that trend led to more communication between patients and nurses and more staff engagement.

Perhaps the greatest opportunity to reduce the societal costs of healthcare is to focus on health, rather than sick care. Reflecting the CMC approach of community involvement, Van Grinsven pointed to the return on investment that comes from investing in community wellness. He believes that the community needs to know that healthcare systems

***Franklin Becker*: Grand style is not necessary to create a hospitable environment. Even modest changes in the work environment can greatly improve employees' attitudes.**

***Jennifer Schwartz*: For aging inner-city hospitals, an excellent patient experience is the key.**

***John Rudd:* Cayuga Medical Center has been focused on trying to influence life-style modification via their venture with the fitness facility which hosts their cardiac rehab unit.**

want residents to work on staying healthy. The idea is to switch from being a healthcare organization to become a life-style and health promotion organization.

One approach, suggested by Stephanie Anderson, chief acquisition officer of Health Care REIT, is to ensure that the hospital and post-acute-care providers work in partnership to develop programs to help patients become well enough that they will not need to be readmitted to the hospital. In this regard, Cornell's Mary Tabacchi added that embedding wellness activities in treatment is a wonderful approach, but she noted that changing people's habits takes considerable time.

John Rudd, CFO and senior vice president at CMC, pointed to the Cayuga Center for Healthy Living as a program that does attempt to help people recover after being sick but also is aimed at increasing people's wellness before they become ill, and is thereby intended to cut costs. This program works with physicians by creating a referral system that engages patients to participate in their own life-style improvements. For instance, CMC's cardiac rehabilitation program is located in a fitness center that welcomes the general public but is also aligned with the hospital. There are also physical therapy and massage and spa services in the same building. Average age of the fitness center members is 50.

Relationship between Culture and Facility Design

Facility design is also a factor in both costs and patient satisfaction. Many healthcare facilities were designed in an earlier era for different healthcare patterns. Van Grinsven thought that those traditional designs were neither necessarily healing for patients nor supportive of employees. New design philosophies include bringing in nature or views of nature and avoiding a clinical feel. So, instead of a sterile, white environment, new facilities include enlarged treatment rooms with more privacy, both to reduce cross-infection and to improve healing. In place of the traditional clinical lobby, his facility entrance looks like "main street Michigan," as he called it.

Increasingly, evidence-based design (EBD) research is reinforcing the value of a number of these design ideas for patients and employees, noted Cornell Professor Frank Becker, co-chair of the Center for Health Design's Research Coalition. Rosie Feinberg, principal of SFA Design, added that creating spaces where patients, families, and staff can feel more comfortable has multiple benefits—some of which are reflected in EBD research, and some of which come through in comments from people who use the space. A well designed environment tapping into ideas from the hospitality world can also help enhance the culture by reinforcing employee pride.

This increased interest in applying hospitality design ideas in hospitals was highlighted in the 2010 *Modern Healthcare* Design Awards article, which was titled "Hospitable Hospitals." The article stated: "The blurring of hospital and hospitality continued in the 25th annual design awards with some healthcare architects consulting with hotel and resort designers on how to best help patients feel at home." It appears this trend will continue—trying to develop cost-effective ideas from hospitality that can be adapted to healthcare facilities.

The Special Problem of Older Facilities

The reality for much of the healthcare industry is that the systems must function within their existing facilities in their existing locations, and new construction or a major

***Stephanie Anderson*: Hospitals can partner with post-acute-care facilities to help patients maintain their health after a hospital visit.**

***Rosie Feinberg*: Simple design elements can improve patients' attitudes, even when healthcare facilities cannot be redesigned.**

renovation is not a prospect. Jennifer Schwartz, a partner at Foxrothschild, pointed to the financial and design challenges of aging inner-city hospitals, built in the 1950s or earlier. Such facilities have semi-private rooms for obstetrics, for instance, but many patients are unwilling to come to the hospital if they cannot have a private room. Complicating this matter is the payment system, particularly as it relates to the proportion of charity cases, which are a function of the hospitals' location and which the management team cannot control. Often, the only way for this type of facility to distinguish itself is by offering an excellent patient experience.

Even when a facility cannot be redesigned, legacy facilities can be made more homelike to promote a residential feel, suggested SFA's Rosie Feinberg. Simply hanging artwork in a corridor helps improve the patient experience by giving people something to see and look forward to on their way past. Franklin Becker added that grand style is not needed to create a hospitable environment. Rob Mackenzie pointed out that one inexpensive and high return investment they have made is in environmental services that keep their facility clean and sparkling.

Kunle Modupe, director of New York Presbyterian Hospital at Weill Cornell Medical Center, pointed to the critical role of people in all facilities, particularly those that are not new. Speaking of his New York facility, he explained that the entry area makes one feel like being in a hotel, but the rooms themselves are old. Supporting van Grinsven's and DeHart's focus on culture and people, Modupe said the answer to the challenge of older facilities is people. Leaders must inculcate the culture in the staff so that they see that what they are doing is worthwhile. Like van Grinsven, Modupe formerly worked for the Ritz-Carlton Company, and he believes that transferring that company's approach to the hospital business makes good sense—that is, "ladies and gentlemen serving ladies and gentlemen." This is particularly important for the support staff since they often have more time with patients and families than the clinical staff—and can make the experience much more positive.

No different than a hotel, the healthcare facility's goal is to create a memorable experience for the patient. Thus, Modupe works to have the staff focused on being part of a healing environment, taking their cues from the patients themselves. Management assists by focusing on the staff needs (rather than worrying about the inflexibility of the rooms). This extends to such practices as starting meetings with any bad news, so that the meeting can end on a positive note. Applying these hospitality practices and ideas has helped make substantial improvements (gains of 50 to 60 percentile points) in Press Ganey patient satisfaction scores and similar level improvements in HCAHPS scores (Hospital Consumer Assessment of Healthcare Providers and Systems, a government-mandated standard).[1]

Excellent staff may not be sufficient to bring in patients, however, if physicians do not want to work in a facility, cautioned Foxrothschild's Schwartz. City hospitals often locate

[1] Administered up to six weeks after a patient is discharged, the HCAHPS survey asks patients 27 questions about their recent hospital stay. Eighteen core questions examine such matters as communication with nurses and doctors, the responsiveness of hospital staff, the cleanliness and quietness of the hospital environment, pain management, communication about medicines, discharge information, overall rating of hospital, and whether patients would recommend the hospital. Other items adjust for the mix of patients across hospitals, and examine Congressionally mandated reporting issues.

***Elizabeth Ambrose*: Facilities can use technology to share daily moments of their patients with their families, for example by sending photos from mobile devices.**

***Kunle Modupe*: One key to working in old facilities is to have an excellent staff with a service-related culture.**

physician service offices in suburban areas in an attempt to draw in patients. The role played by doctors is critical in this effort, since they care about facilities and equipment and many are not employed by the healthcare organization itself. Sometimes it takes a financial incentive to draw physicians.

Roundtable participants offered numerous suggestions for improving a superannuated environment, but most agreed with Modupe that a caring culture is critical. Randal Richardson, president of Hyatt's senior living group Vi (formerly Classic Residence by Hyatt), pointed out that even if you have a high-end environment, the facility will not be successful without a caring culture. Esther Greenhouse, an environmental gerontologist, commented that older environments sometimes have the benefit of conferring meaning to patients. That said, she suggested that the visual environment is critical. Sometimes that requires nothing more than modifying or giving people control over the lighting—especially since at age 65 people often need 3 to 4 times as much light as when they were younger. Feinberg urged a reduction in clutter as a first step for renovation when budgets are tight. Such items as dead plants and burned out light bulbs—which can be easily corrected—send a negative message.

Brooke Hollis, executive director of the Sloan Program in Health Administration and roundtable co-chair, pointed out that even cosmetic changes can make a difference. He noted prior work by Professor Becker and colleagues that tested modest cost changes in a nursing station area, as one example. The study found that employees' rating of the environment improved with the changes, and that the patients' and families' perceptions of quality improved as well.

A Cloudy Revenue Picture

For all U.S. hospitals, the prospect of reduced revenue looms large as the population ages. An aged population tends to have more illnesses, and healthcare systems must determine how to deal with that issue. More critically, the U.S. healthcare system must be re-engineered to meet the reality of a reduced revenue stream as an increasing number of people retire and are insured by Medicare, rather than their employer's private insurance. Looking at the prospect of operating increasingly on what are likely to be further reduced Medicare reimbursement rates, Mackenzie, who is himself a physician, believes that part of the solution may be identification of waste and duplication in the overall system. He felt that it might be possible to reduce costs by perhaps 20 percent through re-engineering and appropriate use of technology that will allow consolidation of procedures. For example, he noted that a single radiologist can remotely read x-rays taken in a variety of locations. Similarly, rather than having each healthcare professional order multiple versions of the same test, the results of one test can be shared through technology—part of the promise of the recent push for integrated electronic health records and related systems.

Continuous Care Communities: Support Services and Customer Relationships

Life-care, or continuous care retirement communities (CCRC), which are effectively a hybrid of hotel and hospital, offer their own set of complexities. Obviously, a hotel's clientele is transient, unlike those of life-care facilities, and another difference between the communities and hotels is that the life-care communities have as clients both the resi-

dents and the relatives of those residents. Even with those differences, the operating principles of both are similar. As explained by Vi's Randal Richardson, the goal is to bring a hospitality approach into the healthcare domain. Thus these communities have both a hospitality side and a healthcare side. Most critically, residents expect the environment and service levels to remain the same as they move from one level of care to another.

Once again, a strong cultural approach is essential, Richardson said. It is challenging to translate hospitality to a care environment, but the available tools are familiar. Employees felt that they were making a difference in people's lives, and the cultural theme is service with a purpose. Thus, a big selling point for those who want to work with Vi is that they have a great and meaningful place to work, which stems from the theme of "hospitality services with a purpose," as Richardson put it. Employees work to understand guests' interests and to help them do as much as they can during the difficult transitions of advancing age and life changes. Richardson said the staff found hospitality training to be valuable. To ensure quality service, the company used quality audits and monitoring. Alluding to the many different types of facilities, Richardson echoed the opinions voiced by the hospital operators: some facilities are simply inflexible, but the people in the organization make the difference regardless of the facility.

Collaboration Opportunities Among Senior Living and Other Providers

Cooperation between hospitals and nearby CCRCs, other variations on senior living, or other health facilities enhances the hospitality capabilities of both. Judy Kaufman, director of special patient services for Stanford Hospital and Clinics, noted the sharing between her facility and the nearby Vi life-care facility. The hospital offers top services for the Vi residents (including valet service), and hospital employees bring educational services to the residents in their facility (including wellness programs).

For life-care facilities or nursing homes, William Sims, managing principal of Herbert J. Sims and Company, suggested that certain activities can enhance a facility's reputation—even when those facilities are old. For example, residents can be organized to volunteer at such tasks as stuffing envelopes to help an adjacent or nearby non-profit organization, or the facility could arrange travel to locations where residents and staff can volunteer on-site. He noted one organization that enhanced its reputation using a hospitality approach—organizing a trip to Israel for 15 residents and their caregivers.

Healthcare REIT's Stephanie Anderson pointed to potential opportunities under Medicare's post-acute care bundling pilot—noting its partner organization Genesis

***Randal Richardson*: A critical goal is to bring a hospitality approach into the healthcare domain to ensure consistent service levels in all facilities.**

Healthcare, which provides post-hospital care, as an interesting model that deserves further study. Anderson said that by working to change habits of patients and having hospitals plus other providers such as skilled nursing facilities (SNFs) work together, models like these may be able to reduce readmissions and improve outcomes.

Cayuga Medical CFO John Rudd agreed that this had potential, but suggested that it is still unclear exactly what will happen regarding payments. He noted that they are tracking this matter and agrees that collaboration is important. CMC is already working closely with a number of post-acute providers. Regarding encouraging changes in health behaviors, he noted that CMC's Center for Healthy Living has been focused on trying to influence life-style modification and to offer physical therapy and sports medicine at their off-site facility, known as Island Health and Fitness. The facility also has physicians who can engage with patients on the "front end" and hopefully influence behaviors to improve health. They also provide "back-end" services as well that are integrated with cardiologists' care.

The Food-Service Challenge

For senior-living facilities, excellent food service is critical, said Richardson. In particular, the level of food service needs to be consistent when residents move from one care level to another, even if their dietary situation changes.

CMC's Rudd explained the change his facility made in food service when they took a patient survey that placed patients' satisfaction with food in just the 10th percentile. CMC started with basic food industry practices: hot food would be served hot, and cold food, cold. They moved staff people out of the kitchen and into the patient rooms to

***Co-chairs Rohit Verma (left) and Brooke Hollis (right) flank keynote speaker Gerard van Grinsven*: Additional collaboration between the healthcare and hospitality industries will yield benefits for both.**

enhance service. Instead of having patients fill out slips of paper to choose entrées, the facility used menus and had nutrition attendants work with patients to make food choices. The result was an improvement in satisfaction to the 90th percentile in the space of 18 months.

Stanford's Kaufman said her facility shifted to a room-service approach that allows patients to have food when they actually have time or inclination to eat it. Not only did that improve patient satisfaction, but it cut down on food waste.

Lynne Eddy, an assistant professor at the Culinary Institute of America, said that the CIA had recognized a demand for good, nutritious food in senior living and other healthcare facilities. As a result, CIA now has a program to give healthcare chefs the tools to apply 5-star cuisine to healthcare menus. Lynne heads that effort. Among others, Richardson's organization has partnered with the CIA in training cooks and chefs—and noted how important the food is for residents in all acuity levels.

Co-chair Hollis noted that places like Griffin Hospital and other Planetree™ organizations have also utilized food innovations to improve the patient experience. Among their many ideas are satellite kitchens that families can use to cook on the patient floors, and volunteers who bake chocolate chip cookies—providing a decidedly friendlier aroma than is typical in most hospitals. These and other hospitality-type innovations have led Griffin to strong performance and long wait lists for clinical staff hiring even during times of shortage—despite being within 20 minutes of Yale's highly regarded medical center.

Hospitality Can Make a Difference Even in Facilities in Challenging, Low Income Environments

Foxrothschild's Jennifer Schwartz reminded the group that many hospitals which operate in low-income neighborhoods have not only facility problems but also issues around feeling secure—in an already high stress situation of a medical emergency or illness.

Brian Grubb and Jill Guindon-Nasir, both leaders at the Ritz-Carlton Leadership Center, explained that they have worked for a number of years with faith-based hospitals serving low income neighborhoods, and they have been able to take a broken culture and help get psychological ownership and employee buy-in to make a significant transformation. One inner-city hospital that was part of a faith-based system, for instance, was ready to close. However, even though this was an old facility, they were able to improve their employee engagement scores to be the top of the entire system per Gallup's analysis. The health system also had facilities in other areas with modern, well-appointed buildings—but after their intervention, this older facility exceeded even the high-end facilities' Gallup scores. With the improvements in performance, the system decided not to close the facility, which is now more viable and continues to serve the community with their mission.

Guindon-Nasir said that it is key to get the senior leadership on board, and demonstrate that they really believe that the organization can be the best, despite having an old

facility or other challenges. One example was having well-trained staff assigned to help with patients and families in the ER. This has the potential to improve customer satisfaction even though there might be a wait and despite the fact that the environment can be intimidating—especially in poorer neighborhoods. Engaged employees are able to help assist and reassure the patient and family. In one case a family member wrote the hospital to say that the extra efforts to help and the level of courtesy from one person, a valet serving the ER, had made a significant impact on their experience. Not only was his help greatly appreciated, but it also helped make them confident that the hospital had really done all that it could for the family member under its care.

VIP Programs—One Size Does Not Fit All

Echoing the comment from CMC's Mackenzie around VIP programs, Stanford's Kauffman likewise pointed out that her facility does not have a special dedicated wing for international or other high profile patients—although some hospitals do have such programs. Instead the Stanford facility has a decentralized program that works with patients in the regular units, but provides some additional levels of service and limited amenities. They also work with the Academic Healthcare Coalition to coordinate care for patients who might be travelling to other locations. Additionally, they have also empowered staff to make appropriate gestures. A housekeeper can offer a complimentary massage, for example, either for "service recovery" or if they sense the need in a particular situation.

Kelly Abramson, an administrative director who heads a number of programs at Penn Medicine, agreed that it is not just the facility but the staff who make the difference in a healthcare setting. While Penn does have staff who coordinate services, the important thing is having staff who provide excellent service—those that think "Wow vs. Woe," as she put it. Abramson also pioneered an arrangement with a local hotel organization as a sort of transitional setting for patients not ready to go home, but no longer in need of the hospital setting. They may arrange for home health or nursing support as needed.

As for hospitals that do have special VIP wings, there has been some critique of VIP programs in the press. However, the fact is that most organizations need to find ways to improve revenue, in this case by offsetting the lower reimbursed patients via attracting patients who can effectively help subsidize the organization. After all, hospitals must be financially viable. The old adage "no margin, no mission" is a fact of life for most hospitals today.

Engaging Clinical Staff in Process Improvement

Two other physician participants provided additional clinical perspectives. Sitash Devapatla, a physician who heads the Neonatal ICU and leads his hospital medical staff, reported significant improvements from process changes that actively engaged the staff, along with a process improvement specialist advisor. They significantly reduced the time from identification of the need for a C-section to the initiation of the procedure, for instance. Not only did this help improve clinical outcomes, but the project has helped staff morale and generated an increased sense of pride.

Kristina Gestuvo, a geriatrician, a Mt. Sinai Medical School faculty member and a Sloan MHA graduate, found that creating a patient-centered medical home and working to more fully engage the various direct and clinical support staff can potentially make improvements in both clinical outcomes and patient and family satisfaction.

Future Directions

There was a clear sense of the value of the cross-fertilization of ideas shared between healthcare and hospitality. Participants unanimously agreed that Cornell should repeat and expand this Roundtable to continue analyzing the convergence of the hospitality and healthcare. Given the limited time which allowed participants only to address some parts of the field, it was suggested that additional topics be added in the future, with follow-on discussions to see how some of the innovations and ideas were progressing at the organizations represented. ■

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Brian Grubb	Senior Corporate Director & Senior Corporate Advisor	Ritz-Carlton Leadership Center
Jill Guindon-Nasir	Vice President, Global Business Development	Ritz-Carlton Leadership Center
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